



BackPack Program Referral Form



This form should be filled out by any teacher or staff member recommending a student for the BackPack program. The completed form should be kept in a confidential location.

Child's Name: _____

School: _____ Age: _____ Grade: _____

Teacher: _____

Behaviors that demonstrate food insecurity

- Extreme hunger on Monday mornings
- Lingering around or asking for seconds
- Comments about not having enough food at home
- Other _____

Check any other factors that apply to this child:

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- Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive / aggressive)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

- Moves frequently
- Loss of family income
- Family crisis
- Other _____

Are there other children in this household?

Yes

No

If yes, please list their ages:

Name/title of person referring the student: _____

Date of referral: _____ Date Approved: _____ Approved by: _____

Please return this form to your school's BackPack site coordinator.