



North Carolina Farmworker Health Program

MIGRANT ELIGIBILITY FORM

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

This program is the payor of last resort; any third-party reimbursement source must be ruled out before proceeding.

Answer all questions. Please print in capital letters using a ball-point pen.

Por favor responda todas las preguntas. Escriba con bolígrafo en letras mayúsculas de molde.

1. Patient _____
 Paciente **Last Name(s)** _____ **First Name** _____ **Middle Name** _____
 Apellido(s) Primer Nombre Segundo Nombre

2. Address _____
 Dirección _____

3. County _____
 Condado _____

4. Date of Birth _____ / _____ / _____
 Fecha de Nacimiento mo./day/year mes/día/año

5. [] Male [] Female
 Masculino Feminino

6. Would you like an interpreter? [] yes [] no
 ¿Necesita un intérprete? sí no

7. Race: [] White [] Black [] American Indian [] Asian [] Native Hawaiian/ Other Pacific Islander [] Unknown
 Raza Anglosajón Negro Indo Americano Asiático Hawaiano/Otras Isla de Pacifica Desconocido

7a. Ethnicity: Hispanic or Latino Origin? [] yes [] no [] unknown
 Etnicidad De origen de Hispano o Latino? sí no desconocido

8. Name of migrant farmworker head of household: _____
 Nombre del trabajador agrícola migratorio que es el jefe de familia:

9. Relationship of patient to head of household: [] Self [] Parent [] Child [] Spouse or partner
 La relación del paciente con el jefe de familia: Usted mismo Padre/Madre Hijo/a Cónyuge o pareja

ANSWER THE FOLLOWING QUESTIONS REGARDING THE HEAD OF HOUSEHOLD AND SIGN BELOW.

Responda las siguientes preguntas acerca del jefe de familia y firme abajo.

10. Within the last 24 months, has the head of household's main employment been agricultural work? (Farmwork means cultivating, harvesting, or preparing seasonal crops for market or storage. Employment may be through a crew leader, by contract [H2A], or directly by the farmer.) yes no
 ¿Durante los últimos 24 meses, ha trabajado el jefe de familia principalmente en la agricultura? sí no
 (Trabajo en agricultura significa cultivar, cosechar o preparar los productos de la estación para el mercado o almacenamiento. El empleo puede ser por medio de un contratista, contrato [H2A] o directamente con el patrón.)

11. Within the last 24 months, has the head of household moved to work in agriculture? yes no
 ¿Durante los últimos 24 meses, se ha mudado el jefe de familia para buscar trabajo en agricultura? sí no

12. Did the head of household work in agriculture but no longer does so due to age or disability? yes no
 ¿Previamente, ha trabajado el jefe de familia en agricultura pero ya no a causa de avanzada edad o incapacidad? sí no

13a. Is the head of household working on a farm now? yes no
 ¿Trabaja el jefe de familia en una finca actualmente? sí no

13b. If no, when did the head of the household last work on a farm? month/year /
 ¿Si no, cuándo fue la última vez que trabajó el jefe de familia en una finca? mes/año

14. Please identify below the farm, farmer, or crewleader where the head of the household works or last worked:
 Favor indique abajo el nombre de la finca, el patrón o el contratista donde el jefe de familia trabaja o trabajó más recientemente:

Name _____ **Closest city or location** _____ **State** _____
 Nombre La ciudad o localidad más cercana Estado

I understand that for each visit I may be expected to pay clinics, doctors, and/or dentists each \$5.00. Tengo entendido que se me puede cobrar \$5.00 por cada visita a la clínica y por cada consulta del doctor y/o dentista.

PATIENT SIGNATURE (parent or guardian if patient is less than 18 years old)
Firma del Paciente (padre, madre o guardián si el paciente es menor de 18 años)

INTERVIEWER'S NAME (PRINT) _____

SIGNATURE _____

APPLICATION DATE _____ / _____ / _____ TEL # (_____) _____

Purpose: To determine eligibility for North Carolina Farmworker Health Program-funded migrant dental services. This form must be completed to certify that individuals are eligible for dental services. Please see North Carolina Farmworker Health Program Dental Guide for complete information on services covered and not covered.

Program Eligibility Requirements:

Only migrant farmworkers and their dependents who do not have third-party insurance are eligible for North Carolina Farmworker Health Program-funded migrant dental services while residing in North Carolina. Eligibility for NCFHP-funded migrant dental services is based on employment (financial determination or residence documentation are not required).

A migrant farmworker is someone who within the last 24 months 1) has worked in agriculture (at least 51% of total annual income) and 2) has moved to temporary housing for agriculture. The migrant farmworker may be employed through a crew leader, by contract (H2A or other), or by the farmer. Migrant farmworkers who are no longer performing agricultural labor due to age or disability also qualify.

Agriculture includes cultivating or harvesting crops on or in the land, and/or are preparing crops for market or storage. Crops include fruit and vegetable field crops, Christmas trees and wreaths, orchards, nurseries and greenhouses, harvesting of wild plants, and reforestation.

To be eligible, applicants must be able to respond “yes” to either both questions 10 and 11 or question 12.

The program reserves the right to verify all information provided.

Please note: persons not eligible include:

- (1) Migrant farmworker crewleaders who do not work in the fields for wages;
- (2) Farmworkers who do not move to seek farm employment;
- (3) Persons employed in seafood, meat processing, landscaping, lumbering, saw mills, or the care of farm animals.

Instructions for completing the NCFHP Migrant Eligibility Form:

1. See above box for NCFHP migrant requirements to determine if your patient is eligible for services.
2. Print the patient’s last name, first name, and middle name. Please include all hyphenated or multiple Latino/Hispanic surnames and maiden names as part of the last name.
3. Enter the patient’s address, county of residence, date of birth, sex, ethnicity, and whether they require interpretation services.
4. Record the name of the migrant farmworker head of household, male or female. Select the relation of the patient to the head of household.
5. Review patient answers to questions 10 through 12 to screen for eligibility.

To be eligible, applicants must be able to answer “yes” to either both questions 10 and 11 or question 12. Please do not submit incomplete forms or forms that indicate that the patient is not eligible.

6. Questions 13 and 14 may be used by the Program to verify farmworker responses. Please answer these questions completely or write in “not available” if patient does not have this information.
7. Have the patient or parent/guardian sign the completed application. If the patient or parent/guardian is unavailable to sign and the interviewer has obtained the information necessary to answer questions 10, 11, and 12, the interviewer should sign for both the patient and themselves.
8. Print the name and telephone number of the interviewer and sign in the space indicated, and record the date the application was completed.
9. Keep a copy of the Form on file in the patient’s chart.
10. Eligibility status remains valid for one year from the date of completion if the patient continues to meet the program eligibility requirements described above.