



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