



Connecticut River Valley Farmworker Health Program

FARMOWNER SURVEY

Farm Name: _____ Date Survey Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Farm Owner Name: _____

Contact Name (if different from owner): _____ Phone: _____

Season Start: _____ Season End: _____ Size (acreage): _____

Crop(s): _____

Directions: _____

of seasonal (live in Valley permanently) workers: _____

of migrant (moved to Valley temporarily) workers: _____

Describe your farmworker population:

Race/Ethnicity: _____% Hispanic _____% Jamaican _____% Other, specify: _____

Primary Language: _____% Spanish _____% English _____% Other, specify: _____

Gender: _____% Male _____% Female

Have you worked with [CRVFHP agency] before? [] Y [] N

If Yes, what was your experience (1-5; 1 being poor, 5 being great)? _____

If No, would there be an interest? [] Y [] N

Have you or do you currently work with other CRVFHP Outreach Workers? [] Y [] N

What health care education/services would you support for your employees? _____

Is there a space (i.e. lunchroom) where farm workers gather where we can provide health information / supplies? [] Y [] N

Could we have access to that meeting space? [] Y [] N

On rain days (if workers are not working)? [] Y [] N

During lunch? [] Y [] N

After Hours (i.e. 5:30-6:30 PM)? [] Y [] N

Or Saturdays? [] Y [] N

Other, specify: _____

Other Comments: _____

THANK YOU!

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Connecticut River Valley Farmworker Health Program

What is the Connecticut River Valley Farmworker Health Program?

- **FREE Health Care Services**
 - Preventive and sick visits to a doctor or nurse practitioner
 - Pregnancy care
 - Dental care
 - Mental health counseling
 - Medicine prescribed by your health care provider
 - Eye checks and glasses
 - Lab work, x-rays, ultrasound
- **FREE Outreach to the Farms**
 - Health educators to talk with you about your health
 - Health care workers to check your blood pressure or do physical exams
 - Referral to community resources
 - Help getting other health services that are not provided at health center
 - Transportation to health care appointments off the farm



Who can receive the services?

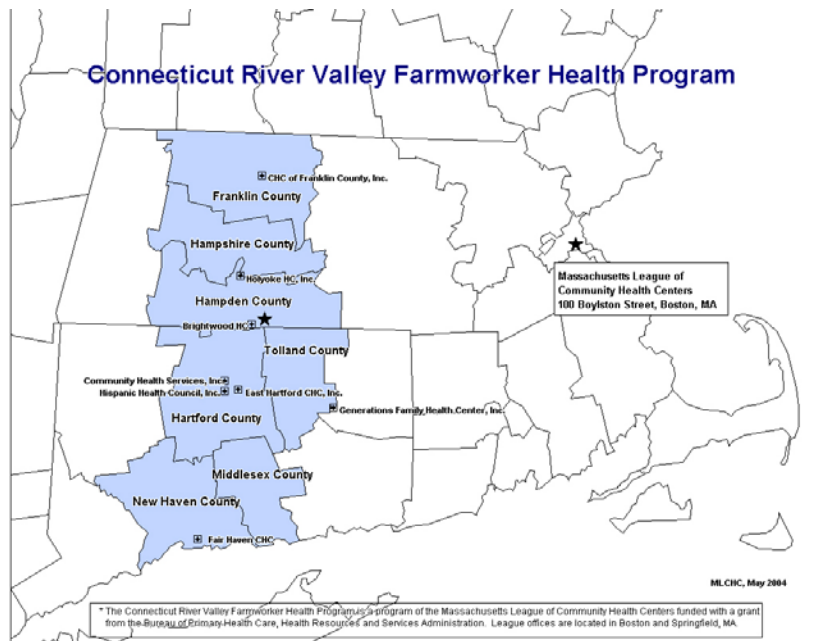
- Migrant and seasonal farmworkers and their families
- The farmworker must work in direct farming of seasonal crops
- Farm work must be cultivating, harvesting or preparing seasonal crops for market or storage

Where can farmworkers and their families receive services?

- Health centers in Massachusetts (3) and in Connecticut (4)
- At farms Valley-wide in Massachusetts and Connecticut
- At a health care provider who participates in the Connecticut River Valley Farmworker Health Program

How can I get in contact with the health care provider?

- You can contact the health center or health care provider
- You can ask the outreach worker to help with an appointment



Brightwood Health Center

380 Plainfield Street
 Springfield, Massachusetts 01107
 Phone: 413-794-3295

Outreach worker: Luz Peña-Till
 Cell: 413-426-8863

East Hartford Community HealthCare

94 Connecticut Blvd
 East Hartford, Connecticut 06108
 Phone: 860-528-1359

Outreach worker: Rommy Torres

Community Health Center of Franklin County

338 Montague City Road
 Turners Falls, Massachusetts 01376
 Phone: 413-772-3748 x146

Outreach worker: Byron Pareja
 Cell: 413-834-2174

Fair Haven Community Health Center

374 Grand Avenue
 New Haven, Connecticut 06513
 Phone: 203-777-7411 x5271

Outreach worker: Denise Dean

Community Health Services, Inc. & Hispanic Health Council

CHS: 500 Albany Avenue
 Hartford, Connecticut 06120
 CHS Phone: 860-249-9625
 HHC: 175 Main Street
 Hartford, Connecticut 06120
 HHC Phone: 860-593-9157

Outreach worker: Neena Qasba
 Cell: 860-597-1862
 Fabrizia Harisi
 Cell: 860-597-1863

Generations Family Health Center

1315 Main Street
 Willimantic, Connecticut 06226
 Phone: 860-450-7471 x241

Outreach worker: Mercedes Arroyo

Holyoke Health Center

P.O. Box 6260
 230 Maple Street
 Holyoke, Massachusetts 01040
 Phone: 413-420-2134

Outreach worker: José Santana
 Cell: 413-563-4379

CRVFHP, c/o Massachusetts League of Community Health Centers

40 Court Street, 10th Floor - Boston, Massachusetts 02108

Phone: 800-475-8455 - Fax: 617-426-0097

e-mail: massleague@massleague.org - website: www.massleague.org/CRVFHP

Esta información también está disponible en español. (1-800-475 8455 o 1-617-426-2225)