



## School Pantry Program - Referral Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The School Pantry is only for students who you feel are chronically hungry. The program provides food to students who might otherwise go without. To refer a student to the School Pantry, refer to “Identifying Chronically Hungry Children” sheet and please check one or more of the following behaviors that the student displays on a *regular* basis.

- Rushing food lines during meal service
- 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(s) for food
- Saving/hoarding/stealing food to take home for themselves and/or a sibling
- Linger 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 explain:*

**Other factors that may be present and may help you identify a chronically hungry child:**

**Physical Appearance:** Extreme thinness or obesity 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Chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)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

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

For the School Coordinator:

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

Additional notes: