Snack Pak 4 Kids San Antonio—Referral Form (2026-27)

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
- □ Lingering 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- □ Chronic behavior that leads to disciplinary action (hyperactive, aggressive) irritable, anxious, withdrawn, distressed, passive/aggressive)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: _____

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