The CWD Health Care Menu Program has been recently updated. We have two menu program options for you to select from:

- Traditional Four Week Cycle Menus—Spring/Summer Cycle & Fall/Winter Cycle
- Upscale Six-Week Cycle Menus—Spring/Summer Cycle & Fall/Winter Cycle

Each menu set includes: weekly menu calendars with alternate choices, daily menu spreadsheets with therapeutic diet options, weekly purchase guides based on CWD products, quantified recipes, detailed nutritional analysis for each diet/each day, and a menu resource guide to assist you in implementing the CWD Health Care Menu Program into your facility.

For More Information, contact:
Heidi Wietjes, MS, RD, LMNT, LD
Director, Nutrition Services
Cash-Wa Distributing
308-237-3151 Ext 7123
Heidi.wietjes@cashwa.com
Menu Pricing

(CWD Prime Vendor Customers purchasing at least 85% of foodservice items from CWD):

Menus Printed in Hard Copy Format ................................................................. $350/Cycle

Menus with Electronic Recipe Book (pdf format) Daily Menu Spreadsheets (excel format), and Nutritional Analysis Book (pdf format). Other reports sent hardcopy. ............... $100/Cycle

**Customers purchasing less than 85% of their foodservice purchases from CWD—call for menu program pricing.

When placing an order, please specify either four or six-week menu cycle.

All menu customization will be billed by the hour. Call for price estimates.


Computrition® Hospitality Suite Select used for menu nutritional analysis.

CWD Health Care Menu Program Order Form

CWD Customer Number: ________________________________

Facility Name: _________________________________________

Please ship me the following menu package:

___ 2014 Spring/Summer Four Week Menu Cycle       ___ 2014 Spring/Summer Six Week Menu Cycle

___ 2014-15 Fall/Winter Four Week Menu Cycle       ___ 2014-15 Fall/Winter Six Week Menu Cycle

(Fall/Winter menu cycle will be available in September 2014)

I would like the Menus in the following format (See format descriptions above):

___ Hard Copy Format          ___ Electronic Format

I understand that my account will be billed for the menu package I have selected when my menus are shipped. I understand that any menu customization that I request will be billed to my account at an hourly rate based on the time needed to complete the project.

Facility Representative Signature: ________________________________

Title: ________________________________