West Central Florida Area Agency on Aging, Inc.



Menu Substitution Checklist

Assistance. Advocacy. Answers on Aging.

Date of Substitution: Original Menu Item: Substitution made: Reason for Substitution: Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps agency/nutrition site are taking to be compliant with requirement(s) in the future	Agency:		
Original Menu Item: Substitution made: Reason for Substitution: Yes *No Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Nutrition Site:		
Substitution made: Reason for Substitution: Yes *No Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Date of Substitution:		
Reason for Substitution: Yes *No Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Original Menu Item:		
Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Substitution made:		
Is the substitution from same food group? Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Reason for Substitution:		
Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps		Yes	*No
(If no, Nutrition Analysis to ensure meal is in compliance must be attached) Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Is the substitution from same food group?		
Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	(If no, Nutrition Analysis to ensure meal is in		
Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps			
Dietary Guidelines for Americans? Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps			
Approved by licensed dietitian and/or licensed registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	•		
registered dietician prior to use? How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps			
How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps	Approved by licensed dietitian and/or licensed		
How many times has this substitution been made during the last quarter? *Any no answer above requires further explanation. Please provide steps			
	How many times has this substitution been made during		
	·	•	•
Signature of approved licensed (registered) dietician Date	Signature of approved licensed (registered) dietician	Date	
Reviewed by WCFAAA Program Manager Date	Reviewed by WCFAAA Program Manager	Date	