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

_________________________________________________________________________________________

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
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):

<table>
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<td>45-2041</td>
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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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<th>Signature of Applicant</th>
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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):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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:__________
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.

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<td>2. Juanita Montoya, Project Manager</td>
<td>2. (661) 557-5059</td>
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<td>3. Campesinos Sin Fronteras</td>
<td>3. Edward Sanchez, Program Coordinator</td>
<td>3. (928) 627-5995</td>
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<td>5. Worker’s Center of Central New York</td>
<td>5. Jessica Maxwell, Executive Director</td>
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(contact information will be added as needed)

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.

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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:________________________________________________________________

*******************************************************************************
PAYMENT SUBMISSION CONFIRMATION

Note: Staff will return to this bottom portion of the page after the beneficiary has received their payment to
correct 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.
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)

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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)

Finance Department Use Only:
Date Sent Payment to Applicant: __________________________
Cash Relief Card #: __________________________
or
2nd Form of Payment: __________________________
Completed by: __________________________
(staff name)