



## Snack Pak 4 Kids—Referral Form (2017-2018)

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

**Behavior that demonstrated 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
- ☐ Linger 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
- ☐ 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- ☐ Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)
- ☐ Other \_\_\_\_\_

**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 \_\_\_\_\_

**If this child needs to receive extra food, please explain why:**

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

Date of referral: \_\_\_\_\_ Date approved: \_\_\_\_\_

Approved by: \_\_\_\_\_