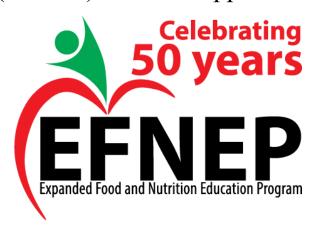
## Cornell Cooperative Extension Oswego County

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## Expanded Food and Nutrition Education Program (EFNEP) Referral Application



NAME:			<del> </del>	· · · · · · · · · · · · · · · · · · ·
ADDRESS:				
PHONE:				
BEST TIME	TO CONTACT:	☐ Morning	☐ Afternoon	☐ Either/Both
I authorize			to ol	otain and release information
regarding my r	(Name of Referr eferral to Cornell Co	0 0 1,	ion of Oswego	County.
	(Date)		(Signature)	