

## MIGRANT (FARMWORKER) SERVICES FORM

**Staff Use Only:** Patient Name (Print) \_\_\_\_\_ Patient DOB \_\_\_\_\_

- **A farm worker is someone doing agricultural work like planting, harvesting, packing, packaging, grading, processing, handling or freezing foods prior to delivery for storage. This can be work with any agricultural or horticultural (garden plants) item in its natural state.**

**Do you think you qualify as a farm worker?**

- No, then just sign below**
- Yes, then answer the questions below**

**Place an "X" next to the item that best describes your work.**

\_\_\_\_\_ **I work in agriculture (of a season or temporarily) and I am not living at my home or permanent residence. (Migrant Farmworker)**

\_\_\_\_\_ **I work in agriculture (of a season or temporarily) and I live at my home or residence. (Seasonal Farmworker)**

\_\_\_\_\_ **I am the wife, husband, child or mother or father that depends on a person working in agriculture (of a season or temporarily)**

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_