KidsPak Backpack “Signs of Hunger Form”

Complete for each child:

School:

Grade________ Gender: male_____ / female_____ Ethnicity: Hispanic/Latino____ or Non____

Race: White_____ Black/African American____ American Indian and Alaska Native____ Asian____

Pacific Islander____ Multi-race____ Other____

Number of Children in Family: _______

The Backpack Program is only for children who are chronically food insecure over the weekend. To refer a child to the backpack program, please check at least one of the following behaviors that the child displays on a regular basis:

_____ 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 for food  
_____ Saving/hoarding/stealing food to take home or asking students for food they don’t want  
_____ Comments about not having enough food at home

Please mark (X or check mark) other factors that may be present and help identify a chronically hungry child:

Physical Appearance: overweight or underweight and malnourished: ____  complains of headaches: ____

puffy/swollen skin: ____ chronically dry/itchy eyes: ____ spoon-shaped fingernails: ____

dry cracked lips: ____ decaying Teeth____ bloated Stomach____

School Performance: frequent absences and/or tardiness: ____ anxious, lack of concentration: ____

low energy, sleeps in class: ____ chronic sickness: ____ slow memory recall: ____

behavioral problems (hyperactive, irritable, withdrawn, aggressive, etc.): ____ poor grades: ____

Home Environment: family crisis: ____ loss of household income: ____ moves frequently: ____

homeless: ____ single parent: ____ child often prepares own meals: ____

Other information regarding the child’s home situation that requires the need for food.

Please explain: ____________________________________________________________

☐ I acknowledge that I have spoken with the child or parent, who understands why the food is provided.

____________________________________  _____________

Name of person referring    Date

THIS FORM IS FOR YOUR RECORDS. PLEASE KEEP IT IN YOUR FILES. DO NOT SUBMIT THIS FORM TO KIDSPAK.

For Questions about KidsPak: Tom Carrigan: taccarrigan@yahoo.com or Corinne Carrigan: corinne@kidspak.net