

# BackPack Program

## Participant Referral Form

School Name: \_\_\_\_\_

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

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

The BackPack Program is for children who you believe are chronically hungry. The program provides bags of food every other week for children who might otherwise not have food over the weekend. To refer a child, 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 participate in 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
- Lingered 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/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sickness - Short attention span/inability to concentrate - Chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)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

**Does this child have a pre-school sibling?** YES or NO

\_\_\_\_\_  
*Name/Title of person referring the student*

\_\_\_\_\_  
*Date*

**For the Program Coordinator:**

Check to confirm child's approval and then initial here: \_\_\_\_\_

Additional notes: