

**Contact Us:**

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**Serving**

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

**Your Information:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Other Services I Receive:**

\_\_\_ SNAP Benefits \_\_\_ Medicaid \_\_\_ WIC

\_\_\_ SSI \_\_\_ Head Start \_\_\_ TANF

**I am a Parent:** \_\_\_ YES \_\_\_ NO

**I am a Senior Citizen:** \_\_\_ YES \_\_\_ NO

**How Did You Hear  
About SNAP-Ed?**

\_\_\_ From a Friend

\_\_\_ From a Staff Member

\_\_\_ From an Agency

Agency Name: \_\_\_\_\_

\_\_\_ Online

**I would like to know more about:**

\_\_\_ Healthy Meal Planning/Food Budgeting

\_\_\_ Healthier Food Preparation Skills

\_\_\_ Reducing Sweetened Beverages

\_\_\_ Increasing Fruits & Vegetables

\_\_\_ Reducing sodium, sugar, fats

\_\_\_ Increasing Physical Activity

\_\_\_ Healthy Eating for Children

\_\_\_ Fruit and Vegetable Prescription Program

(FVRx): Requires provider referral

Other: \_\_\_\_\_

**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.

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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,  
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