

Waiver Weekly Menu Plan for Individual : _____

	Breakfast	Lunch	Dinner	Snack
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date_____	Staff Initial_____	Staff Initial_____	Staff Initial_____	Staff Initial_____
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If there was no meal service provided – check box in that area and give reason.

Staff Signature _____ Staff Signature _____

Staff Signature _____ Staff Signature _____