EFNEP Referral Form

Thank you for your interest in our nutrition education programs! Please complete the form completely and clearly so we can learn about the group you are referring.

1. Referring Organization

Click or tap here to enter text.

2. Referring Organization Information

Contact Person Click or tap here to enter text.

Phone Click or tap here to enter text.

Email Address Click or tap here to enter text.

County Click or tap here to enter text.

3. Date Referral Made:

Click or tap to enter a date.

4. Please tell us about the intended audience for this program. Do adults purchase and prepare food for children in their home?

[ ] Yes

[ ] No

5. Please select the groups you are referring for nutrition education programs.

[ ] Adults (parents, grandparents, caregivers of children)

[ ] Pregnant Moms

[ ] Teens

[ ] Youth

6. How many people have been recruited for this class? (Group series are available if there are five people and at least half of the group is income eligible.)

Click or tap here to enter text.

7. Is there a desired date range and time when you would like the class to occur?

[ ] Yes

[ ] No

8. If yes to above, provide the desired class times below:

Days of the Week Click or tap here to enter text.

Date Range Click or tap here to enter text.

Time of Day Click or tap here to enter text.

9. Do you have space to host a class at your site?

[ ] Yes

[ ] No

10. If yes to above, please provide the site address:

Street Address Click or tap here to enter text.

City Click or tap here to enter text.

Zip Code Click or tap here to enter text.

**Please submit this form to:** **galdamez@msu.edu**

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