Cornell Cooperative Extension	n
Oswego County	

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Expanded Food and Nutrition Education Program (EFNEP) Referral Application



NAME:				
ADDRESS:				
PHONE:				
BEST TIME	TO CONTACT:		□ Afternoon	□ Either/Both
I authorize			to ob	tain and release information
no condin o moren	(Name of Referr	0 0 1/	aion of Ogwood (Country
regarding my r	eferral to Cornell Co	operative Extens	sion of Oswego	Lounty.

(Date)

(Signature)

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