NORTH COUNTRY REGION

EAT SMART NEW YORK



A Nutrition Education program





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<u>COUNTIES WE COVER</u>: Oneida, Oswego, Jefferson, Franklin, Essex, Herkimer, Lewis, St. Lawrence,

Hamilton & Clinton

be of interest to me.

REFERRING AGENCY INFORMATION INDIVIDUAL/GROUP INFORMATION NAME: AGENCY: **CLIENT/GROUP IS A:** Name: Parent __Teen__ Senior__ School Phone: Other: _____ Phone: Email:_____ Email: Address: Address: Language:____ Notes: Date of Referral: Reason for Referral: Other Services Client/Group Receives: ☐ FOOD STAMPS \square WIC ☐ SSI ☐ MEDICAID ☐ TANF ☐ HEAD START **Topics of Interest:** ☐ Increasing Fruits & Vegetables ☐ Reducing Sweetened Beverages ☐Choose My Plate ☐ Healthier Meal Planning ☐ Increasing Physical Activity □ OTHER ☐ Healthy Eating for Children ☐ Healthier Low Cost Snacks & Meals Consent of Release of Information: , 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

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