



Farmer Program 2024 Summer

Healthy Choices + Healthy Food = Healthy Life

Exploring the Farm Program



What?

This program is designed to develop a healthy lifestyle by teaching Farmers how to make healthy food choices for a long-term lifestyle. The curriculum is designed to take Farmers through the process of planting, growing, harvesting, and preparing a variety of sustainable, wholesome, nutritious food options.

Who?

Individuals with intellectual and developmental disabilities ages 14+. They are referred to as Farmers.

Days & Dates:

- Three independent sessions running either Monday, Wednesday, or Friday.
- Sessions are 8-weeks in length beginning Monday, June 10th and ending Friday, August 2nd.
- To maintain the integrity of the program, a Farmer can only attend the day in which they are enrolled. Farmers can request to be enrolled in multiple days, depending on availability.
- Missed days cannot be made up.

Time:

- The day will promptly start at 9am and go until 11:00 am.
- Parents/guardians are asked to escort their Farmer to the barn and encouraged to volunteer for non-program activities or relax on the property. There is always plenty to do on the Farm and we encourage you to volunteer.
- Yes, I would like to volunteer when my Farmer is participating in the program.

Cost:

- The 8-week program is \$200 for either the Monday, Wednesday, or Friday session, no refunds.
- If there is availability to add an additional day(s), the cost is an additional \$200 for each session, again no refunds.
- The Farm is a busy place and to help keep track of the Farmers, the Farmer is required to wear the 2024 Farmer Program t-shirt. The 2024 Farmer Program t-shirt is \$25. If you have the 2024 t-shirt you are not required to buy another.

Please select one of the following sizes:

- XS S M L XL XXL XXXL XXXXL

How to apply:

Step 1:

- To be considered, fill out the application in its entirety, including demographic and contact information.
- The form must be submitted or turned in by 6:00 pm Tuesday, April 30th.
- You may fill out the application on-line or print and deliver to Navarro Farm.
- Late applications will be processed as soon as possible.

Step 2:

- Navarro Farm will review the applications to ensure the program is appropriate for the applicant and the Farm. In some cases, you will be contacted for additional clarification.
- Applications lacking complete and clear answers to the qualifying questions will require additional time and your acceptance may be delayed.
- The Farmer will be assigned to Monday, Wednesday, or Friday based on your day preference and balancing the days to ensure a positive experience for all.

Step3:

- You will receive notification via email of acceptance on Monday, May 6th.

Step 4:

- Registration information will be provided upon acceptance.
- After being notified of acceptance, payment for registration must be received by 6:00 pm, Friday, May 24th.

Select the day to attend:

You must pick only 1 primary day. If you mark more than one day or leave it blank your application will require additional processing and acceptance may be delayed. Pick only one day:

- Monday Wednesday Friday

If there is availability and you would like two days please pick the day. If you mark more than one day or pick the same day as your primary day, your application will require additional processing and you may be waited listed. Pick only one selection different from your primary:

- Monday Wednesday Friday

If there is availability for three days and you want that, please check this box:

Farmer Information:

Although Navarro Farm has a foundational belief to be all inclusive, it is best suited for individuals demonstrating behaviors within reasonable limits.

Farmers must be able to:

- Independently feed themselves and use a toilet
- Follow 2-3 step directions/instructions
- Work for a minimum of 10 minutes in a guided group, independent of their parent.

Those who have difficulty with the following may struggle to enjoy the program. It is designed for individuals who can:

- Enjoy or participate in group activities
- Tolerate an increased level of noise (it can be loud)
- Tolerate crowded situations
- Be accepting when a disruption in routine occurs

To maintain the integrity of a farm, the Farm’s terrain is grass and gravel. Therefore, the Farm is not an ADA facility. The Farm does accept Farmers whose wheelchairs are for mobility, with the understanding that a motorized chair with over-sized wheels is needed.

Farmers who are smokers or tobacco users can not be accommodated so that all Farmers can enjoy the Farm.

To promote a positive experience for all, please respond to the following questions with integrity. Applications lacking complete and clear answers to the qualifying questions will require additional time and your acceptance delayed. Use the space provided to add pertinent information.

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If your Farmer has previously been in the Farmer Program describe the Farmer's experience, what worked well and how did the Farmer need assistance.

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Describe the Farmer's overall disability, including things like being deaf, requires a walker, non-verbal, or difficulty following instructions.

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Describe if your Farmer wanders, runs off or leaves your side without telling you.

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Describe how your Farmer tolerates loud noises (such as but not limited to thunder, talking, dancing, singing, calling out) and/or large crowds (more than 5 people in one location).

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Describe how your Farmer deals with schedule changes, frustration, and anger.

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Describe instances where your Farmer has taken, destroyed property or shown aggression in the last 5 years.

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Describe instances where your Farmer has exhibited self-injurious behavior, such as hitting own head and/or biting self.

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Describe if your Farmer has used profanity or made inappropriate comments in the last 5 years.

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Describe how your Farmer demonstrates fear or anxiety (such as animals, balloons)?

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Does your Farmer need extra processing time or have difficulty with transitioning?

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List any motivators that work best with your Farmer.

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Describe your Farmer's allergies, when they occur, and where the Farmer carries their epi-pen.

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Describe your Farmer's additional medical needs (such as, but not limited to seizures).

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Any other information we should be aware of?

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Describe what, as a parent/guardian, you will do to support and be active in the Farm. This may be volunteering and/or attending Farm events. Your donations are also appreciated.

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Yes, this information can be shared with key volunteers to help them support my Farmer.

I affirm by entering my name below, that the information above about health, safety and behavioral considerations are found to be accurate and true to the registered Farmer and my commitment to the Farm.

If misrepresentation should occur, and health, safety or behavioral needs of the registered Farmer or others is deemed serious enough, immediate dismissal may be warranted. Should this occur, I understand it is my sole responsibility for immediate pick up. I further understand that I surrender a refund due to health, safety or behavioral needs.

I understand that the Farm will not hold or dispense any medication. The Farm may ask that I stay with my Farmer for the duration of the program as needed by the Farm.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Demographics

### Farmer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis/Disability: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Adult Shirt Size: XS S M L XL XXL XXXL XXXXL

Gender: Male Female Fill in the Blank: \_\_\_\_\_

Race: American Indian or Alaska Native Asian  
Native Hawaiian or Other Pacific Islander Black or African American  
White

Ethnicity: Not Specified Hispanic or Latino Not Hispanic or Latino

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relation to Farmer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT PERSON (THIS PERSON MUST BE REACHABLE DURING THE PROGRAM)

Name: \_\_\_\_\_ Relation to Farmer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_