

Rural Medical Services, Inc.

MIGRANT AND SEASONAL AGRICULTURAL WORKER STATUS VERIFICATION

Patient Name _____

Date of Birth ____/____/____

CURRENT	
<p>1. In the past two years, have you or a member of your family worked in agriculture/farming as your/their principal employment including, but not limited to:</p> <ul style="list-style-type: none"> • Preparing, irrigating or spraying the fields, nurseries, orchards; • Planting, picking, sorting, packing, or transporting fruits, vegetables, grains, nuts, plants, tobacco, hops, flowers, grass, alfalfa, hay, or other agricultural products; • Planting trees; working with Christmas trees; picking pine needles or Spanish moss; • Working on farms that produce chickens, ducks, turkeys, cows, goats, sheep, horses, fish, seafood, etc., 	<p>YES - This person and his/her family are agricultural workers.</p> <p>CONTINUE to questions 3-4.</p>
	<p>NO - There is no current agricultural worker in the household.</p> <p>GO to question 2.</p>
FORMER	
<p>2. Have you or a member of your family stopped migrating to work in agriculture because of a disability or old age?</p>	<p>YES - This person and his/her family can be classified as migrant workers.</p>
	<p>NO - There is no current or former agricultural worker in the household.</p> <p>STOP</p>
MIGRANT	
<p>3. In the past two years, have you or a member of your family established a temporary home in order to work in agriculture?</p>	<p>YES - This person and his/her family can be classified as migrant workers.</p> <p>STOP</p>
	<p>NO</p> <p>CONTINUE to question 4.</p>
SEASONAL	
<p>4. In the past two years, have you or a member of your family worked in agriculture on a seasonal basis without the need to establish a temporary home?</p>	<p>YES - This person and his/her family can be classified as seasonal workers.</p> <p>STOP</p>

Signature of Patient/Parent/Guardian

Date: ____/____/____

Witness

Date: ____/____/____