

School Pantry Referral Form

Student's Name _____ Date _____

Referring Staff: _____

The school pantry is only for students who you feel are chronically hungry. The program provides food for students who might otherwise not have food in the evenings and over the weekend when they cannot eat at school. To refer a student to the pantry, please check one or more of the following behaviors that the student displays on a *regular* basis. At least one item on this list *MUST* be checked to refer the student to the pantry.

- Comments about not having enough food at home
- Identified need during home visit / conversation Regularly asking for food
- Saving/hoarding/stealing food to take home for themselves or family members
- Quickly eating all food served and asking for more
- Lingered around for more or asking for seconds
- Asking classmates for food they don't want
- Rushing food lines due to extreme hunger
- Extreme hunger on Monday morning
- Extreme thinness, Puffy/Swollen Skin, Chronically dry lips/eyes
- Chronic sickness
- Inability to concentrate
- Loss of income
- Family Crisis

I agree that to the best of my knowledge the student named above is chronically hungry and needs food. This student will benefit from the school pantry program provided by the Regional Food Bank of Oklahoma.

Coordinator's Signature

