

BACK PACK - Referral Form

Child's Name: _____

Age: _____ Grade: _____ Teacher: _____

The Backpack Program is for children you feel are chronically hungry. The program provides backpacks filled with food on Fridays to children who might otherwise not have food over the weekend. To refer a child to the Backpack Program, please check one or more of the following behaviors that the child displays on a *regular* basis.

- ☐ Rushing food lines
- ☐ 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 for food
- ☐ Saving/hoarding/stealing food to take home for themselves and/or a sibling
- ☐ Linger around for or asking for seconds
- ☐ Comments about not having enough food at home
- ☐ Asking classmates for food they don't want
- ☐ Other information regarding the child's home situation that requires the need for food. *Please be as thorough as possible in your explanation:*

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

Physical Appearance: Extreme thinness; puffy/swollen skin; chronically dry/cracked lips; and/or chronically dry and itchy eyes

School Performance: Excessive absences and/or tardiness; repetition of a grade; chronic sickness; short attention span/inability to concentrate; and/or chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)

Home Environment: Often cooks own meal, or has another sibling who does; moves frequently; loss of household income; and/or family crisis

Does this child have a pre-school sibling? YES or NO

Name/Title of person referring the student

Date

For the School Coordinator:

- ☐ Check to confirm child's approval and then initial here: _____

Additional notes: