Cooking Matters Referral Form

Please fill out completely and clearly.

1. Referring Entity

Click or tap here to enter text.

2. Referring Person's Role:

[ ] Nurse

[ ] Dietician

[ ] Other (please list) Click or tap here to enter text.

3. Notes for referring health coaches (if applicable).

Click or tap here to enter text.

Q4 Referring Entity 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.

Q5 Date Referral Made:

Click or tap to enter a date.

Q6 Does this location have funding for participant take home groceries?

[ ] Yes

[ ] No

Q7 How many people have been recruited for this class? (Group series are available if there are 10-15 people and at least half of the group is income eligible.)

Click or tap here to enter text.

Q8 Is there a desired date range and time when you would like the class to occur?

[ ] Yes

[ ] No

Q9 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.

Q10 Are you willing to host a Cooking Matters class at your site?

[ ] Yes

[ ] No

Q11 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:** **cookingm@msu.edu**

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