

Rutgers Cooperative Extension, NJ EFNEP Adult Cover Sheet

Pre – Packet (-1)

COUNTY				ADULT
<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> BOTH				
NUTRITION EDUCATOR ONLY: GROUP INFORMATION				
Nutrition Educator Name				
Site/Name		City		
Site Description				
Volunteer Name		Group Number (Assigned by the Secretary)	-1	
Total # of Participants		Group Start Date		
Date Submitted to Secretary		Educator's Signature		
MANDATORY FORMS				
Please initial to confirm all forms are complete & have been included in this packet.				
Educator				
<input type="checkbox"/> PPA <input type="checkbox"/> GTKY Forms <input type="checkbox"/> Entry FPAQs <input type="checkbox"/> Entry Diet Recalls				
SECRETARY ONLY				
Date Scanned/Emailed to the State Admin. Office		Secretary Signature:		
Notes:				

STATE OFFICE				
Date Received		Received By		<input type="checkbox"/> Electronic/Digital