



WDH Aging Division, Community Living Section Standard Meal Pattern Approval Form

Menu Dates (Month/Year): _____ Location menu(s) will be used: _____

Meals reviewed include: Breakfast ____ Lunch ____ Other ____ (please indicate) _____

Additional Instructions:

A food item in one or more food group can only be classified once as meeting the requirement for a meal. For Example: cottage cheese can be counted as a milk/milk alternative or a protein source, not both. Nutrient rich desserts that include fruit, whole grains, and milk can count toward meeting the appropriate food group required servings.

Food Group	Minimum number of servings per meal	Minimum Portions	Does each meal meet the requirement? yes/no	Notes
Fruits	1	1 medium whole fruit; ½ C Canned/frozen fruit (low sugar); ½ C 100% Juice		
Vegetables *Recommended variety of colorful, nutrient dense fruits & vegetables	1	• ½ cup chopped, raw, cooked, or canned/frozen vegetables • 1 cup leafy raw vegetable (lettuce, spinach, etc.) • 1 small potato or ½ large potato		
Lean protein *Recommended Protein goal: 1.2-1.6g/kg (Based on 68 kg average adult 27-36 g/meal)	1	equivalent of protein foods: • 1oz cooked meat/fish • 1 egg • 1/2 cup cooked beans/legumes/tofu • 2 TBS peanut butter 3-4 oz of meat or equivalent of protein foods must be offered each meal to meet goal		
Whole Grains *Focus on Fiber-rich whole grains; reduce highly processed refined carbohydrates like white bread, ready-to-eat or packaged breakfast options, flour tortillas, and crackers	1	1 slice of wheat bread, 1 C. cereal/oatmeal, ½ C cooked rice or pasta, 1 small 6" corn tortilla, 2 small pancakes (4 ½" diameter)		
Milk/milk alternatives/dairy *Recommended: make full fat available and no or low added sugars (2.5g/serv.)	1	8- ounce of cow or soy milk; 1 C. cottage cheese, 1 C. yogurt; 1 ½ oz of non-processed cheese (cheddar, mozzarella, swiss); 2 oz American cheese		
Also evaluate the section below:	Average amounts per meal over 1 month:	Requirements met? (yes/no)	Notes	
Energy	600 -660 calories Min.			
Saturated fat	*10% of total calories			
Sodium	*750-1000 mg or less			
Added sugar	*10 g or less		Focus needs to be on limiting desserts/sweets	

*USDA Dietary Guidelines for Americans, 2025-2030

I certify that I have reviewed the Title III-C menu policies and the menu/meals herein meets all nutritional requirements as indicated on this table and within the menu policy specifications.

Registered Dietitian Signature: _____ Date: _____

Updated 3/23/26