Expectations Agreement

Thank you for your interest in the Texas AgrAbility project. Our number one goal is to provide assistance, recommendations, and referrals to individuals interested or currently in production agriculture with disabilities, chronic health conditions, functional limitations, etc. We believe the best way to do this is to stay in contact with you over time and make recommendations along the way.

What can you expect from AgrAbility Staff?

As an AgrAbility client, you can expect that our staff members will:

- Respond to your communications in a timely fashion
- Complete a preliminary assessment of your operation
- Provide suggestions to improve farm/ranch operations
- Refer clients to additional resources and services
- Provide disability specific recommendations/resources

What are the expectations of AgrAbility Client?

As an AgrAbility client, you will be expected to:

- Complete farm/ranch assessment information form
- Complete a monthly update with your AgrAbility case manager
    - Update case manager on your current situation and where you are in regards to meeting your goals through an email or scheduled call
- Commit to actively working toward
    - goals
    - improving ag operation
    - expanding resource team

Our staff is here to assist you, but in order to help you, we need to stay in touch with you and be updated on your situation.

If you do not update your case manager monthly for 2 consecutive months, you will be sent a notice of case closure with a Post-Service Questionnaire. You may choose to reopen your case at any time.

I, _____, have read, understand, and agree to the expectations of being an AgrAbility client and understand that my case will be closed if I fail to comply with the client expectations.

Signature: _____ Date: ____/____/____

Information Form

I. PERSONAL DATA

A. About the Client

Name: _____

Date: _____/_____/_____ Sex: _____ DOB: _____/_____/_____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Address of ranch (if different from home address listed above): _____

_____

Marital status: _____ Name of spouse: _____

Names and ages of children at home: _____

_____

B. Occupation:

☐ Full-time farmer/rancher

☐ Part-time farmer/rancher with primary income from farm/ranch

☐ Part-time farmer/rancher with primary income from ***OFF***-farm/ranch job

☐ Farm Spouse ☐ Dependent of farm/ranch family

☐ Farm/Ranch Employee ☐ Migrant Worker ☐ Seasonal Worker

☐ Agricultural Business (type):_____

☐ Other: _____

If employed ***OFF*** farm/ranch, what is your ***OFF-farm occupation***?

_____

In the last year, how many days did you work ***OFF*** the farm/ranch?

☐ None ☐ 0-49 days ☐ 50-99days ☐ 100-199 ☐ 200 or more

C. Military Status

What is your military status? ☐ Active Duty ☐ Military Veteran ☐ Not Military

If so, do you have a disability rating?

☐ Yes, my disability rating is _____% ☐ No, I do not have a disability rating

Have you ever worked with the VA's VR&E (Chapter 31)? ☐ YES ☐ NO

If so, what was the outcome? _____

_____

D. About Client's Disability

Type of disability/functional limitation: _____

Date of injury/diagnosis: ___/___

Describe cause of injury/disability/health condition: _____

_____

List any secondary injuries/disabilities/health conditions: _____

_____

_____

Functional limitations (include exact measurements if known- e.g lifting limits; range of motion; specific limitations on standing, carrying, walking, bending, balance, etc.)

_____

_____

Please check those words that describe any major or minor physical limitations experienced by you:

☐ Hearing	☐ Walking	☐ Carrying	☐ Crawling
☐ Smelling	☐ Running	☐ Pushing	☐ Balancing
☐ Tasting	☐ Jumping	☐ Pulling	☐ Kneeling
☐ Breathing	☐ Climbing	☐ Grasping	☐ Stooping
☐ Sensation	☐ Standing	☐ Twisting	☐ Lifting

Other: _____

Type of medical insurance (Medicare, Medicaid, Medicare supplement, commercial policy):

_____

II. General Farm/Ranch Data

I. Type and Size of Operation (Total Acreage: _____)

- ☐ Dairy _____ head
- ☐ Hogs _____ head
- ☐ Beef _____ head
- ☐ Sheep _____ head
- ☐ Goats _____ head
- ☐ Poultry _____ birds
- ☐ Grains (types/acres):_____
- ☐ Forages (types/acres):_____
- ☐ Specialty Crops (types/acres):_____
- _____
- ☐ Agri-business (type):_____
- ☐ Other:_____

A. Client's farm/ranch responsibilities **prior to** acquiring the disability/health condition:

_____

_____

_____

B. Clients farm/ranch responsibilities **currently**:

_____

_____

_____

C. Tasks & Limitations

What tasks do you do that make your injury/disability/functional limitation **better**?

_____

_____

What tasks do you do that make your injury/disability/functional limitation **worse**?

