



## BackPack Program – Student Referral

Child's Name: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Teacher: \_\_\_\_\_\_ Distribution location (locker #, classroom, etc.):\_\_\_\_\_

The BackPack Program is only for children who you feel are chronically hungry. The program provides bags of food on Fridays to students who might otherwise not have enough to eat over the weekend. To refer a child to the BackPack program, use the "Identifying Chronically Hungry Children" sheet to identify chronic hunger behaviors and check one or more of the following behaviors displayed on a regular basis.

- Rushing food lines at school meals
- Extreme hunger on Monday morning
- Quickly eating all of the food served and asking for more
- □ Asking when the next meal/snack will be served
- Regularly asking their teacher or school staff for food
- Saving/hoarding/stealing food to take home for themselves and/or a sibling
- □ Lingering around after finishing meal, asking staff or peers for seconds
- Comments about not having enough food at home
- Asking classmates for food they don't want
- Other information regarding the child's behavior, attendance, academic performance or home situation that requires the need for supplemental food. Please explain:

## Other factors that may be present and may help you identify a chronically hungry child:

Physical Appearance:	Extreme thinness or obesity Chronically dry/cracked lips	Puffy/ swollen skin Chronically dry/ itchy eyes
School Performance:		ness Repetition of a grade ttention span/inability to concentrate peractive, irritable, anxious, withdrawn, etc)
Home Environment:	Often cooks own meal, or has a Moves frequently Loss of	nother sibling who does household income Family crisis
Does this child have pre-school sibling(s)? YES (how many?) or NO		

*Name/Title of person referring the student* 

Date

For the School Coordinator: Check to confirm child's approval, initial here: \_\_\_\_\_\_ Additional notes: