



Summer 2022

Let me introduce you to the Kittson County School Backpack Program!

One in six Americans struggle with hunger. This includes neighbors and friends in Kittson County, MN. Some people are worried about how they may be affected by the current economy. Others have already experienced a major change in lifestyle, and are trying to deal with it. Now on top of this, imagine having to figure out where your next meal will come from.

The Back Pack Program concept was developed in 1995 at a Food Bank in Little Rock Arkansas by an inner city school nurse. The nurse began a partnership with the local Food Bank and began handing out the food to students. The Back Pack Program is now a registered Feeding America program.

The mission of the Back Pack program is to help alleviate child hunger in America by providing children with nutritious and easy-to-prepare food at times when other resources are not available, such as weekends. The program provides food that is child friendly, nonperishable, and easily consumed.

Schools offer the most consistent access to program participants. School personnel also often have first-hand knowledge of children in need. Children with adequate nutrition are more successful at school, are absent less school days and have overall improved health.

The Kittson County School Back Pack Program is a partnership established between Kittson County Schools, Cornerstone Food Pantry, North Country Food Bank and facilitated by the school nurse.

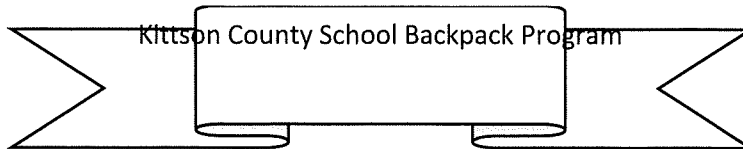
We need your help to fund this program! The estimated cost of running this program in Kittson County, MN during the school year is based upon the number of kids enrolled multiplied by the number of distributions each month multiplied by \$4.50 per meal pack. In January of 2021, there were approximately 90 students that participate by receiving a meal pack each week and in the 2022 school year there were approximately 50 students participating. There couldn't be a more meaningful time than now to take a stand against hunger. No child should have to worry about whether or not they are going to be able to eat when they are not in school. Any contribution you can make will help ensure that no child in our community goes hungry.

To make a financial contribution to the Kittson County School Backpack Program, please write BACKPACK PROGRAM in the memo and send your donation to Cornerstone Food Pantry, PO BOX 489, Hallock, Minnesota, 56728. If you have any questions or need additional information, reach out to me by calling the Kittson Healthcare Homecare & Public Health Department at 218-843-3662 or by email at Jeanna.kujava@kmhc.net.

Sincerely,

Jeanna Kujava, RN Public Health Nurse

Public Health Director for Kittson County



Warm Greetings from your School Nurse!

Nutrition is important and critical to maintain health and to support learning. With that in mind, I would like to invite you to sign up for the Backpack Program. This program is a partnership between your school, Cornerstone Food Pantry, the North Country Food Bank, Inc., and the generous donations received from community members that help fund this program:

Your child or children are invited to participate! This is a resource for bringing nutritional foods to children to cover the weekend meals that might otherwise be missed.

The Kittson County School Backpack Program will provide your child with a medium bag of non-perishable food every week to be eaten over the weekend. This program will start middle of September through the end of the school year.

This bag of food is provided at no cost to you or your child. If you have any questions or need additional information, please contact Shelby Retief at the following email Shelby.retief@kmhc.net or by calling 843-3612 and ask for the public health department.

Complete the information below indicating each child to receive a Backpack Program meal pack and turn this form into the school office. Please indicate any food allergies or sensitivities.

Be Well,
Shelby Retief, RN
School Nurse

SIGN UP FOR KITTSOON COUNTY SCHOOL BACKPACK PROGRAM AND RETURN FORM TO SCHOOL OFFICE!

Child's Name: _____	Grade _____
Child's Name: _____	Grade _____
Child's Name: _____	Grade _____
Child's Name: _____	Grade _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact Information Email: _____ Phone: _____

Provide information about any Food Allergy and/or Food Sensitivity here;
