



Nutrition Education Request Form



Site Information

Program Type: _____ Soup Kitchen _____ Shelter _____ Pantry

Program Name: _____

Agency #/ Tag #: A _____; 8 _____

Contact Person: _____ Telephone: _____

Address: _____ Borough: _____

Days and hours of service: Days: _____ Hours: _____

Questions

- (1) Are you interested in having a nutritionist give a Nutrition Education Workshop at your program for:
- Clients Staff or Volunteers

- (2) Please write down what Nutrition or Food Safety topics you are most interested in learning about?
- _____
- _____

- (3) Do you have at least 10 people willing to attend this class? Yes No

- (5) Do you have space to host a workshop at your food program? Yes No

- (6) Does most of your program's population speak a language other than English? Yes No

If Yes, what language? _____

- Is someone available to translate? Yes No

Please return this form via mail or fax to:

**Agency Resources
39 Broadway, 10th Floor
New York, NY 10006
Fax: 212.566.1463**