

Monday	Tuesday	Wednesday	Thursday	Friday
Name: _____ Phone Number: _____ Please clearly circle A - B - C indicating which meal you would like to order for each day.		1 A. MEXICAN BEEF & RICE CASSEROLE Mixed Vegetables <i>Applesauce</i> B. BAKED FISH C. MEATLOAF SANDWICH Pasta Salad	2	3
6 A. CURRY CHICKEN Rice Cauliflower Cookies B. BAKED FISH	7	8 A. SWEET & SOUR CHICKEN Rice Broccoli <i>Fruit</i> B. BAKED FISH C. TURKEY SANDWICH Coleslaw	9	10
13 A. MAC & CHEESE Stewed Tomatoes Fruit Cookie B. BAKED FISH	14	15 A. PORK ROAST & GRAVY Roasted Sweet Potatoes Peas & Carrots <i>Fruit</i> B. BAKED FISH C. COTTAGE CHEESE WITH PINEAPPLE Three Bean Salad	16	17
20 A. BAKED FISH Mashed Potatoes Peas & Carrots Cookie B. BAKED CHICKEN	21	22 A. HONEY MUSTARD CHICKEN Rice Zucchini & Tomatoes <i>Fruit</i> B. BAKED FISH C. EGG SALAD SANDWICH Carrot & Pineapple Salad	23	24
27 A. CHICKEN CACCIATORE Penne Pasta Mixed Vegetables Pudding B. BAKED FISH	28	29 A. ROAST PORK & GRAVY Mashed Sweet Potatoes Mixed Vegetables <i>Cake</i> B. BAKED FISH C. TURKEY & SWISS CHEESE SANDWICH Coleslaw	30	31

This Congregate Dining Program is supported in part by the Albany County Department for Aging, the New York State Office for Aging, the Administration for Community Living, and CDPHP. All Albany County congregate meal programs allow for a suggested contribution of \$3.00. Contributions are very much appreciated and go directly to support and expand the congregate meal program. Contributions are voluntary, confidential, and purely optional. All seniors are welcome and encouraged to attend our meal program. Please make a reservation to assure we have a meal available at the meal program you would like to attend. No one will be turned away due to an inability to make a contribution. All meals are served with milk. Some items may be subject to last-minute substitution.

