Agri-Ability Support Application (Individual)

1) Applicant Information

- Full Name: _____
- Preferred Name (if any): _____
- Farm/Business Name (if applicable): _____
- Mailing Address: _____ City/State/ZIP: _____
- County: _____
- Phone: _____ Email: _____
- Best method/time to contact you: _____
- Are you a Virginia resident? ☐ Yes ☐ No

2) Farm / Work Situation

- Primary role (check all that apply): ☐ Farmer ☐ Rancher ☐ Farm employee ☐ Family member working on farm
  ☐ Custom operator ☐ Other: _____
- Primary commodities / activities (check all that apply): ☐ Row crops ☐ Livestock ☐ Dairy ☐ Poultry ☐ Produce
  ☐ Hay/forage ☐ Forestry ☐ Mixed ☐ Other: _____
- Describe typical tasks you perform (brief):

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3) Agri-Ability Need (Functional Limitation)

- Please describe the condition or limitation impacting your farm work (you may be as general as you prefer):

- How long has this affected your ability to work?
  ☐ < 3 months ☐ 3–12 months ☐ 1–3 years ☐ 3+ years
- Is the limitation: ☐ Temporary ☐ Long-term ☐ Permanent ☐ Unsure
- What tasks are most affected? (check all that apply) ☐ Mounting/dismounting equipment
  ☐ Mobility on uneven ground
  ☐ Lifting/carrying
  ☐ Operating controls/hand use
  ☐ Balance/fatigue
  ☐ Other: _____

4) Requested Assistance

- Type of assistance requested (check one primary): ☐ Adaptive equipment purchase
  ☐ Equipment modification / retrofit
  ☐ Safety improvement
  ☐ Consultation / evaluation
  ☐ Short-term loaner equipment (if available)
  ☐ Other: _____
- Specific item or solution requested (example: Trac Chair):

- Vendor/estimated cost (if known): _____
- Amount requested: $_____
- Have you received any quotes/estimates? ☐ Yes ☐ No
  If yes, attach or list details: _____

5) How This Will Help (Impact Statement)

In your words, describe how the requested assistance will improve your ability to work safely and remain active in agricultural work:

- Expected benefits (check all that apply): ☐ Improved safety ☐ Reduced injury risk ☐ Increased independence
  ☐ Ability to continue working ☐ Productivity improvement
  ☐ Other: _____

- Narrative (required):

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6) Current Resources / Other Funding

- Do you have any other funding sources or cost-sharing available? ☐ None ☐ Personal funds ☐ Insurance ☐ Vocational rehab
  ☐ Grant/charity ☐ Other: _____
- If yes, explain amounts/percentages (if known):

- Have you applied for similar assistance elsewhere? ☐ Yes ☐ No
  If yes, where and outcome/status: _____

7) Safety & Use Commitments

- Where will the equipment/solution be used? ☐ Farm property ☐ Barn/lot ☐ Fields ☐ Multiple sites ☐ Other: _____
- Who will primarily use it?
  ☐ Applicant ☐ Family member ☐ Employee ☐ Other: _____
- Will you follow manufacturer training/safety guidance? ☐ Yes ☐ No
- Do you agree the assistance is intended to support agricultural work participation and safety? ☐ Yes ☐ No

8) Optional Supporting Documentation Checklist (Attach if available)

☐ Quote/estimate (preferred)
☐ Photos of worksite / access challenge
☐ Brief note from medical provider or rehab specialist (optional)
☐ Description of current equipment and limitations
☐ Any relevant assessments/recommendations

9) Release / Consent (Suggested)

I certify that the information provided is true and complete to the best of my knowledge. I authorize the program administrators to contact me to discuss this application and to verify information relevant to the request.

Applicant Signature: _____ Date: _____

10) Program Administrator Section (Internal Use Only)

- Application received date: _____
- Reviewer(s): _____
- Request type: ☐ Purchase ☐ Reimbursement ☐ Loaner ☐ Other
- Proposed decision: ☐ Approve ☐ Approve with conditions ☐ Deny ☐ Request more info
- Approved amount: $_____
- Conditions/notes: _____
- Board/committee decision date: _____
- Final disposition date: _____
