EFNEP/SCNEP Recruitment Contact Log

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SCNEP _____
4-H EFNEP _____
4-H SCNEP _____

Month/Day began:	Year:	Program Assistant's Name:	Office Location:

CONTACT'S NAME	ADDRESS OR COMMUNITY	RACE CODES*	DATE OF 1ST CONTACT	NO. CONTACTS	ENROLLED? (Yes/No)	REASON NOT ENROLLED

*Choose any Race Codes that apply: 1 = American Indian or Alaskan Native; 2 = Asian; 3 = Black or African American; 4 = Native Hawaiian of Pacific Islander; 5 = White

If known, also put code of H for Hispanic or NH for non-Hispanic

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