



Referral Form

School Name: _____ Date: _____

Student’s Name (child being referred): _____

Student’s Grade _____ **Age** _____ **Circle gender** **Boy** or **Girl**

Referring Teacher/Staff Name and Classroom #: _____

Referring Teacher e-mail: _____ Lunch Hour: _____

Referring Teacher alternate phone # _____

Parent/Guardian Name (of child): _____

Please specify what the child needs :(i.e. shoes, jacket, educational toy, book, hygiene items, etc...) _____

(Remember...please be specific to this child and list all items needed. Don’t forget to think “out of the box”!)

Addition information about the student that will be helpful to us: _____

Please state “emergency”, if the need is urgent: _____

Please specify if child has been referred to any other assistance programs within the last 2 months (i.e. uniform closet): _____

Thank you for your efforts to reach out to Yuma County children!
Please call with questions, Julie Evans (502-2838) or De Ann Lyda (750-3244)
*****If not completed online at www.cuddlekit.org,
this form must be faxed to 345-1375*****

(For CuddleKit Staff use only)

Referral Received: _____ CuddleKit Delivered: _____ Filed Date: _____

