



## BackPacks for Friday Referral Form

Name of Child \_\_\_\_\_

Age \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

### Behavior that demonstrates food insecurity

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all the food served
- Lingered around for or asking for seconds
- Comments about not having enough food at home
- Other: \_\_\_\_\_

### Check any other factors that apply to this child

#### Physical Appearance:

- Extreme thinness
- Puffy, swollen skin
- Chronically dry cracked lips
- Chronically dry itchy eyes
- Brittle, spoon shaped nails

#### School Performance:

- Excessive absences or tardiness
- Repetition of a grade
- Chronic sickness
- Shorten attention span/inability to concentrate
- Chronic behavior that leads to disciplinary action
- Hyperactive, aggressive, irritable, anxious, withdrawal, distressed, passive
- Other \_\_\_\_\_

#### Home Environment:

- Often cooks own meal, or has siblings who does
- Moves frequently
- Often spends the night away from home (primary residence)
- Loss of income
- Family Crisis

Are there any other children in the household?      Yes      No

If Yes, please state their ages: \_\_\_\_\_

Name/Title of Person Referring Student \_\_\_\_\_

Date Referred \_\_\_\_\_

Approved By \_\_\_\_\_