APRIL

Autism Center Food Court Menu

Apr 7th - May 2nd Week #1: 7th - 11th

Week #2: 14th - 18th Week #3: 21st - 25th Week #4: 28th - 2nd

Choose THREE OR MORE COLORS for a					
complete meal. One must be RED or GREEN .	meat/meat alternative	grain	vegetable	fruit*	milk
Hot Entrees	Choose fi	rom severa	l fruit and	veggie cho	oices daily
BIG DADDY'S CHEESE					
Big Daddy's Pepperoni					
Buff-A-Burger 100% all beef burger w/american cheese					
Cold Entrees	Choose fi	om severa	l fruit and	veggie cho	oices daily
Sliced apples w/peanut butter, cheesestick, WGR tortilla chips and salsa *Gluten Free					Grab a milk for all 5 food

Students can choose 1% white milk -or- non-fat chocolate milk (1 cup eq)

*All fruits are served as 1/2 cup servings. At least half of the fruits consumed per day should come from whole fruits (fresh, canned, frozen or dried). Students can choose up to TWO 1/2 cup servings of FRESH or cupped fruit and/or hot or cold vegetables every day

A food component is one of five food groups, in which a minimum of three needs to be selected to make a reimbursable meal. These are protein, grains, vegetables, fruit and fluid milk*

PEANUT BUTTER @ JELLY

A food item is a specific food offered within the food components, for example, 2 slices of whole grain-rich bread, 1 cup of grapes, and 1 cup of milk. This meal meets OVS lunch requirements because three

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OV What Makes A LUNCH **GRAINS** one must be a or **VEGGIE**