

NDC Infant Menu Form (Form 33A)

Provider Name: _____

0—7 Months

Infant Names

A
G
E

List Day/Date					
Breakfast: 4-8 oz. IFIF or BM <i>Optional—IFIC</i>					
AM Snack: 4-6 oz. IFIF or BM					
Lunch: 4-8 oz. IFIF or BM <i>Optional—Fruit/Veg., IFIC</i>					
PM Snack: 4-6 oz. IFIF or BM					
Supper: 4-8 oz. IFIF or BM <i>Optional—Fruit/Veg., IFIC</i>					
Eve. Snack: 4-6 oz. IFIF or BM					

Abbreviations:

- IFIF** Iron Fortified Infant Formula
- IFIC** Iron Fortified Infant Cereal
- BM** Breast Milk
- FJC** 100% Pasteurized Fruit Juice

8-11 Months

Infant Names

A
G
E

List Day/Date					
Breakfast: (NO JUICE) 1-4 Tbsp. Fruit or Vegetable 2-4 Tbsp. IFIC 6-8 oz. IFIF or BM					
AM Snack: 2-4 oz. IFIF or BM or FJC <i>Optional: Crackers or Bread</i>					
Lunch: (NO JUICE) 1-4 Tbsp. meat/meat alternate And/or 2-4 Tbsp. IFIC 1-4 Tbsp. Fruit or Vegetable 6-8 oz. IFIF or BM					
PM Snack: 2-4 oz. IFIF or BM or FJC <i>Optional: Crackers or Bread</i>					
Supper: (NO JUICE) 1-4 Tbsp. meat/meat alternate And/or 2-4 Tbsp. IFIC 1-4 Tbsp. Fruit or Vegetable 6-8 oz. IFIF or BM					
Eve. Snack: 2-4 oz. IFIF or BM or FJC <i>Optional: Crackers or Bread</i>					

All providers participating on the CACFP must offer the food program to infants and offer at least one brand of nationally recognized IFIF. An infant participation form must be completed by the guardian of an infant that indicates the level of participation.

A child receiving expressed BM, provider/parent supplied IFIF may be claimed. Foods (I.e. IFIC, fruits/vegetables, meats, etc.) must be provided when age appropriate consistent with CACFP guidelines. All meals/snacks claimed for reimbursement must be recorded on the meal count form. List required foods and any optional foods given on the infant menu form.

White copy—office Yellow copy—provider