Infant Meal Form ~ All Meals

Each month complete a new form for each infant

Not required for infants whose meals/snacks will not be claimed

Infant’s Full Name: __________________________ Birthdate: ____________ Age: ____ months

1. Complete Meal Components Chart
   - At the beginning of each month, mark the Parent Supplied or Program Supplied column only for the meal component(s) the infant is currently eating.
   - In the Start Date column record the date only when the infant starts eating a new component or changes are made during the month (e.g. infant switches from breastmilk to program–supplied formula).

2. Complete Meal Count Chart
   RECORD a MEAL/SNACK WHEN program supplies all components or all but one component (parent/guardian may supply one component)

   Put an ‘X’ or ✓ in the Meal Count Chart for that meal/snack at the time the meal/snack is served or immediately after
   - Meals/snacks that contain only breast milk and/or formula can be marked regardless of who supplies the item (program or parent)
   - When an infant is eating two or more components, the program must supply all components or all but one component in order to record the meal/snack in the chart. This applies to all ages, including an infant who starts solid foods before 6 months

   DO NOT RECORD a MEAL OR SNACK WHEN the parent/guardian supplies two or more components

   DO NOT put an ‘X’ or ✓ in the Meal Count Chart
   - Ex: Program supplies infant cereal, parent supplies formula and fruit
   - Ex: Parent supplies formula and all foods

3. Total Infant Meals: At the end of the month, total each column and include numbers with total meal counts submitted on the monthly claim. Keep this form on file to support the monthly claim.
   - A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.

Requirement: Programs must offer to supply at least one type of iron-fortified infant formula and all foods to each enrolled infant. Parents/guardians cannot be required to provide infant formula or foods.