

**DEPENDENT CARE MANAGEMENT, INC.**

This **MASTER MENU FORM** should be sent to DCMI each month instead of menus.

**PROVIDER NAME:** \_\_\_\_\_

The following daily/weekly master menus are on file at DCMI, and I have followed the posted menus for the week indicated and noted any changes below:

**WEEK #1 DATES:** \_\_\_\_\_

|           | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER | NIGHT SNACK |
|-----------|-----------|----------|-------|----------|--------|-------------|
| MONDAY    |           |          |       |          |        |             |
| TUESDAY   |           |          |       |          |        |             |
| WEDNESDAY |           |          |       |          |        |             |
| THURSDAY  |           |          |       |          |        |             |
| FRIDAY    |           |          |       |          |        |             |
| SATURDAY  |           |          |       |          |        |             |
| SUNDAY    |           |          |       |          |        |             |

**WEEK #2 DATES:** \_\_\_\_\_

|           | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER | NIGHT SNACK |
|-----------|-----------|----------|-------|----------|--------|-------------|
| MONDAY    |           |          |       |          |        |             |
| TUESDAY   |           |          |       |          |        |             |
| WEDNESDAY |           |          |       |          |        |             |
| THURSDAY  |           |          |       |          |        |             |
| FRIDAY    |           |          |       |          |        |             |
| SATURDAY  |           |          |       |          |        |             |
| SUNDAY    |           |          |       |          |        |             |

**WEEK #3 DATES:** \_\_\_\_\_

|           | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER | NIGHT SNACK |
|-----------|-----------|----------|-------|----------|--------|-------------|
| MONDAY    |           |          |       |          |        |             |
| TUESDAY   |           |          |       |          |        |             |
| WEDNESDAY |           |          |       |          |        |             |
| THURSDAY  |           |          |       |          |        |             |
| FRIDAY    |           |          |       |          |        |             |
| SATURDAY  |           |          |       |          |        |             |
| SUNDAY    |           |          |       |          |        |             |

**WEEK #4 DATES:** \_\_\_\_\_

|           | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER | NIGHT SNACK |
|-----------|-----------|----------|-------|----------|--------|-------------|
| MONDAY    |           |          |       |          |        |             |
| TUESDAY   |           |          |       |          |        |             |
| WEDNESDAY |           |          |       |          |        |             |
| THURSDAY  |           |          |       |          |        |             |
| FRIDAY    |           |          |       |          |        |             |
| SATURDAY  |           |          |       |          |        |             |
| SUNDAY    |           |          |       |          |        |             |

**WEEK #5 DATES:** \_\_\_\_\_

|           | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER | NIGHT SNACK |
|-----------|-----------|----------|-------|----------|--------|-------------|
| MONDAY    |           |          |       |          |        |             |
| TUESDAY   |           |          |       |          |        |             |
| WEDNESDAY |           |          |       |          |        |             |
| THURSDAY  |           |          |       |          |        |             |
| FRIDAY    |           |          |       |          |        |             |
| SATURDAY  |           |          |       |          |        |             |
| SUNDAY    |           |          |       |          |        |             |

**Major substitutions should be listed on a regular DCMI menu form. Thank you for your cooperation.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Signature**

**117 S. First St.**

**Zionsville, IN 46077**

**(317) 873-1420**