

# Cornell Cooperative Extension | Jefferson County

## Food and Nutrition Education in Communities Referral Form

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### 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:

- |   |  |                   |
|---|--|-------------------|
| <input type="checkbox"/> Healthier Meal Planning      | <input type="checkbox"/> Breastfeeding                     | Parenting Classes |
| <input type="checkbox"/> Choose My Plate              | <input type="checkbox"/> Reducing Sweetened Beverages      | Budgeting         |
| <input type="checkbox"/> Increasing Physical Activity | <input type="checkbox"/> Increasing Fruits & Vegetables    | OTHER _____       |
| <input type="checkbox"/> Healthy Eating for Children  | <input type="checkbox"/> Healthier Low Cost Snacks & Meals |                   |
|   | <input type="checkbox"/> Managing Diabetes                 |                   |

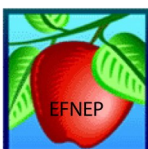
Referral is a parent: \_\_\_\_yes \_\_\_\_no

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

