

Budget Healthy Meal Plan

Name: _____ Date: _____ Budget goal: _____

Dietary restrictions/preferences:

Current challenges:

Limited grocery budget

Food waste concerns

Time constraints for meal prep

Family preferences

Lack of cooking skills/confidence

Other: _____

Day	Breakfast	Lunch	Dinner	Snacks and/or dessert	Estimated daily cost
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Budget-friendly shopping list:

Money-saving strategies used for the week:

Shop sales and use coupons

Buy generic/store brands

Purchase seasonal produce

Cook larger portions for leftovers

Use ingredient substitutions

Prep meals in advance

Other: _____

Notes and adjustments

Next review date: _____ Healthcare provider: _____