_____

_____

What tasks are you currently not able to do that you wish you could?

_____

_____

D. Who assists on farm/ranch (i.e. family members, employees, etc.):

Name	Relationship	Age	Responsibilities/Tasks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. FARM MANAGEMENT

A. Business Planning: Do you have a business plan for your farm/ranch? _____

_____

B. Sales & Marketing: How do you sell/market your product? (i.e. who do you sell to?)

_____

_____

C. Record Keeping: How do you maintain your records for your farm/ranch?

_____

_____

C. What farm/ranch assistance programs have you utilized?

☐ USDA Farm Service Agency ☐ USDA Natural Resource Conservation Service

☐ USDA Rural Development ☐ Farm Credit ☐ AgriLife Extension

☐ Texas Department of Agriculture ☐ Other: _____

questions continue on the next page…

IV. ESTABLISHING PRIMARY GOALS

A. Rank the following goals by priority (1=highest priority):

___ Improve overall mobility or accessibility around farm/ranch, buildings, and fields.

___ Improve livestock handling abilities related to feeding methods, health-care needs, etc.

___ Improve ability to perform general maintenance activities around farm/ranch.

___ Improve ability to manage farm/ranch operation successfully, including maintenance of business records, sales and purchases, and labor management activities.

___ Identify alternative farm enterprise that would better suit personal goals and abilities.

___ Obtain part- or full-time ***OFF***-farm employment.

___ Others_____

___ _____

___ _____

___ _____

___ _____

V. CLIENT NEEDS

A. What are your specific needs (i.e. business planning, assistive technology such as specialized equipment, etc.)? Please be as detailed as possible.

_____

_____

_____

VI. How did you hear about the Texas AgrAbility Program?

_____

VII. Have you ever worked with TWC Vocational Rehabilitation (previously DARS)?

☐ YES ☐ NO

If so, what field office and counselor assisted you?

_____

If ***not***, would you be interested in being referred to TWC Vocation Rehabilitation?

☐ YES ☐ NO ☐ I am not sure what TWC Vocational Rehab. provides.

The following questions are OPTIONAL and will only be used for grant reporting purposes. All data will be reported anonymously.

A. Level of education **completed:**

☐ Less than high school ☐ High School Graduate/GED
☐ Some college/technical school ☐ College graduate or more

B. Race/Ethnic Background

☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander
☐ Other (please specify):_____

C. Total household income from all sources before taxes during the ***last calendar year***

☐ $60,000 or less ☐ $60,001-$120,000 ☐ $120,001-$180,000
☐ $180,001-240,000 ☐ above $240,000 ☐ Wish not to disclose

D. Total farm income for the previous calendar year (only used to measure growth through program): $ _____

E. Were you a member of 4-H or FFA?

☐ 4H Member ☐ FFA Member ☐ Not involved in 4-H/FFA

TEXAS AgrAbility
Pre-Service Questionnaire

Before providing services, we want to give you an opportunity to describe your present situation by filling out this brief questionnaire. Keep in mind there are no right or wrong answers. Please answer every question as honestly as you can and try not to spend too much time on any one item. Your answers will really help us to help you.

AgrAbility
Assisting + Connecting + Empowering

Date:_____

SECTION 1: Your Health and Well-Being[1]

Instructions: The items in Section 1 begin with a statement followed by two opposite answers. Numbers extend from one extreme answer to its opposite. Please circle the number between 0 and 10 which is most true for you. There are no right or wrong answers. Completely honest answers will be most helpful.

EXAMPLE

I am hungry

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

- If you are not even a little bit hungry, you would circle 0.
- If you are a little hungry (you just finished a meal but still have room for dessert), you might circle a 1, 2, or 3.
- If you are feeling moderately hungry (because mealtime is approaching), you might circle a 4, 5, or 6.
- If you are very hungry (because you haven't eaten all day), you might circle a 7, 8, or 9.
- If you are extremely hungry, you would circle 10.

[1] Part A is a single-item scale (SIS) as recommended by Gill, T. M., & Feinstein, A. R. (1994). A critical appraisal of quality-of-life measurements. *J Am Med Ass, 272*, 619-631. Parts B & C are the McGill Quality of Life Questionnaire by Cohen, S. R., Mount, B. M., Bruera, E., Provost, M., Rowe, J., & Tong, K. (1997). Validity of the McGill Quality of Life questionnaire in the palliative care setting: A multi-centre Canadian study demonstrating the importance of the existential domain. *Palliative Medicine, 11,* 3-20. Dr. Robin Cohen gave permission for AgrAbility Projects to use the McGill Quality of Life Survey on February 23, 2007. AAMcGillPreKPereira.doc (Rev. 8.2709)

Please continue on the next page...

PART A

1) Considering all parts of my life—physical, emotional, social, spiritual, and financial—
over the past two (2) days the quality of my life has been:

very bad [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] **excellent**

PART B

- *For the question in Part B, first please list the* **PHYSICAL SYMPTOMS OR PROBLEMS,** *which have been the biggest problem for you over the past* **two (2) days.** *(Some examples are: pain, tiredness, weakness, nausea, vomiting, constipation, diarrhea, trouble sleeping, shortness of breath, lack of appetite, sweating, and immobility. Feel free to refer to others if necessary).*
- *Second, circle the number which best shows how big a problem each one has been for you* **OVER THE PAST TWO (2) DAYS.**
- *Third, if, over the past two (2) days, you had* **NO** *physical symptoms or problems, or only one or two, answer for each of the ones you have had and write "none" for the extra items. Then continue with Part C.*

1) Over the past two (2) days,
one troublesome symptom has been:_____.
(*print symptom*)

no problem [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] **tremendous problem**

2) Over the past two (2) days,
another troublesome symptom has been:_____.
(*print symptom*)

no problem [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] **tremendous problem**

3) Over the past two (2) days,
a third troublesome symptom has been:_____.
(*print symptom*)

no problem [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] **tremendous problem**

4) Over the past two (2) days I have felt:

physically terrible [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] **physically well**

RpV _____
CiD _____

Please continue on the next page...

PART C

For the following items, please choose the number which best describes your feelings and thoughts **OVER THE PAST TWO (2) DAYS.**

1) Over the past two (2) days, I have been depressed:

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

2) Over the past two (2) days, I have been nervous or worried:

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

3) Over the past two (2) days, how much of the time did you feel sad?

never 0 1 2 3 4 5 6 7 8 9 10 **always**

4) Over the past two (2) days, when I thought of the future, I was:

not afraid 0 1 2 3 4 5 6 7 8 9 10 **terrified**

5) Over the past two (2) days, my life has been:

utterly meaningless and without purpose 0 1 2 3 4 5 6 7 8 9 10 **very purposeful and meaningful**

6) Over the past two (2) days, when I thought about my whole life, I felt that in achieving life goals I have:

made no progress whatsoever 0 1 2 3 4 5 6 7 8 9 10 **progressed to complete fulfillment**

7) Over the past two (2) days, when I thought about my life, I felt that my life to this point has been:

completely worthless 0 1 2 3 4 5 6 7 8 9 10 **very worthwhile**

8) Over the past two (2) days, I have felt that I have:

no control over my life 0 1 2 3 4 5 6 7 8 9 10 **complete control over my life**

9) Over the past two (2) days, I felt good about myself as a person.

completely disagree 0 1 2 3 4 5 6 7 8 9 10 **completely agree**

10) To me, the past two (2) days were:

a burden 0 1 2 3 4 5 6 7 8 9 10 **a gift**

11) Over the past two (2) days, the world has been:

an impersonal unfeeling place 0 1 2 3 4 5 6 7 8 9 10 **caring and responsive to my needs**

12) Over the past two (2) days, I have felt supported:

not at all 0 1 2 3 4 5 6 7 8 9 10 **completely**

Please continue on the next page...

SECTION 2: Your Farm/Ranch Work

Please indicate how strongly you agree or disagree with the following statements:

Circle one number for each of the following items.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does not apply to me
1) I am able to complete chores on my farm/ranch.	1	2	3	4	5	0
2) I am able to operate machinery.	1	2	3	4	5	0
3) I am able to manage my farm/ranch.	1	2	3	4	5	0
4) I am able to access workspaces on my farm/ranch.	1	2	3	4	5	0
5) I am able to live in my home on the farm/ranch.	1	2	3	4	5	0
6) I am able to change or modify my machinery in order to accommodate my needs.	1	2	3	4	5	0

Please indicate how strongly you agree or disagree with the following statements:

Statement	Your work experience in the past months				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Because of my (health problem),* the stresses of my job were much harder to handle.	1	2	3	4	5
Despite having my (health problem),* I was able to finish hard tasks in my work.	1	2	3	4	5
My (health problem)* distracted me from taking pleasure in my work.	1	2	3	4	5
I felt hopeless about finishing certain work tasks, due to my (health problem).*	1	2	3	4	5
At work, I was able to focus on achieving my goals despite my (health problem).*	1	2	3	4	5
Despite having my (health problem),* I felt energetic enough to complete all my work.	1	2	3	4	5

If you have anything else you would like to tell us, please let us know.

Thank you for completing this questionnaire!