

**USDA-FFWR Grantee Partnership  
APPLICATION  
REFERRAL AND PRE-QUALIFYING QUESTIONNAIRE**

**Project Staff Name/Title:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Completing/Submitting as Referral     Completing Full Application (during this contact)

Applicant is applying on behalf of a deceased spouse/parent

**Partnership Organization/Group Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Current County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Pre-fix:** \_\_\_\_\_ (Ms., Mrs., Mr., etc.)      **Suffix:** \_\_\_\_\_ (Jr., Sr., etc.)

**First Name:** \_\_\_\_\_

**Middle:** \_\_\_\_\_

**Last:** \_\_\_\_\_      **Last:** \_\_\_\_\_

**Last:** \_\_\_\_\_      **Last:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_      **Best Time to Call:** \_\_\_\_\_ am pm

**Secondary Phone:** (\_\_\_\_) \_\_\_\_\_      **Best Time to Call:** \_\_\_\_\_ am pm

(Circle One)

**PRE-QUALIFYING QUESTIONS**

**Did this contact occur at the applicant's worksite?**  Yes  No **If yes, please describe the worksite, type of work applicant was doing, and ask if you can take a photo (*photo release needed*)** \_\_\_\_\_

**1. Did the applicant (or deceased spouse/parent) work as a farmworker, livestock or meatpacking worker during the COVID-19 eligible period (January 27, 2020 to May 11, 2023). If Yes, continue and check work category:**  Farmworker     Livestock Worker  Meat Packing Worker

**Can the potential applicant provide eligible proof of work?**  Yes  No (*inform of eligible proof of work*)

**2. Does the potential applicant have any of the eligible documents that can be used as a form of identification (explain eligible documents)?**  Yes  No

**3. Has the applicant already received a USDA-FFWR Beneficiary payment in the current state or any other?**  Yes (*If, yes stop the application*)  No  Does not know (explain answers): \_\_\_\_\_

\_\_\_\_\_  
**Project Staff Signature**

\_\_\_\_\_  
**Date Completed**

**Non-Discrimination Statement: USDA is an equal opportunity provider, employer and lender. For more information, please refer to the following link:** <https://www.usda.gov/non-discrimination-statement>

# USDA-FFWR Grantee Partnership SELF-CERTIFICATION INTAKE APPLICATION

<input type="checkbox"/> Verification on -Aeyon DB #: _____
USDA-FFWR Grantee Partnership DB #: _____
Payment method #: _____
Staff Name: _____ (Completed Box)

Applicant is applying on behalf of a deceased spouse/parent

Application Completion Method: Remote - online submission In-Person - on digital device Paper Submission

Verify Applicant's Full Name (First, Middle and all Last(s):

D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M or F/Other: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(Circle)

Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ am pm  
(Please Circle)

Email: \_\_\_\_\_

Language Preference:  Spanish  English  Creole  Other:

**1. Confirm, have you been employed as a farmworker, livestock, or meatpacker during COVID-19 (as of January 27, 2020 to May 11, 2023)?**  Yes  No

**2. Farmworker, livestock, or meatpacker employment history (time):** \_\_\_\_\_  Permanent (local)  
 Seasonal-Migrant -states travel to (abbreviation): \_\_\_\_\_  H2A -returns country of origin:

**3. Name of current employer/company:** \_\_\_\_\_

Name(s) of Employer/Company: \_\_\_\_\_

Name(s) of Employer/Company: \_\_\_\_\_

**4. Did you have any COVID related expenses?**  Yes  No; *If yes, go to question # 5.*

**5. What type of COVID expenses did you have?**  PPE  Childcare  Doctor/Hospital  Medication

**5a.  Other COVID expenses (please explain):** \_\_\_\_\_

**6. Did you miss or lose work due to COVID?**  Yes  No (please explain): \_\_\_\_\_

### Type of Worker and Associated Work Titles

Type of Worker	SOC	Associated Work Titles	Check Off
Field Workers	45-2041	Graders and Sorters, Agricultural Products	<input type="checkbox"/>
Field Workers	45-2091	Agricultural Equipment Operators	<input type="checkbox"/>
Field Workers	45-2092	Farmworkers and Laborers, Crop, Nursery & Greenhouse	<input type="checkbox"/>
Field Workers	45-2099	Agricultural Workers, All Other	<input type="checkbox"/>
Field Workers	53-7064	Packers and Packagers, Hand	<input type="checkbox"/>
Livestock Workers	45-2041	Graders and Sorters, Agricultural Products	<input type="checkbox"/>
Livestock Workers	45-2093	Farmworkers, Farm, Ranch, and Aquacultural Animals	<input type="checkbox"/>
Livestock Workers	45-2099	Agricultural Workers, All Other	<input type="checkbox"/>
Livestock Workers	53-7064	Packers and Packagers, Hand	<input type="checkbox"/>
Meatpacking Workers	51-3023	Slaughterers and Meat Packers	<input type="checkbox"/>
Meatpacking Workers	51-3022	Meat, Poultry, and Fish Cutters and Trimmers	<input type="checkbox"/>

