

## REFERRALS LIST

UNIT ID #

Aide Name \_\_\_\_\_

From:

To:

Month

Day

Year

Month

Day

Year

TIME PERIOD

FY

EFNEP MADE REFERRALS TO:					EFNEP RECEIVED REFERRALS FROM:			
Agency	Adult EFNEP	Total No.	4-H EFNEP	Total No.	Adult EFNEP	Total No.	4-H EFNEP	Total No.
1) Other Extension programs								
2) USDA Food Stamp/Food Distribution Programs								
3) WIC/CFSP								
4) Child Nutrition Programs (school lunch/breakfast, milk, Head Start, summer, child care)								
5) Public Assistance								
6) Other								

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Adapted with permission from the New York EFNEP, Cornell University, Ithaca, N.Y., by Ruby Cox, State EFNEP Coordinator, Virginia Tech, Blacksburg, Virginia