

Infant Name & Age (In Months)

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KNP Number: _____ Claim Month/Year: _____

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Provider's Signature: _____

Karamu Weekly Infant Menu

MINIMUM MEAL REQUIREMENTS TO BE REIMBURSED					DATE:	DATE:	DATE:	DATE:
MEAL	FOOD GROUP/ITEM	INFANT AGE RANGE						
		0 TO 3 MONTHS	4 TO 7 MONTHS	8 TO 11 MONTHS				
R E A K F A S E	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 8 OUNCES	6 TO 8 OUNCES				
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS				
	FRUIT/VEGETABLE (NO FRUIT JUICE)	NONE	NONE	1 TO 4 TBSPS				
A M S N A C K	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES				
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES				
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)				
L U N C H	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 8 OUNCES	6 TO 8 OUNCES				
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS				
	AND/OR STRAINED PROTEIN	NONE	NONE	SEE STRAINED PROTEIN CHART				
	FRUIT/VEGETABLE (NO FRUIT JUICE)	NONE	0 TO 3 TBSPS (OPTIONAL)	1 TO 4 TBSPS				
P M S N A C K	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES				
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES				
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)				
D I N N E R	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 8 OUNCES	6 TO 8 OUNCES				
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS				
	AND/OR STRAINED PROTEIN	NONE	NONE	SEE STRAINED PROTEIN CHART				
	FRUIT/VEGETABLE (NO FRUIT JUICE)	NONE	0 TO 3 TBSPS (OPTIONAL)	1 TO 4 TBSPS				
E V S N A C K	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES				
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES				
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)				

Creditable Formulas
 CARNATION GOOD START WITH IRON, ENFAMIL WITH IRON, GERBER WITH IRON, SIMILAC WITH IRON, LACTOFREE, ALSOY, GERBER SOY, ISOMIL, ISOMIL SF, PROSOBEE.
 NOTE: IF YOU USE ANY FORMULA NOT LISTED HERE YOU MUST HAVE A SIGNED DOCTOR'S STATEMENT TO BE REIMBURSED.

Suggested Bread Alternates
 **SODA CRACKERS, GRAHAM CRACKERS, DRY TOAST, MELBA TOAST, ZWIEBACH, ETC.
 (NOTE: AVOID HIGHLY SEASONED SNACK CRACKERS OR CRACKERS WITH SEEDS.)

Strained Proteins
 1 to 4 TBSP. MEAT, FISH, POULTRY, EGG YOLK, OR COOKED DRY BEANS OR PEAS, OR 1/2 to 2 OUNCES CHEESE, OR 1 to 4 OUNCES COTTAGE CHEESE, CHEESE FOOD, OR CHEESE SPREAD.

Mother's Breast Milk
 MOTHER'S BREAST MILK MAY BE SERVED IN PLACE OF FORMULA. MEALS OR SNACKS CONSISTING OF MOTHER'S MILK ONLY ARE REIMBURSABLE ONLY IF THE PROVIDER SERVES IT FROM A BOTTLE

Fruit/Vegetable Substitutions
 A FRUIT OR VEGETABLE JUICE MAY NOT BE SUBSTITUTED IN PLACE OF A STRAINED FRUIT OR VEGETABLE AT MAJOR MEALS. A REGULAR CEREAL (CREAM OF WHEAT, ETC.) MAY NOT BE SUBSTITUTED IN PLACE OF IRON FORTIFIED INFANT CEREAL AT ANY MEAL.

Optional Foods
 ITEMS IDENTIFIED AS "OPTIONAL" FOODS SHOULD NOT BE SERVED UNTIL THE INFANT IS DEVELOPMENTALLY READY.

MINIMUM MEAL REQUIREMENTS TO BE REIMBURSED					DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
MEAL	FOOD GROUP/ITEM	INFANT AGE RANGE									
		0 TO 3 MONTHS	4 TO 7 MONTHS	8 TO 11 MONTHS							
BREAKFAST	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	6 TO 8 OUNCES							
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS							
	FRUIT/VEGETABLE	NONE	NONE	1 TO 4 TBSPS							
SNACK	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES							
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES							
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)							
LUNCH	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 8 OUNCES	6 TO 8 OUNCES							
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS							
	AND/OR STRAINED PROTEIN	NONE	NONE	SEE STRAINED PROTEIN CHART							
	FRUIT/VEGETABLE	NONE	0 TO 3 TBSPS (OPTIONAL)	1 TO 4 TBSPS							
SNACK	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES							
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES							
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)							
DINNER	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 8 OUNCES	6 TO 8 OUNCES							
	IRON FORTIFIED INFANT CEREAL	NONE	0 TO 3 TBSPS (OPTIONAL)	2 TO 4 TBSPS							
	AND/OR STRAINED PROTEIN	NONE	NONE	SEE STRAINED PROTEIN CHART							
	FRUIT/VEGETABLE	NONE	0 TO 3 TBSPS (OPTIONAL)	1 TO 4 TBSPS							
SNACK	IRON FORTIFIED INFANT FORMULA	4 TO 6 OUNCES	4 TO 6 OUNCES	2 TO 4 OUNCES							
	OR 100% FRUIT JUICE	NONE	NONE	2 TO 4 OUNCES							
	BREAD OR BREAD ALT.**	NONE	NONE	0 TO 1/2 SLICE (OPTIONAL)							