



KINDNESS Referral Form

Date: _____

Student's Name (child being referred): _____

School Name: _____

Student's Grade _____ Student's Age _____ 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, Veronica Cabrales (928) 503-7393 or Kristan Sheppard (928) 246-9108

If not completed online at www.cuddlekit.org, this form must be emailed to KIDS@cuddlekit.org or faxed to (928) 345-1375

(For CuddleKit Staff use only)

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