

# LIAHONA

## CHILDREN'S FOUNDATION

### Screening Form

**Location:** \_\_\_\_\_ **Date of Screening:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ 2. Sex: M or F  
Last First

3. Child's Birthday- Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

4. Phone #: \_\_\_\_\_ (or neighbor's phone # if they currently don't have one)

5. Address: \_\_\_\_\_

6. Parent's Name: \_\_\_\_\_  
Last First

7. Is this child currently breastfeeding? Yes No Never

8. Are you a member of the LDS church? Yes No If so, what ward? \_\_\_\_\_

9. Who referred you to the Liahona Children's Foundation: \_\_\_\_\_

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This portion to be completed by Liahona Children's Foundation staff.

Child's Age in Months: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Weight Below the 3<sup>rd</sup> Percentile: Yes No

Height (cm): \_\_\_\_\_ Height Below the 3<sup>rd</sup> Percentile: Yes No

Weight/Length or BMI Below the 3<sup>rd</sup> Percentile: Yes No Not calculated

At risk for malnourishment if any measurement between 3<sup>rd</sup> and 10<sup>th</sup> Percentile Yes No

Qualifies for program: Yes No

Already on program: Yes No