

Cornell University Cooperative Extension Nutrition and Health Canvass Referrals

Community Educator's Name: _____

Date Canvassed: ____/____/____ Time Canvassed: _____

Check one: Field visit Telephone interview

Contact Person/Title: _____

Contact Email: _____

Agency/School Name: _____

Agency/School Address: _____

Telephone: _____ Fax: _____

Indicate type of group canvassed: (check one)

- Day Care Head Start Pre-K Beacon Program GED/ESL School-Based
 Senior Center After-School Programs Soup Kitchen Food Pantry Back-to-Work Training Site
 Shelter (Type) _____ Other (please specify) _____

ATTACH AGENCY / CONTACT PERSON BUSINESS CARD BELOW:

If a business card is not available, attach a flyer, brochure, or other material from the agency to this form.

Referred to:

- ESNY (FOOD STAMP RECIPIENTS AND APPLICANTS ONLY)
 EFNEP
 EFAP FNLC

Outcomes:

- Accepted → → Date starting: ____/____/____ Time(s): _____
 Rejected
 Considered

*****Submit a copy of this completed form to your supervisor*****

COMMENTS: