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

If not completed online at www.cuddlekit.org, this form must be emailed to KIDS@cuddlekit.org

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(For CuddleKit Staff use only)

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