

School: _____

2019-2020



Student's Information	
Student #	
Grade	

*The Food for Kids: School Backpack Program is an initiative of **Community Storehouse**, a nonprofit organization serving impoverished families in Martinsville & Henry County.*

This form is intended for use by school personnel to recommend a student for participation.

Should you have questions on completing this form, please refer to the In-School Resource Guide.

CONFIDENTIAL

Check any of the following factors you are aware of that apply to this child:

Physical Appearance	School Performance
<input type="checkbox"/> Extreme thinness <input type="checkbox"/> Puffy, swollen skin <input type="checkbox"/> Chronically dry, cracked lips <input type="checkbox"/> Chronically dry, itchy eyes <input type="checkbox"/> Brittle, spoon-shaped nails	<input type="checkbox"/> Excessive absences or tardiness <input type="checkbox"/> Repetition of a grade <input type="checkbox"/> Chronic sickness, visits to nurse <input type="checkbox"/> Short attention span/inability to concentrate <input type="checkbox"/> Chronic behavior
Home Environment	Behavior that Demonstrates Food Insecurity
<input type="checkbox"/> Moves often <input type="checkbox"/> Often spends nights away from home <input type="checkbox"/> Loss of income <input type="checkbox"/> Family crisis <input type="checkbox"/> Comments about missing meals at home	<input type="checkbox"/> Rushing food lines <input type="checkbox"/> Noticeable hunger on Monday morning <input type="checkbox"/> Asking for second portions at school meals
Additional information related to why this child is being referred: <i>*Required Field</i>	

AGENCY USE ONLY

Signature of Referrer

Title of Referrer