Worker type is determined by what the employee was primarily hired to do, not necessarily what work was done during the pandemic. For the purpose of this relief program, we do not include supervisors or managers from these work categories classified as (***Supervisors of professional and technical workers***) by the U.S. Bureau of Labor Statistics ■ [\\_Standard Occupational Classification Information- ENGLISH.pdf](#). Types of workers include:

- **Field Workers “Farmworkers”:** Employees engaged in planting, tending, harvesting crops, and post-harvest activities as listed above, including operation of farm machinery on crop farms.
- **Livestock Workers:** Employees tending livestock, milking cows, or caring for poultry, including operation of farm machinery on livestock or poultry operations.
- **Meatpacking Workers:** Employees engaged in animal slaughtering and meat or poultry processing, including meat or poultry packaging (including fish cutters).

### ***Self-Certification Section***

***By initialing, the following seven (7) statements you attest that everything provided is true to the best of your knowledge (please make sure to fill out the Employment and COVID receipt attestation, too):***

\_\_\_\_\_ I certify that the information I presented in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_ I, the undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my application.

\_\_\_\_\_ I further understand that the information provided is still subject to verification for my eligibility.

\_\_\_\_\_ I further attest that I had incurred expenses related to COVID.

\_\_\_\_\_ I provide (organization name) \_\_\_\_\_, my permission to contact other USDA Relief Providers to verify that I have not previously been a recipient of FFWR payments.

\_\_\_\_\_ I acknowledge that the appeals process has been explained to me, in my chosen language, and vouch that I fully understand that I will be given an opportunity to appeal my application on the basis of missing information, if my identity (or information similar) appears in the FFWR payment system, etc.

\_\_\_\_\_ I certify that No one charged me or I did not pay anyone to complete this relief application.

**The following space has been provide for any further clarifying explanation for questions found on pages 1 through 3 including: applicant’s applying through a deceased relative, identification, work, COVID related expenses, or self-certification items, etc.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the USDA-FFWR Payment Relief?**  Friend  CHOW  Flyer  Poster  
 Community Event  Place of Work  TV (station): \_\_\_\_\_  Radio (station): \_\_\_\_\_

Other: \_\_\_\_\_

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**Signature of Applicant**                      **Printed Name of Applicant**                      **Date of Application Completion**

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**Signature of Project Staff**                      **Date of Application Completion**

**USDA-FFWR Grantee Partnership  
EMPLOYMENT AND COVID RECEIPTS ATTESTATION**

On this \_\_\_\_\_ day of \_\_\_\_\_ (month/year), under penalties of perjury I, swear (or affirm) that I have been a farmworker, livestock or meat packing worker and have had expenses related to COVID-19. The COVID-19 related expenses are one of the following qualifying expenses.

**Qualifying COVID-Related Expenses**

- Masks
- COVID-19 tests
- Internet (children)
- Personal Protection Equipment
- Hospital care
- Ambulance
- Travel to medical facility
- Medication
- Post Discharge Care
- Loss of work
- Childcare
- Housing or hotel costs
- Preventive medicine and supplements
- Funeral costs
- Hand Sanitizer
- Soap
- Traveling to new work location
- Insurance
- Groceries (Kids no longer receiving school lunch etc)
- Utilities
- Increased laundry
- Caring for sick
- Changes in transportation
- Household cleaners
- Increases in cost/expenses in everyday items

***Explanation of the work and expenses that the applicant (potential beneficiaries) attest to have had during COVID-19 (eligible period):***

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Print Applicant's Full Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Applicant's D.O.B: \_\_\_\_\_

Name of Project Staff Member: \_\_\_\_\_

Organization or Group Name: \_\_\_\_\_

County Where Application Is Being Completed: \_\_\_\_\_

Does the Applicant Live Permanently In This County? \_\_\_ Yes or \_\_\_ No: Explain: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_

**USDA-FFWR Grantee Partnership  
APPLICATION  
RELEASE OF INFORMATION**

I, \_\_\_\_\_ (Full Last and First Name(s)) authorize organization name \_\_\_\_\_ to share the following verbal information regarding the FFWR \$600 payment I am applying for from the USDA. I acknowledge and give permission for my information to be entered onto USDA-FFWR Grantee Partnership Database and transmitted to Aeyon’s Database System (a partnering USDA organization) where my information will be safeguarded and will only be used for the purposes of maintaining a record of me obtaining a relief payment. I understand that the purpose of me releasing this information is for:

- The organization to verify that I have or have not received any USDA-AMS Farm and Food Worker Relief payments from this organization, its partners, and other organizations receiving funding to provide these relief payments. This release covers entities in the state of my FFWR application as well as other states where there are other USDA-FFWR grant recipients.
- We (organization completing your USDA-FFWR application) will contact you in case we need to reach out to another USDA-AMS Farm & Food Worker Relief recipient outside our partnership. You have the right to know who we are contacting, their phone number, and the reason for the necessary contact referencing your application.

