

# Food 4 Kids – School Referral Form

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

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

**BEHAVIOR THAT DEMONSTRATES 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- ▮ Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)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 has another sibling who does
- ▮ Moves frequently
- ▮ Often spends the night away from home (primary residence)
- ▮ Loss of income
- ▮ Family crisis
- ▮ Other \_\_\_\_\_

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

Date of referral: \_\_\_\_\_ Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

**(This form stays at the school)**