VCIL AgrAbility intake form

Date: clients/peer name:

Address:

Phone number: cell phone number:

Email address:

What is the best time of day to contact you?

Date of birth: are you a veteran: married status:

What is your gender: are you currently working on the farm?

Are you the owner of the farm: or an employee of the form:

What type of farming operation: livestock, vegetables etc.?

How many acres you farm:

What is your disability: please circle all that pertained to cognitive, mental/emotional, physical, vision, deaf.

How did you acquire your disabilities?

When did you acquire them?

What type of help you need to continue farming?

Or are you wanting to start a farm: if so what type of farm? describe your ideas: