



Cornell Cooperative Extension of Erie County Referral Form

Participant Name: _____

Address: _____ **City** _____ **ZIP** _____

Phone: _____

Number of children: _____ **Ages:** _____

Referral Agency: _____

Contact Person: _____

Agency Address: _____ **City** _____ **ZIP** _____

Phone: _____

Participant is interested in which curriculum:

____ Family Nutrition Education Curriculum (healthy eating, food safety)

____ Healthy Cents curriculum (shopping for healthy food on a budget)

Participant participates in:

SNAP ____ WIC ____ Head Start ____ HEAP ____ Free/Reduced School Meals ____

Complete form and email to Katlyn Stoklosa, Nutrition Educator at kms469@cornell.edu.