

AmeriCaring Hands, LLC

Quality Care with Compassion, Dignity and Respect

Nutritional Meal Option Menu:

Breakfast Selection:

- Potatoes : _____
- Oatmeal Malt O Meal Rice Grits : _____
- Scrambled Eggs Hard Boil Eggs : _____
- Pork Meat Chicken Meat Turkey Meat : _____
- French Toast Pancakes Regular Toast Bagel Biscuit : _____
- Cereal With Milk Cereal Without Milk : _____

Lunch/ Dinner Options Selection:

Vegetables

- Greens Sweet Peas Squash Broccoli Carrots Green Beans
- Sweet Potatoes Cabbage Okra Green Salad Zucchini Cauliflower
- Carrots Potatoes

Fruit

- Tomatoes Banana Peaches Mango Plums Oranges Grapes
- Strawberries Watermelon Blueberry Cano lope Pumpkins Apples
- Pineapples Raisins Prunes

Bread

- Buttermilk Wheat Whole Wheat Honey Wheat White Bread Iron Bread
- Cinnamon Bread Raisin Bread Banana Bread Pumpkin Bread
- Zucchini Bread Tortilla Biscuits Rolls Garlic Bread/Toast Rolls
- Cornbread Butter Wheat White Butter Bread

Starches

- Mac & Cheese Rice Bleach Rice Brown Pasta

Meats

Grill Fried Broil Bake

- Beef Turkey Ham Chicken Pork

Sandwiches

- Grill Cheese Turkey Ground Beef Ham Bacon Lettuce Tomatoes
- Tuna Chicken Salad Cold Cut Melt Peanut butter & Jelly Sandwiches

Soups

- Tomato Potato Corn/Cream Chatter Broccoli & Cheese

Snack

- Cheese Crackers Peanut Butter Crackers Popcorn Potatoes Chips
- Wheat Crackers White Crackers Fruit Cocktail Bran Muffin
- Apple Sauce Jell-O

Desserts

- Chocolate Cakes Carrot Cakes Peach Cobbler Pecan Pie Bananas Pudding
- Pudding Rice Pudding

Beverages

- Milk Water Juice Soda Tea Lemonade Smoothies
- Coffee

Restaurants/ Entertainment Meals

- Pizza Fried Chicken Chinese Mexican Burgers

Menu Filter
Exclude (Remove) any of the following: <input type="checkbox"/> Egg <input type="checkbox"/> Fish <input type="checkbox"/> Gluten <input type="checkbox"/> Milk <input type="checkbox"/> Pork <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Wheat
Dietary Choices – Includes the following: Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal <input type="checkbox"/> Lactose Free <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Clear/Full Liquid <input type="checkbox"/> High/Low Fiber <input type="checkbox"/> Gluten Free <input type="checkbox"/> Kosher <input type="checkbox"/>