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**Snack Pak 4 Kids—Referral Form (2019-2020)**

**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

 □Lingering 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 anxious, withdrawn, distressed, passive/aggressive)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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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