List Organization(s)	Contact Person(s)	Telephone Number(s)
1. Alianza Nacional de Campesinas 2. Líderes Campesinas (California) 3. Campesinos Sin Fronteras 4. Rural Coalition 5. Worker’s Center of Central New York 6. Other USDA-AMS Farm & Food Worker Relief grant recipient (contact information will be added as needed)	1. Marisol Saucedo, National Coordinating Supervisor 2. Juanita Montoya, Project Manager 3. Edward Sanchez, Program Coordinator 4. Carine Meyer-Rodrigues, Field Project Director 5. Jessica Maxwell, Executive Director 6.	1. (805) 738-2364 2. (661) 557-5059 3. (928) 627-5995 4. (954) 864-6864 5. (315) 218-5708 6.

This release of information expires two (2) months from the date signed by the applicant on (insert expiration date). \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, hereby, **REVOKE** authorization to the USDA-FFWR Grantee Partnership to release any of my information to the organizations below. I understand that revoking my authorization to release my information will make me non-compliant with USDA-FFWR requirements which may jeopardize my eligibility.

List Organization(s)	Contact Person(s)	Telephone Number(s)
1. Alianza Nacional de Campesinas 2. Líderes Campesinas (California) 3. Campesinos Sin Fronteras 4. Rural Coalition 5. Worker’s Center of Central New York 6. Other USDA-AMS Farm & Food Worker Relief grant recipient (contact information will be added as needed)	1. Marisol Saucedo, National Coordinating Supervisor 2. Juanita Montoya, Project Manager 3. Edward Sanchez, Program Coordinator 4. Carine Meyer-Rodrigues, Field Project Director 5. Jessica Maxwell, Executive Director 6.	1. (805) 738-2364 2. (661) 557-5059 3. (928) 627-5995 4. (661) 557-5059 5. (315) 218-5708 6.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**USDA-FFWR Grantee Partnership  
APPLICATION STATUS & PAYMENT SUBMISSION CONFIRMATION**

Printed Name of Applicant: \_\_\_\_\_

Date Applicant was informed about the application's status: \_\_\_\_\_

Application Status:  Approved     Denied     Pending

Applicant's Relief Payment Preference:  Cash Card     Check (*check the one that applies*)

If denied or pending provide explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Staff Person (informing applicant of status): \_\_\_\_\_

Method used to inform applicant (*about the application status*) was informed by:  In-Person     Mail  
 Email     Telephone Call     Other (explain): \_\_\_\_\_

Confirmed Mailing Address: \_\_\_\_\_

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**PAYMENT SUBMISSION CONFIRMATION**

**Note:** Staff will return to this bottom portion of the page after the beneficiary has received their payment to conduct follow-up.

The applicant confirmed that she/he has received their \$600 relief payment in the form of either a: cash card, check, money order, wire transfer, or digital deposit with the corresponding reference number: \_\_\_\_\_. (*ask the applicant to confirm their payment method's number*)

Does the applicant need further assistance activating their cash card or understanding how their method of payment works?  Yes     No

**Note:** If the method of payment was a check please remind the applicant to cash or deposit it immediately or within 90 days or it may expire.

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Signature of Project Staff

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Date of Payment Followup with Applicant

**USDA-FFWR Grantee Partnership  
APPLICATION  
PAYMENT REQUEST FORM**

Date of Request: \_\_\_\_\_ Database Number: \_\_\_\_\_

Staff Person Submitting Request: \_\_\_\_\_

Applicant's Full-Name (How it was entered onto the database):  
(First, Middle and Last(s)): \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicants Preferred Method of Payment: Cash Card \_\_\_\_\_ or Check \_\_\_\_\_

**PAYMENT INFORMATION CHECKLIST**

*Proof of Eligible Work (with verification back-up in digital file)*

Type of Worker	SOC	Associated Work Titles	Check Off
Field Workers	45-2041	Graders and Sorters, Agricultural Products	<input type="checkbox"/>
Field Workers	45-2091	Agricultural Equipment Operators	<input type="checkbox"/>
Field Workers	45-2092	Farmworkers and Laborers, Crop, Nursery and Greenhouse	<input type="checkbox"/>
Field Workers	45-2099	Agricultural Workers, All Other	<input type="checkbox"/>
Field Workers	53-7064	Packers and Packagers, Hand	<input type="checkbox"/>
Meatpacking Workers	51-3023	Slaughterers and Meat Packers	<input type="checkbox"/>
Meatpacking Workers	51-3022	Meat, Poultry, and Fish Cutters and Trimmers	<input type="checkbox"/>

**Documentation Checklist:**

- Aeyon' Database # for Applicant: \_\_\_\_\_
- USDA-FFWR Grantee Partnership: \_\_\_\_\_
- Verification of Low-Risk Level and/or  Higher Than Risk 3 Resolved
- Verification of Completed Application (In applicants digital file)  
Staff Person's Name: \_\_\_\_\_ (verifying documents)
- Legible Identification (In applicants digital file)
- Legible Proof of Employment (In applicants digital file)

<p><b>Finance Department Use Only:</b>  Date Sent Payment to Applicant: _____   Cash Relief Card #: _____  <p align="center">or</p> 2nd Form of Payment: _____   Completed by: _____  <p align="center">(staff name)</p></p>
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