



Food 4 Kids Referral Form

Child's Name: _____ Age: _____ Grade: _____

Part 1: Identifying

Behavior that demonstrates food insecurity (referral form MUST include at least one item in this category)

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all of the food served
- Lingered around for or asking for seconds
- Comments about not having enough food at home
- 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- Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)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 _____

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 _____

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 _____

Part 2: Family Demographics

Ethnicity

Is child Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) (Check only one)

YES NO

What is child's race?

- Caucasian/White
- Black/African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Asian and White
- Black / African American and White
- American Indian /Alaskan Native/ African American
- Other/Multi Racial

Income

- Extremely Low Income (0-30% MFI)
- Low Income (>30-50% MFI)
- Moderate Income (>50-80% MFI)
- Income Above 80% MFI

Home Environment

- Homeless
- Single parent household
 - Female headed
 - Male headed
- Grandparents raising children
- Disabled/Special Needs

Household Size _____

Does this child have other siblings attending the same school? **Y/N**
 How many siblings total? _____

Name of staff member referring the student: _____
 Approved by: _____
 Date approved: _____