



## Snack Pak 4 Kids San Antonio—Referral Form (2024-25)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Classroom #: \_\_\_\_\_

**Behavior that demonstrated Food Insecurity** (Referral 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

**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 \_\_\_\_\_

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- Chronic behavior that leads to disciplinary action (hyperactive, aggressive) irritable, anxious, withdrawn, distressed, passive/aggressive)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

- Often cooks own meal, or have another sibling who does
- Moves frequently
- Often spends the night away from home (primary residence)
- Loss of income
- Family crisis
- Other \_\_\_\_\_

**If this child needs to receive extra food, please explain why:**

Name/title of person referring the student: \_\_\_\_\_

Date of referral: \_\_\_\_\_ Date approved: \_\_\_\_\_

\_\_\_\_\_  
Approved by: \_\_\_\_\_

\_\_\_\_\_