

Expanded Food and Nutrition Education Program  
(EFNEP) Referral Application



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

BEST TIME TO CONTACT:     Morning     Afternoon     Either/Both

I authorize \_\_\_\_\_ to obtain and release information  
*(Name of Referring Agency)*  
regarding my referral to Cornell Cooperative Extension of Oswego County.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*