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Web: 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 c	urriculum:	
Family Nutrition Education C	Curriculum (healthy eating, food safety)	
Healthy Cents curriculum (sh	opping for healthy food on a budget)	
Participant participates in:		

SNAP _____ WIC _____ Head Start ____ HEAP _____ Free/Reduced School Meals_____

Complete form and email to Victoria Buscaglia, Nutrition Educator at vab62@cornell.edu