

Oklahoma AgrAbility

Client Application

NAME: _____ DATE: _____

ADDRESS: _____

CITY / STATE / ZIP / COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

GENDER: _____ DATE OF BIRTH: _____ ETHNICITY: _____

ALTERNATE CONTACT NAME/RELATIONSHIP: _____

HOW MANY LIVE IN THE HOME: _____

TYPE OF INSURANCE: (Mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Self/family | <input type="checkbox"/> Social Security Disability Income | <input type="checkbox"/> Federal Benefits for Veterans |
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Tribal Benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> O-EPIC |
| <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Grants |
| | | <input type="checkbox"/> Other _____ |

DRS STATUS:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Applied | <input type="checkbox"/> Ineligible | <input type="checkbox"/> Location of DRS office |
| <input type="checkbox"/> Not Applied | <input type="checkbox"/> Counselor Name _____ | |
| <input type="checkbox"/> Eligible | _____ | |

WORK STATUS ON FARM:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Part Time (regular basis) |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Occasional (irregular basis, several times a year) |

CLIENT TYPE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Child (<18) | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> No longer actively farming/ranching | <input type="checkbox"/> Seasonal worker |
| <input type="checkbox"/> Dependent Adult | <input type="checkbox"/> Employee | <input type="checkbox"/> Never farmed; planning new agriculture career |

TYPE OF AGRICULTURAL OPERATION:

- | | | |
|--|--|--|
| <input type="checkbox"/> Agri-business | <input type="checkbox"/> Fruit/Vegetable crops | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Field/grain crops | <input type="checkbox"/> Hay | <input type="checkbox"/> Other animal |
| <input type="checkbox"/> Nursery crops | <input type="checkbox"/> Dairy | <input type="checkbox"/> Specialized crops |
| <input type="checkbox"/> Orchard crops | <input type="checkbox"/> Livestock | <input type="checkbox"/> Other _____ |

TYPE OF DISABILITY (CHECK ALL DISABILITIES)

Amputation (upper extremity):

- Above elbow
- Below elbow
- Hand
- Finger
- Thumb

Amputation (lower extremity):

- Leg-above knee
- Leg-below knee
- Foot toe

Replant (specify): _____

- Back Injury
- Joint Injury (shoulder/elbow/wrist/hip)
- Orthopedic Injury (other)
- Spinal Cord Injury – Paraplegia
- Spinal Cord Injury – Quadriplegia
- Traumatic Brain Injury
- Other (specify): _____

Neuromuscular Diseases:

- Amyotrophic lateral sclerosis
- Friedreich’s ataxia
- Guillain-Barre syndrome
- Huntington’s disease
- Muscular dystrophy
- Myasthenia gravis
- Parkinson’s disease
- Poliomyelitis
- Spinal muscular atrophy
- Spinocerebellar degeneration
- Other (specify): _____

Neurological Condition/disorder:

- Cerebral vascular accident (stroke)
- Cerebral palsy
- Epilepsy
- Multiple sclerosis
- Peripheral neuropathies
- Other (specify) _____

Other Disease:

- Blood related disease
- Cancer
- Cardiovascular disease
- Chronic obstructive pulmonary disease (respiratory impairment)
- Chronic fatigue syndrome
- Fibromyalgia
- Kidney disease
- Arthritis/rheumatic diseases
- Other (specify): _____

Sensory Impairments:

- Deaf-blind
- Hearing Impairment
- Visual Impairment
- Other (specify): _____

Other:

- Chemical dependency
- Chemical sensitivity
- Diabetes/metabolic disorder
- Mental illness
- Developmental Delay
- Other (specify) _____

PRIMARY DISABILITY: _____

SECONDARY DISABILITY: _____

TERTIARY DISABILITY: _____

DATE OF DISABILITY: _____

ORIGIN OF DISABILITY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ag-related incident | <input type="checkbox"/> Chemicals/pesticides | <input type="checkbox"/> Livestock/animals |
| <input type="checkbox"/> Non Ag-related incident | <input type="checkbox"/> Tractor/farm machinery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vehicular incident | <input type="checkbox"/> Fall(s) | |

PRIMARY GOALS OF CLIENT:

Number the following goal areas concerning worksite adaptations needed (#1 indicating highest priority):

- _____ Improve my overall mobility or accessibility around farmyard, buildings and fields.
- _____ Improve my ability to effectively and safely use my equipment and machinery.
- _____ Improve my ability to perform general maintenance activities.
- _____ Improve my ability to manage the farm/ranch operation successfully related to maintaining records.
- _____ Improve my livestock handling abilities related to feeding, health care, waste removal, and building sanitation.
- _____ Improve my crop handling abilities related to seasonal activities.
- _____ Identify an alternative farm enterprise, which would better suit my personal goals and abilities.
- _____ Other goals: _____

OTHER INFORMATION:

- _____ Do you have a health issue that could benefit from physical or mental restoration services?
- _____ Do you have a family member that could benefit from additional supports and services?
- _____ I would like additional information related to: _____

AgrAbility staff will conduct an on-farm site assessment and may photograph and/or video me, my home, property, and farm operation. Photos will be used in conjunction with recommendations and may be shared with service providers.

Completion of this document constitutes an application for AgrAbility related services. I also understand the Oklahoma AgrAbility Project will not disclose any personal information about me that could identify me publically or to other non-essential persons without my written consent.

Name (Printed)

Signature

Date