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**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

Lingering 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Chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)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

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*Name/Title of person referring the student Date*

For the School Coordinator:

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

Additional notes: