

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:

<input type="checkbox"/> Hearing	<input type="checkbox"/> Walking	<input type="checkbox"/> Carrying	<input type="checkbox"/> Crawling
<input type="checkbox"/> Smelling	<input type="checkbox"/> Running	<input type="checkbox"/> Pushing	<input type="checkbox"/> Balancing
<input type="checkbox"/> Tasting	<input type="checkbox"/> Jumping	<input type="checkbox"/> Pulling	<input type="checkbox"/> Kneeling
<input type="checkbox"/> Breathing	<input type="checkbox"/> Climbing	<input type="checkbox"/> Grasping	<input type="checkbox"/> Stooping
<input type="checkbox"/> Sensation	<input type="checkbox"/> Standing	<input type="checkbox"/> Twisting	<input type="checkbox"/> 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	___ Grains (types/acres):	_____
___ Hogs	_____ head	___ Forages (types/acres):	_____
___ Beef	_____ head	___ Specialty Crops (types/acres):	_____
___ Sheep	_____ head		_____
___ Goats	_____ head	___ Agri-business (type):	_____
___ Poultry	_____ birds	___ 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.

Date: _____

SECTION 1: Your Health and Well-Being¹

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.

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**

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 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 0 1 2 3 4 5 6 7 8 9 10 **tremendous problem**
problem

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

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

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

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

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

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

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 0 1 2 3 4 5 6 7 8 9 10 **terrified**
afraid

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

utterly 0 1 2 3 4 5 6 7 8 9 10 **very**
meaningless **purposeful**
and without **and**
purpose **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 0 1 2 3 4 5 6 7 8 9 10 **progressed**
progress **to complete**
whatsoever **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 0 1 2 3 4 5 6 7 8 9 10 **very**
worthless **worthwhile**

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

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

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

completely 0 1 2 3 4 5 6 7 8 9 10 **completely**
disagree **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 0 1 2 3 4 5 6 7 8 9 10 **caring and**
impersonal **responsive**
unfeeling place **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:

<i>Circle one number for each of the following items.</i>	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

Please continue on the next page...

SECTION 3: Questions 1 through 5 ask about how your health has affected you at farm/ranch work during the past 2 weeks. Please answer these questions even if you missed some workdays.

- Mark the “Does not apply to my job” box only if the question describes something that is not part of your job.

1. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following?

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
a. work the required number of hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. get going easily at the beginning of the workday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. start on your job as soon as you arrived at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. do your work without stopping to take breaks or rests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. stick to a routine or schedule	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Please continue on the next page...

These questions ask you to rate the amount of time you were
able to handle certain parts of your job without difficulty.

2. a. In the past 2 weeks, how much of the time were you **able** to walk or move around different work locations (for example, go to meetings), without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%) ☐₁

Able most of the time ☐₂

Able some of the time (about 50%) ☐₃

Able a slight bit of the time ☐₄

Able none of the time (0%) ☐₅

Does not apply to my job ☐₆

- b. In the past 2 weeks, how much of the time were you **able** to lift, carry, or move objects at work weighing more than 10 lbs., without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%) ☐₁

Able most of the time ☐₂

Able some of the time (about 50%) ☐₃

Able a slight bit of the time ☐₄

Able none of the time (0%) ☐₅

Does not apply to my job ☐₆

- c. In the past 2 weeks, how much of the time were you **able** to sit, stand, or stay in one position for longer than 15 minutes while working, without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%)	<input type="checkbox"/> ₁
Able most of the time	<input type="checkbox"/> ₂
Able some of the time (about 50%)	<input type="checkbox"/> ₃
Able a slight bit of the time	<input type="checkbox"/> ₄
Able none of the time (0%)	<input type="checkbox"/> ₅
Does not apply to my job	<input type="checkbox"/> ₆

- d. In the past 2 weeks, how much of the time were you **able** to repeat the same motions over and over again while working, without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%)	<input type="checkbox"/> ₁
Able most of the time	<input type="checkbox"/> ₂
Able some of the time (about 50%)	<input type="checkbox"/> ₃
Able a slight bit of the time	<input type="checkbox"/> ₄
Able none of the time (0%)	<input type="checkbox"/> ₅
Does not apply to my job	<input type="checkbox"/> ₆

- e. In the past 2 weeks, how much of the time were you **able** to bend, twist, or reach while working, without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%)	<input type="checkbox"/> ₁
Able most of the time	<input type="checkbox"/> ₂
Able some of the time (about 50%)	<input type="checkbox"/> ₃
Able a slight bit of the time	<input type="checkbox"/> ₄
Able none of the time (0%)	<input type="checkbox"/> ₅
Does not apply to my job	<input type="checkbox"/> ₆

- f. In the past 2 weeks, how much of the time were you **able** to use hand-held tools or equipment (e.g., a phone, pen, keyboard, computer mouse, drill, hairdryer, or sander), without difficulty caused by physical health or emotional problems?

(Mark one box.)

Able all of the time (100%)	<input type="checkbox"/> ₁
Able most of the time	<input type="checkbox"/> ₂
Able some of the time (about 50%)	<input type="checkbox"/> ₃
Able a slight bit of the time	<input type="checkbox"/> ₄
Able none of the time (0%)	<input type="checkbox"/> ₅
Does not apply to my job	<input type="checkbox"/> ₆

PLEASE READ CAREFULLY

These questions ask about difficulties you may have had at work.

3. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following?

(Mark one box on each line a. through f.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
a. keep your mind on your work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. think clearly when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. do work carefully	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. concentrate on your work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. work without losing your train of thought	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f. easily read or use your eyes when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

The next questions ask about difficulties in relation to the people you came in contact with while working. These may include employers, supervisors, coworkers, clients, customers, or the public.

4. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following?

(Mark one box on each line a. through c.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
a. speak with people in- person, in meetings or on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. control your temper around people when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. help other people to get work done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

These questions ask about how things went at work overall.

5. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following?

(Mark one box on each line a. through e.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
a. handle the workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. work fast enough	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. finish work on time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. do your work without making mistakes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. feel you've done what you are capable of doing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for completing this questionnaire!