



FARM SURVEY AND OVERALL FARM AND HOME PLAN
SELF-PROPRIETOR / MANAGER - CHAPTER 31, TITLE 38, U.S.C.

PRIVACY ACT INFORMATION: This report is required by law (38 CFR 21.201). Failure to report can result in delay or denial of VA vocational rehabilitation benefits. The information you supply on this form is needed to evaluate the practical potential and suitability of the farm.

1. NAME OF VETERAN (First, middle, last) 2. FILE NUMBER

3. ADDRESS OF VETERAN 4. REHABILITATION GOAL 5. D.O.T. CODE

6. LOCATION OF FARM

7. TENURE STATUS 8. ACREAGE
(X) A. TYPE (See also B below) NO. ACRES SUITABLE FOR NO. ACRES
OWNER CROPS
RENTER PERMANENT PASTURE
OTHER (Specify) WOODLAND
B. IF NOT AN OWNER, DOES TENURE AGREEMENT EITHER OUTRIGHT OR BY VIRTUE OF RENEWAL CLAUSE, CLEARLY GIVE THE VETERAN MANAGERIAL CONTROL OF FARM UNTIL THE END OF THE COURSE?
YES NO (Attach copy of tenure agreement)
OTHER (Specify)
TOTAL

9. MAJOR BUILDINGS
KIND CONDITION ("X"one) SIZE
GOOD FAIR POOR

10. WORKSTOCK AND MAJOR ITEMS OF EQUIPMENT AVAILABLE
KIND CONDITION ("X"one) ("X" one) SOURCE OF ITEMS NOT OWNED BUT AVAILABLE (Name of owner)
GOOD FAIR POOR OWNED NOT OWNED

11. CROPS ALREADY PLANTED OR PLANNED THIS YEAR			12. PRODUCTIVE LIVESTOCK					
KIND	ACREAGE	EXPECTED YIELD	KIND	QUALITY ("X" one)			NO. FOR SALE THIS YEAR	NO. RETAINED AFTER SALES THIS YEAR
				GOOD	FAIR	POOR		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CONDITIONS	("X" one)		CONDITIONS	("X" one)	
	SATISFACTORY	UNSATISFACTORY		SATISFACTORY	UNSATISFACTORY
MARKETS	<input type="checkbox"/>	<input type="checkbox"/>	DRAINAGE	<input type="checkbox"/>	<input type="checkbox"/>
SOIL FERTILITY	<input type="checkbox"/>	<input type="checkbox"/>	TERRACING	<input type="checkbox"/>	<input type="checkbox"/>
EROSION	<input type="checkbox"/>	<input type="checkbox"/>	NOXIOUS WEEDS	<input type="checkbox"/>	<input type="checkbox"/>
FENCING	<input type="checkbox"/>	<input type="checkbox"/>	PESTS AND DISEASES	<input type="checkbox"/>	<input type="checkbox"/>
WATER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	OTHER ( <i>Specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>
IRRIGATION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

14. AVAILABLE LABOR		
14A. HIRED	NO. NOW EMPLOYED FULL-TIME	ADDITIONAL LABOR WILL ADDITIONAL LABOR BE NEEDED DURING PEAK WORK SEASON? <input type="checkbox"/> YES <input type="checkbox"/> NO
	NO. NOW EMPLOYED PART-TIME	IF "YES" IS CHECKED ABOVE, IS THE ADDITIONAL LABOR USUALLY AVAILABLE? ( <i>If not available, explain under Item 16</i> ) <input type="checkbox"/> YES <input type="checkbox"/> NO

14B. NOT HIRED ( <i>Family and others available to help</i> )	AGE	SEX	NUMBER		AGE	SEX	NUMBER	
			FULL TIME	PART TIME			FULL TIME	PART TIME

**15. LIABILITIES**

KIND	AMOUNT	REPAYMENT SCHEDULE <i>(Amount to be repaid)</i>			
		FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
LAND DEBT					
CHATEL AND CROP					
OTHER <i>(Specify)</i>					

16. REMARKS *(Give summary as to suitability of farm as a place of training, including particularly and necessary explanation of conditions checked in Item 13 and a clear showing of reason for recommending approval or disapproval)*

*(This area is intentionally left blank for handwritten remarks.)*

17. RECOMMENDED AS MEETING ALL REQUIREMENTS OF THE REGULATIONS AS A SUITABLE PLACE OF TRAINING FOR THE VETERAN FOR THE STATED REHABILITATION GOAL

YES     NO

18A. DATE	18B. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST
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19. ACTION TAKEN  
THE ABOVE RECOMMENDATION IS:

APPROVED     DISAPPROVED

20A. DATE	20B. SIGNATURE OF VOCATIONAL REHABILITATION AND COUNSELING OFFICER OR DESIGNEE
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**21. OVERALL FARM AND HOME PLAN**

A. DESCRIBE THE PRODUCTION AND INCOME GOALS TO BE DEVELOPED THROUGH THE COURSE OF TRAINING AND TO BE ESTABLISHED ON THE VETERAN'S FARM BY THE END OF THE PRESCRIBED COURSE

B. DESCRIBE THE PROJECTS AND IMPROVED PRACTICES PLANNED TO ACCOMPLISH THE GOALS LISTED IN "A" ABOVE

C. DESCRIBE IMPROVEMENTS TO BE MADE IN FAMILY LIVING, INCLUDING SUCH ITEMS AS FOOD SUPPLY, HEALTH AND SANITATION

22A. DATE

22B. SIGNATURE OF VETERAN

23A. DATE

23B. SIGNATURE OF INSTRUCTOR

24A. DATE

24B. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST