

**Michigan Department of Education  
Child and Adult Care Food Program  
At-Risk Afterschool Snack/Supper Menu Record**

Site/Room \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Claim no more than one snack and supper per child per day

	Date	Date	Date	Date	Date
<b>Snack*</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Vegetable 4. Fruit 5. Grain					
<b>Supper</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Vegetable 4. Fruit or Vegetable 5. Grain/Bread Other/Combination Foods					
	Date	Date	Date	Date	Date
<b>Snack*</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit 4. Vegetable 5. Grain					
<b>Supper</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Vegetable 4. Fruit or Vegetable 5. Grain Other					

\*Serve 2 of 5 food groups  
All milk served is low fat milk. Water is always available.