

Name _____ Date _____

Cell # _____

We do not always have these options but if you possible we will try to meet your request.

Diet: Low salt _____ Low Sugar _____ Gluten Free _____

Fruit/Applesauce (1) _____

String Beans/Peas (2) _____

Cereal (1) _____

Pasta/Spaghetti (1 each) reg _____ wheat _____

Soup (1 large or 2 small) Chicken _____ BEEF _____ VEG _____ Creamed _____

Beans (2 cans) black _____ red _____ white _____ baked _____

Dry beans _____ Rice _____ Mac & Cheese _____ (1 each)

Mixed (1) _____

Corn (1) _____

Carrots (1) _____

Potatoes (1) _____

Spaghetti Sauce (1) _____

Canned Tomatoes (1) _____

Tuna or Chicken (1) _____

Peanut Butter (1) _____

Jelly (1) _____

When available

Milk _____ Eggs _____
