



LIFTUP OF ROUTT COUNTY

2125 Curve Court
Steamboat Springs, CO 80487
970-870-8804
communitysupport@liftuprc.org

LiftUp's School Snack Program

Dear Parents,

LIFTUP is partnering with your child's school to offer a supply of nutritious snacks for children during the school week, FREE OF CHARGE. Your child is eligible to participate in this program if the child qualifies for the Free/Reduced Lunch Program or if you are currently receiving food or services from Lift-Up or from the Department of Human Services or based on the answers to the questions on the reverse. If you are unsure if your child qualifies, you may contact us at LIFTUP; we can help you determine your child's eligibility.

We believe that the nutritious classroom snacks we are going to provide will help us better meet our goal to support the health, well-being and performance of Routt County's school-aged children by ensuring that they are not preoccupied with hunger. Please feel free to call me at (970)870-8804 if you have any questions about our program.

When the School Snack Program starts, classroom teachers will hand out snacks each day during the school week to participating students. Those students will continue to receive snacks until they leave the school, or until they opt out of the program.

If you believe your child or a child you know would benefit from this assistance, please register him/her using the application form on the back of this page. (*Once you have completed the form, please return it to your school office.*) If you have questions or concerns, please contact Heidi Mendisco, Angela Mackey (Spanish translator), or Tina Delany at LIFTUP (970) 870-8804.

We are looking forward to helping your child have a productive, positive school year!

Sincerely,

Heidi Mendisco
Community Support Manager
Lift-Up of Routt County



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Student Information <i>(Please complete a separate form for each child.)</i>		
Child's Name	School	
Teacher's Name	Grade	

Referred by:	Parent <input type="checkbox"/>	Teacher <input type="checkbox"/>	Administrator <input type="checkbox"/>
Name			
Email address			Phone
Qualifying for low-income: Please select one			
Snap <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Free or Reduced <input type="checkbox"/> Account number _____			
LiftUp Client <input type="checkbox"/> or current monthly income _____			

	YES	SOMETIMES	NO
Please answer the following questions about your child/student.			
1. Does your child/student experience significant hunger during the school day?			
2. Did your child/student ask for snacks after eating lunch?			
3. Did your child/student express a desire to have similar snacks choices as their peers?			
4. Do you feel your child/student needs more nutritional food than he/she is currently receiving?			
5. Does your child/student exhibit poor behavior in school due to hunger or inadequate nutrition?			
6. Does your child/student exhibit a short attention span or inability to concentrate at school due to hunger or inadequate nutrition?			
7. Does your child/students show signs of fatigue and/or low energy?			
8. Does your child/student seem unable to relate well with others due to nutritional issues?			

Even if the family is not enrolled in a low income program your child or student may still qualify for the program based on the answers given.

I, (your name) _____, grant permission for my child/student
 (child's name) _____, to participate in **LIFT-UP's School Snack Program**.

SIGNATURE _____

Please return this form to the office at the child's school.

