

Bakersfield City School District
The Advisory Bulletin

To: All Principals and School Designees Who Refer Families to The Golden Empire Gleaners	Date: 10-2-08	No. 090238
Subject: The Golden Empire Gleaners		
Prepared By: Debbie Wood, Coordinator, School Health & Neighborhood Support Programs		
Approved By: Dr. Ruth Holton, Assistant Superintendent – Instructional Support Services		Page 1 of 4



Attached is the new referral form, referral procedure and Family Intake Assessment form to be used when referring families to The Golden Empire Gleaners, effective October 1, 2008.



Please refer any questions you may have to Vicki Trevino, 87129.

BAKERSFIELD CITY SCHOOL DISTRICT

DEBBIE WOOD, RN, BSN
COORDINATOR
SCHOOL HEALTH & NEIGHBORHOOD
SUPPORT PROGRAMS
E-mail : woodd@bcsd.com

SCHOOL HEALTH & NEIGHBORHOOD SUPPORT PROGRAMS
714 WILLIAMS STREET
BAKERSFIELD, CALIFORNIA 93305
(661) 631-5895
FAX: (661) 631-5898



Golden Empire Gleaners
1326 30th Street
Bakersfield, Ca. 93301
661 324-2767

Date: _____

Family Name: _____

Number in Family: ____ **Adults:** ____ **Children** ____

Pick-Up Time: _____

School Name: _____

School Contact: _____

Please Fax Completed Referral to: Vicki Trevino 631-3102

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The Golden Empire Gleaners Referral Procedure

As of October 1, 2008, the *NEW* Referral Procedure for all referrals to the Gleaners will be processed through The School Health & Neighborhood Support Programs Office.

The following is the *NEW* Referral Procedure:

- 01) The designated staff at each school will complete a referral and Family Intake Assessment Form on each family requesting a food referral to The Golden Empire Gleaners.
- 02) After the Family Intake Assessment Form and referral are completed, the designated staff will FAX it to Vicki Trevino, School Health, FAX 631-3102.
- 03) Vicki Trevino will review the referral and assessment form to determine eligibility. If it is proven there is a true financial need, Vicki will make a referral to the Golden Empire Gleaners, and contact the family regarding their appointment date and time to pick up their food order.
- 04) If you have any questions, please call Vicki Trevino directly at X 87129, or 631-5895, School Health X7.

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Family In-Take/Assessment Form

SID# _____

School: _____

Contact Name: _____

Name: _____ SS#: ____/____/____ Birthdate: ____/____/____

Address: _____ Phone: _____

Employment: _____

Spouse Name: _____ SS#: ____/____/____ Birthdate: ____/____/____

Employment: _____

Identified migrant _____ Yes _____ No

Services Requested/Needed: _____

Briefly describe the family situation: _____

List all *other* persons living in the home:

Name	Age	Relationship	Birthdate	Insurance	School Name
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Income: MONTHLY

Employment \$ _____

Food Stamps \$ _____

AFDC \$ _____

Social Security \$ _____

Unemployment \$ _____

WIC Yes No

Other \$ _____

Total \$ _____

Expenses:

MONTHLY

Rent/Mortgage \$ _____

Utilities \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Food \$ _____

Other \$ _____

Total \$ _____

By signing below, I declare under penalty of perjury that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief.

By signing below, I hereby give permission to exchange information contained on this form with any agency to verify the accuracy of the information given.

Parent/Guardian Signature _____ Date: _____