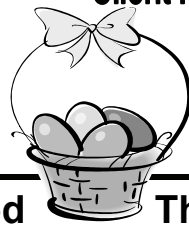
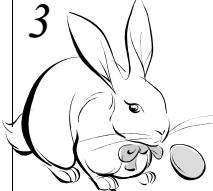


Client Name: _____



Meals on Wheels April 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>Please indicate (check) which days you would or would not like meals. The meal choice noted will be the only option offered that day unless you choose to take the substitute meal offered this month.</p> <p><u>Substitute Meal: Chicken Tenders, Mashed Potatoes & Wax Beans</u></p>				<p><i>1</i> Baked Ham Potato Salad Coleslaw Ambrosia</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>2</i> GOOD FRIDAY OFFICE CLOSED FROZEN</p> <p><input type="checkbox"/> Fish Meal <input type="checkbox"/> Non-Fish <input type="checkbox"/> No Meal</p>	<p><i>3</i>  Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>
<p><i>4</i> Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>	<p><i>5</i> Baked Macaroni & Cheese Steamed Vegetables Apple Crisp</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>6</i> Turkey Loaf Mash Potato Gravy Green Beans Cranberry Sauce</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>7</i> Pork Chop Rice Carrots Cake</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>8</i> Creamed Chipped Beef over Biscuit Beets Pudding</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>9</i> Tatertot Casserole Mixed Veg Fruit Cup</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>10</i> Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>
<p><i>11</i> Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>	<p><i>12</i> Chicken Cordon Bleu Rice Pilaf Peas Cookies</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>13</i> Salisbury Steak Mash Potato Brussels Sprouts Applesauce</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>14</i> OFFICE CLOSED Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>	<p><i>15</i> Meatloaf Wht. Potatoes Gravy Corn Fruit Cup</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>16</i> Cheese Tortellini In Marinara Tossed Salad Cheesecake</p> <p><input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal</p>	<p><i>17</i> Frozen meal from prior week(s)</p> <p><input type="checkbox"/> Meal <input type="checkbox"/> No Meal</p>


Be sure to fill out this menu completely **including the back page.**

The meal option that you indicate will be the meal option served.

Desserts will be adjusted for anyone with diabetic needs.

Be sure to sign the section noted on the back page and return this form to the Red Cross office by *Monday, March 29, 2010.*

Meals on Wheels April 2010 cont.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
18 Frozen meal from prior week(s) <input type="checkbox"/> Meal <input type="checkbox"/> No Meal	19 Breaded Pork Chop Scalloped Potatoes Green Beans Fruit Cup <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	20 Teriyaki Chicken Stir Fry Rice Angelfood Cake <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	21 Swedish Meatballs Noodles Carrots Brownie <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	22 HamLoaf Mash Potato Spinach Pudding <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	23 Beef Stew Dinner Roll Jello <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	24 Frozen meal from prior week(s) <input type="checkbox"/> Meal <input type="checkbox"/> No Meal
25 Frozen meal from prior week(s) <input type="checkbox"/> Meal <input type="checkbox"/> No Meal	26 Meatloaf Mashed Sweet Potato Wax Beans Muffin <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	27 Sausage Gravy on Biscuit Cottage Cheese Cake <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	28 Baked Haddock Rice Pilaf Beets Cookies <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	29 Chicken Broccoli Cheese Stromboli Tossed Salad Fruit Cup <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	30 Swiss Steak Wht. Potato Mix Veg Pudding <input type="checkbox"/> This Meal <input type="checkbox"/> Substitute <input type="checkbox"/> No Meal	

This form must be returned to ensure continuation of you meals. The completed form may be given to your driver.

A copy will be returned to you.

Menu subject to change without notice.



Please sign, date, and return this form to the office at:
302 Congress St., Bradford, PA 16701

by Monday, March 29, 2010.

I acknowledge that I have chosen the meal options noted on this form

(Signature)

(Print Name)

(Date)