

**Contact Us:**

Address: 2043B State Hwy 68, Canton, NY 13676
Phone: 315-379-9192 ext. 220 Fax: 315-379-0926
E-mail: sb2742@cornell.edu

Serving

*St. Lawrence, Jefferson, Lewis, Clinton, Essex and Franklin
Counties, and the St. Regis Mohawk Tribe*

Group/Client Information:

Name: _____

Client/Group is a:

☐ Youth ☐ Adult ☐ Senior ☐ Family

☐ Other: _____

If client is youth, education is for (select all that apply):

☐ Youth ☐ Adult (Parent/Guardian) ☐ Family

Address: _____

Phone: _____

Email: _____

Other Services Client/Group Receive:

☐ SNAP Benefits ☐ Medicaid ☐ WIC

☐ SSI ☐ Head Start ☐ TANF

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.

Referring Agency Info:

Agency: _____

Name: _____

Phone: _____

E-mail: _____

Date: _____

Notes: _____

Topics of Interest:

☐ Healthy Meal Planning/Food Budgeting

☐ Healthier Food Preparation Skills

☐ Reducing Sweetened Beverages

☐ Reducing sodium, sugar, fats

☐ Increasing Physical Activity

☐ Healthy Eating for Children

☐ Fruit and Vegetable Prescription Program

(FVRx): Requires FVRx Referral Form

☐ Other: _____

This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP.

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If you have a disability and are having trouble accessing information in this newsletter or need materials in an alternate format, contact bmr37@cornell.edu for assistance.

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