# Backpack - Referral Form

## Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### The Backpack program is only for children who you feel are chronically hungry. The program provides backpacks 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*. At least one item on this list MUST be checked to refer the child to the Backpack program.*

### 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
* Lingering 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

###  Chronically dry and itchy eyes

### School Performance: Excessive absences and/or tardiness Repetition of a grade

###  Chronic sickness Short attention span/inability to concentrate

###  Chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)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 Family crisis

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Name/Title of person referring the student Date*

For the School Coordinator:

Check to confirm child’s approval and then initial here: \_\_\_\_\_\_\_\_\_\_

Additional notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_