



Backpacks for Friday Referral Form

Name of child: _____ Age: _____

School: _____ Teacher: _____ Grade: _____

Behavior that demonstrates food insecurity (check all that apply):

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all the food served
- Lingered around food or asking for seconds
- Comments about lack of 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

School performance

- Excessive absences or tardiness
- Repetition of a grade
- Chronic sickness
- Shortened attention span/inability to concentrate
- Chronic behavior that leads to disciplinary action
- Hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive
- Other _____

Home environment

- Children in home often cook meals
- Moves frequently
- Often spends night away from home
- Loss of income
- Family crisis

Are there any other children in the household? Yes No If yes, what are their ages? _____

Name/Title of Person Referring Student Date Approved By