

Cornell Cooperative Extension Erie County

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community-health-nutrition](https://erie.cce.cornell.edu/community-health-nutrition)



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.