Return to: Cornell Cooperative Extension OFFICE USE ONLY 5657 State Rt. 5 Herkimer, NY 13350 Date Received: or fax (315) 866-0870 or call (315) 866-7920 **Nutrition Staff: Nutrition Education Program Referral** Notes:\_\_\_\_ Name:\_\_\_\_\_ Street Address: City:\_\_\_\_\_Zip:\_\_\_\_ Phone: Best Time To Call: Directions to Home:\_\_\_\_\_ Please check if family or individual receives: Food Stamps\_\_\_\_ WIC\_\_\_\_ Number of people in home: Referred by: (Name)\_\_\_\_\_ Agency:\_\_\_\_\_ Phone: Fax: Email: Address: City: \_\_\_\_\_ Zip: \_\_\_\_\_ Basis for referral:

Are they willing to have Nutrition staff call at their home?

Does this individual / family know a referral has been made to us?

Yes

Yes\_\_\_\_

No

No