

BackPack Program Referral Form



Food Bank for the Heartland provides weekend food packs for chronically hungry children who don't have other resources available over the weekend—their parents may be working two jobs, out of the house, or unable to make it to a food pantry. These *may* be children enrolled in the Free & Reduced Lunch program, but this is not a requirement. We strongly encourage looking at the families who are not receiving the Free & Reduced Lunch Program. Please do not limit your chosen participants to those students solely on that program.

Some children may not be eligible for Free & Reduced Lunch based on family income, but through knowledge of family situation or behaviors exhibited by the child, you know he or she is in need of kid-friendly, easy-to-prepare food on the weekend. This referral form gives school staff some things to look for when identifying a child who would benefit from the Backpack Program.

Child's Name: _____

Referred By: _____

Grade: _____ **Siblings:** _____

Behavior that happens on a regular basis which identifies a chronically hungry child:

(Check all that apply. Referral to the Backpack Program must include at least one item in this category.)

- Rushing food lines
- Extreme hunger on Monday morning
- Quickly eating all of the food served and asking for more
- Lingering around for, or asking for, seconds
- Regularly asking their teacher for food
- Saving/hoarding/stealing food to take home
- Comments about not having enough food at home
- Parents who aren't around to provide meals over the weekend
- Other information regarding the child's home situation that exhibits the need for food:

Physical Appearance

- Extreme Thinness
- Puffy, swollen skin
- Chronically dry, cracked lips
- Brittle, spoon-shaped nails

School Performance

- Excessive absences/tardiness
- Chronic sickness
- Inability to concentrate
- Chronic behavior problems

Home Environment

- Often cooks own meal, or has a sibling who does
- Moves frequently
- Often spends nights away from home
- Loss of income

Site Coordinator Use

Date Referred: _____

Date Approved: _____

Date Parent Notified: _____