

RESIDENT NAME: _____



SEMESTER: _____

Preferred Milk:	Whole	1%	2%	Skim	Soy/Almond
Preferred Meat/Protein:	Beef	Pork	Poultry	Tofu	Beans
Preferred Bread/Grain:	Whole Wheat	White	Multigrain	No preference	

Favorite Cereals: _____

Favorite Fruit/Vegetables: _____

Favorite Meal: _____

Favorite Snacks/Chips: _____

Favorite Birthday Dessert: _____

Favorite Soup & Pasta: _____

Dietary Restrictions/ Allergies: _____

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