

Cornell University
 Cooperative Extension
 Jefferson County

Food and Nutrition Education in Communities Referral Form

Address: 203 N. Hamilton St. Watertown, NY 13601

Fax: 315-788-8461 Phone: 315-788-8450 Email: aln48@cornell.edu

REFERRAL INFORMATION

NAME: _____

DATE: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

Referring Agency/Contact Name:

Phone: _____

Email: _____

Comments: _____

Other Services received: NOT ELIGIBLE I DON'T KNOW

SNAP MEDICAID WIC SSI HEAD START TANF

Topics of Interest:

Healthier Meal Planning

Choose My Plate

Increasing Physical Activity

Healthy Eating for Children

Breastfeeding

Reducing Sweetened Beverages

Increasing Fruits & Vegetables

Healthier Low Cost Snacks & Meals

OTHER _____

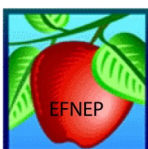
Referral is a parent: ____yes ____no

Referral is a senior citizen: ____yes ____no

Consent of Release of Information:

I, _____, consent to the release of information to Cornell Cooperative Extension (CCE). I understand that a CCE program educator will contact me with further information about programs that may be of interest to me, or check here if verbal consent was given.

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.



Expanded Food and
 Nutrition Education
 Program

