**Child Hunger Programs BackPack Buddies Referral Form**

*\*for school administrator use*

**Student or Household Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Age:** \_\_\_\_\_\_\_\_ **Student Grade:** \_\_\_\_\_\_\_\_\_\_

**Behavior that demonstrates Food Insecurity (Referral MUST include at least one item in this category)**

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

**Check any other factors that apply to this student or household**

***Physical Appearance***

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

***School Performance***

* Excessive absences and/or tardiness
* Repetition of a grade
* Chronic sickness
* Short attention span/inability to concentrate
* Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)

***Home Environment***

* Often cooks own meal, or have another sibling who does
* Moves frequently
* Often spends the night away from home (primary residence)
* Loss of income
* Family crisis
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional siblings in the home?** ❑ Yes ❑ No  **If so, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Are there food allergies with the student or household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/title of person referring the student/household:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of referral:** \_\_\_\_\_\_\_\_ **Date Approved:** \_\_\_\_\_\_\_ **Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\* Use school records to ascertain food allergies.*