

TIMES PER MONTH \_\_\_\_\_  
 CLIENT # \_\_\_\_\_  
 # OF ADULTS \_\_\_\_\_  
 # OF CHILDREN \_\_\_\_\_  
 AGES \_\_\_\_\_  
 NEEDS

MILK
EGGS
CEREAL
OATMEAL
PANCAKE MIX
SYRUP
PEANUT BUTTER
JELLY
PASTA
SAUCE
MACARONI & CHEESE
TUNA/SALMON
SOUP
VEGETABLES
FRUIT
POTATOES
RICE
JUICE
COFFEE
OTHER:
SPECIAL DIETARY NEEDS:

TIMES PER MONTH \_\_\_\_\_  
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 # OF CHILDREN \_\_\_\_\_  
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