

PERSON REFERRED: \_\_\_\_\_ DATE REFERRED: \_\_\_\_\_

NAME OF PERSON & AGENCY MAKING REFERRAL: \_\_\_\_\_

DESCRIPTION OF HOUSEHOLD (IF KNOWN): \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ NEIGHBOR OR RELATIVE: \_\_\_\_\_

ADDRESS & DIRECTIONS: \_\_\_\_\_

**TO BE COMPLETED BY REFERRING AGENCY**

**TO BE COMPLETED BY EFNEP STAFF**

**LESSON AREAS IN WHICH HELP IS NEEDED**

**PROGRAM ASSISTANT CHECK WHEN TAUGHT**

_____ Food Guide Pyramid	_____
_____ Bread, Cereal, Rice, and Pasta Group	_____
_____ Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group	_____
_____ Milk, Yogurt, and Cheese Group	_____
_____ Fruit Group	_____
_____ Vegetable Group	_____
_____ Snacks	_____
_____ Breakfast	_____
_____ Cooking	_____
_____ Shopping for Food	_____
_____ Fat and Cholesterol	_____
_____ Resource Management I	_____
_____ Resource Management II	_____
_____ Eating Right During Pregnancy	_____
_____ Consider Breast-feeding	_____
_____ Feeding Your Baby	_____
_____ Feeding Children (2 Years and Older)	_____
_____ Food Safety	_____
_____ Heart Disease/Heart Healthy Eating	_____
_____ Referral to Food Stamps, WIC, etc.	_____
_____ Other: _____	_____

SEND REFERRALS TO: County Extension Office  
EFNEP Supervising Home Economist

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO EFNEP STAFF:** One copy of this form should be returned to referring agency after action is taken.  
Also, one copy should be kept in Family Record Folder.