

IFB24000295 - Home-Delivered Meals - Exhibit A -
Pattern Nutrition Menu Approval Form



DEPARTMENT OF AGING

Standard Meal Pattern Menu Approval Sheet

This form will not be accepted without check marks based on meals/day and signature

Food Group	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
Protein Foods	3 oz or equivalent		4 oz or equivalent		6 oz or equivalent	
	Ground red meat limit 1x/wk		Ground red meat limit 2x/wk		Ground red meat limit 3x/wk	
Fruit and Vegetable (Vitamin A & C servings can be met with either Fruit/Vegetables or Starchy Vegetables)	3 servings		6 servings		9 servings	
	2 rich or 4 fair Vitamin A servings per week		4 rich or 8 fair Vitamin A servings per week		6 rich or 12 fair Vitamin A servings per week	
	1 rich or 2 fair Vitamin C servings daily		2 rich or 4 fair Vitamin C servings daily		3 rich or 6 fair Vitamin C servings daily	
Grains and Starchy Vegetables	2 servings		4 servings		6 servings	
	Whole Grains 3 times per week		Whole Grains 6 times per week		Whole Grains 9 times per week	
	Legumes 1x/wk		Legumes 2x/wk		Legumes 3x/wk	
Milk/milk alternatives	1 serving		2 servings		3 servings	

Maximum Calorie, Fat and Sodium Content

Averaged Over One Month (daily limits in parenthesis)

Energy	660 calories		1,320 calories		2,000 calories	
	(No less than 600 calories per day)		(No less than 1,200 calories per day)		(No less than 1,800 calories per day)	
Fat	30% and ≤10% saturated fat		30% and ≤10% saturated fat		30% and ≤10% saturated fat	
	Avoid <i>trans</i> fat		Avoid <i>trans</i> fat		Avoid <i>trans</i> fat	
	(35% or less per meal)		(35% or less per meal)		(35% or less per meal)	
Sodium	1,400 mg		1,800 mg		2,300 mg	
Added Sugars	<17g		<34g		<51g	

I certify that I have reviewed the MDoA Menu Policy and the menu herein meets all nutritional requirements as indicated on this table and within the Menu Policy specifications. PLEASE CHECK APPROPRIATE BOXES TO INDICATE STANDARDS ARE MET FOR ONE, TWO OR THREE MEALS PER DAY.

Menu Dates Approved: _____

Registered Dietitian Signature _____

Date _____

