



New Roots Program

Assessment Form

International Rescue Committee, Phoenix Regional Office

5227 N 7th Street

Phoenix, AZ 85014

Tel: (602) 433-2440

Date:

Printed Name:	Signature:	
Address:	Apt. #:	
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Date of Arrival:	Resettlement Agency:	
Country of Origin:	Family Size:	
Languages Spoken:	Email:	
Document provided to ascertain eligibility/identification:		
Describe your experiences with farming/gardening or the agricultural business you intend to do.		
Describe what you grew or the aspect of agriculture you practiced.		
Did you feed your family from what you grew or the income?	YES or NO	
Did you make money from the crop that you grew or the animal you reared?	YES or NO	
If yes, how much of your family's income was provided through your selling?		
How did you get to know about this FARM program?		
How many hours are you willing to put in per week?		
How much do you have to invest into your farming business?		
In what aspect of the business do you think you will need assistance?		

Do you have any other agency apart from IRC that has offered to provide any assistance for your farming business?	
What assistance has your family enjoyed from the government or any other agency?	
What aspect of agriculture would you like to go into here in Phoenix if there was land available for you to use?	
What kind of services would you like IRC to provide to you regarding this business?	
What other business do you do?	How many hours do you spend on this per week?
Will you like to continue the business?	How will it affect your agricultural business?
Do you know someone else who would be interested in this program?	Please write name and telephone number below.
Do you have other items you make that you could sell? What are they?	

Official use only

Eligibility ID provided	
Willingness to participate	
Ability	
Resources	
Comment	
Signature	Date