



The ARC of Alva

Dietary Information Form

Today's Date _____

Name: _____ Date of Birth _____

Social Security Number _____ - _____ - _____ Room _____

To help us in meal planning with minimal waste, please rate the following foods on a scale of 1-5:

1= Don't Like 2=Will eat it 3=Neutral 4=Like it 5=Bring it on!

Pork _____ Steak _____ Chicken _____ Beef _____ Liver _____ Burgers _____

Hot Dogs _____ Turkey _____ Tuna _____ Fish _____ Casseroles _____

Mixed Vegetables _____ Whole Corn _____ Cream Style Corn _____

Green Beans _____ Wax Beans _____ Pork-n-Beans _____ Pinto Beans _____

Lima Beans _____ Greens (Collard, etc.) _____ Sauerkraut _____ Tomatoes _____

Spinach _____ Cabbage _____ Lettuce _____ Asparagus _____ Broccoli _____

Cauliflower _____ Mashed Potatoes _____ French Fries _____ Boiled Potatoes _____

Sweet Potatoes _____ Baked Potatoes _____ Mac-n-Cheese _____

Other Favorites _____

Other "Hates" _____

Food Allergies _____
