



For You Farm Worker, I Walk! (¡Por Ti Campesino, Yo Camino) is a support program for farmers in Kern Tulare and Fresno Counties. The purpose of this program is to provide support to farmworkers who have been affected by the pandemic regardless of their immigration status.

This program has limited funds and will only provide one-time assistance, this is **NOT** a recurring program. To apply, make sure you fill out the application completely and do not leave any spaces unanswered, **please fill out one application per family**. Submitting more than one application per family or leaving areas unanswered will automatically disqualify you from the program.

The aid will support qualifying families with money exclusively for:

- 1) Food
- 2) Essential Services: electricity, gas, and water
- 3) Medical assistance: examinations and appointments with doctors and specialists

If you are a field or farm worker, packer, or work providing field services in Kern, Tulare or Fresno Counties, you may qualify for assistance.

Please fill out the application and be sure to send all required documents in a single e-mail to grantscsf@gmail.com or by mail to 3811 Mt. Vernon Ave. Bakersfield, CA 93306.

Registration for free medical exams will be offered through our 3rd Annual Health Fair on December 2nd, 3rd, and 4th. For more information call us at 661.404.4748.



2020 Application: For You Farm Worker, I Walk!
CSF Medical Non-Profit Foundation
3811 Mt. Vernon Ave. Bakersfield, CA 93306
O: 661.404.4748 | F: 661.327.7255
www.csffoundation.org

Fill out the application with your information to apply for financial assistance from the program: For You Farm Worker, I Walk! (¡Por Ti Campesino, Yo Camino!)

1. APPLICANT INFORMATION:

APPLICANT'S FULL NAME: _____

BIRTHDATE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAIN PHONE: _____ SECONDARY PHONE: _____

EMAIL: _____

2. INFORMATION ABOUT YOUR HOUSING STATUS: (please select one)

- | | |
|--|--|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Temporarily living in a shelter |
| <input type="checkbox"/> Rent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Temporarily living with a friend/relative | <input type="checkbox"/> Other (please explain) _____ |

3. HOUSEHOLD'S MEMBERS INFORMATION:

Including yourself, how many people are currently living in your home? _____

How many of them are your dependents? _____

4. INFORMATION ABOUT YOUR WORK STATUS:

4.A) Current Employment Status: (please select one)

- Full Time Part Time Unemployed Disabled

Do you receive financial assistance: Yes | No
(Food Stamps, Social Security Benefits, Veterans Benefits, etc.)

4. B) If you select 'Full Time' or 'Part Time' in the previous section please fill out the following section with YOUR EMPLOYER INFORMATION, if not, please continue to section 5.

Employer's Name: _____

Title or job position: _____

Your Employer's Phone: _____

Supervisor's Name: _____



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5. INFORMATION TO QUALIFY:

This aid is intended exclusively for farm workers in Kern, Tulare and Fresno Counties. Please verify the following information:

Are you a field or farm worker? Yes | No

Are you a packing house worker? Yes | No

Do you work providing a service to the farming fields? Yes | No

What is your main task? (Briefly describe what you do) _____

6. Please attach a copy of your last 3 checks as proof at the end of the application.

7. Health information:

Do you have health insurance? Yes | No

You or a member of your family suffers from pre-existing illness such as:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cataracts |

If you are a woman:

When was the last time you had a mammogram? _____

Have you ever had a pelvic exam? Yes | No

At this time, do you suspect that you have a disease or condition that has not been diagnosed?
 Yes | No

If you are male:

When was the last time you had a physical exam? _____

Have you ever had a testicular exam? Yes | No

Have you ever had a hernia screening test? Yes | No

Have you ever had a prostate exam? Yes | No

At this time, do you suspect that you have a disease or condition that has not been diagnosed?
 Yes | No



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Certification

I hereby certify that all information and statements provided above are true and correct to the best of my knowledge. I understand that a false statement or omission of statement may disqualify me from the program: "For You Farm Worker, I Walk!" I agree to cooperate fully with the Board of Directors of CSF Medical Non-Profit Foundation in making available to the Board information which reasonably relates to the assistance aid request. I understand that this information will be used solely to determine my eligibility for "For You Farm Worker, I Walk!" assistance program.

- ❖ I understand all questions on this form
- ❖ I understand and agree that all information provided, including information about benefits and income will be verified and that I will have to provide the necessary documentation to verify the given information.
- ❖ I understand that my case eligibility will be based on the information given in this application including all additional information if requested by CSF Medical Non-Profit Foundation.
- ❖ I understand that my case could be reviewed more than once in order to determine eligibility.
- ❖ I also understand that the Board of Directors thoroughly studies all cases and there is a possibility my case will not be accepted and be rejected.

I declare that my answers have been truthful. I declare under penalty of perjury, under the laws of the state of California and The United States of America, that the information given in this data statement are true, correct, and complete.

Consent

For consideration, if I were to be the recipient of this program's aid, which I acknowledge, I consent to the use of my statements and grant to CSF Medical Non-Profit Foundation, grantees and successors the right to copy, reproduce, and use all or a portion of the statements for incorporation in CSF's company website and for foundation reporting purposes.

Release

I release CSF Medical Non-Profit Foundation and Company's assigns, licensees and successors from any claims that may arise regarding the use of any statements including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I acknowledge that I have no ownership rights of this work. CSF is not obligated to utilize the rights granted in this agreement.

I am over the age of 18 and have read and understood this agreement. This agreement expresses my complete understanding of this application.

Applicants full name

Signature

Date