

Cornell Cooperative Extension | Jefferson County

Nutrition, Parenting, & Life Skills Education Referral Form

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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

MyPlate Meal Strategies

Increasing Physical Activity

Healthy Eating for Children

Breastfeeding

Reducing Sweetened Beverages

Increasing Fruits & Vegetables

Healthier Low Cost Snacks & Meals

Managing Diabetes

Co-parenting through separation
or divorce

Positive discipline strategies

Setting up routines

Parenting the second time
around (for grandparents)

Budgeting

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.

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