GROWER'S STATEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
SFN 1076 (Rev. 05-2010)

Clear Fields

Please Return By:

County Office:	Date:	
County Office Address:	Case Worker's Name:	
City:	State:	Zip Code:
County Telephone Number:		
Grower's Name:		

GROWER: Read, fill out and sign on reverse side:

This MIGRANT HOUSEHOLD has applied for SNAP benefits. To determine eligibility we request the following information:

1. Name of MIGRANT HOUSEHOLD:		
2. County of Residence of MIGRANT HOUSEHOLD:		
3. Date of HOUSEHOLD'S arrival:		
4. Number of adults in above HOUSEHOLD working in field:		
5. Number of workers in the HOUSEHOLD:		
6. Was money advanced to the HOUSEHOLD for travel?	☐ No	☐ Yes-How Much?
7. Will this be deducted from their wages?	☐ No	☐ Yes-When?
8. Date employment is expected to begin:		
9. Date employment is expected to end:		

LIST ONLY THE AMOUNT OF WAGES THAT CAN BE ANTICIPATED WITH REASONABLE CERTAINTY, BOTH AS TO AMOUNT AND DATE OF RECEIPT, TAKING INTO ACCOUNT VARIABILITY OF WEATHER, WEED PRESSURE, ETC. IF THE EXACT AMOUNT OF INCOME IS NOT KNOWN, LIST ONLY THAT PORTION OF IT THAT CAN BE ANTICIPATED WITH REASONABLE CERTAINTY.

10. a. The HOUSEHOLD was/will be given an advance(s) that was/will be subtracted from wages to be earned by the HOUSEHOLD at a later date. ☐ No ☐ Yes

If yes, the amount of the advance was/will be $ _____ and the advance was/will be given on (date)_____ .

b. The HOUSEHOLD was/will be paid as follows: ☐ Upon completion of work: ☐ Weekly in the amount of $ _____;
☐ Bi-weekly in the amount of $ _____ ; or Monthly in the amount of $ _____.

11.		
	a. Number of acres to be thinned by this HOUSEHOLD	Rate per acre
	b. Number of acres to be weeded by this HOUSEHOLD	Rate per acre
	c. Number of times these acres are to be weeded by this HOUSEHOLD	Rate per acre

12. If more than one HOUSEHOLD is working for you, please answer the following:
a. Total acreage
b. Total number of workers

ADDITIONAL INFORMATION/COMMENTS:

NORTH DAKOTA CENTURY CODE, SECTION 34-14-02, EFFECTIVE AUGUST 1, 1995:

Every employer shall pay all wages due to employees at least once each calendar month on regular agreed paydays designated in advance by the employer, in lawful money of the United States or with checks on banks convenient to the place of employment. If an employee participates in a direct deposit program, that employee's employer shall deposit the employee's wages into the financial institution of the employee's choice. An employer may not require an employee to directly deposit the employee's wages into a financial institution.

I understand that the information provided on this form does not constitute a contract for services and that I completed this form correctly to the best of my knowledge. Entiendo que la informacion proveida en esta forma no constituye un contrato para servicios y he llenado esta forms correctamente segun mi entendimiento.	
Signature of Grower	Date

I understand that the information provided on this form does not constitute a contract for services. Entiendo que la informacion proveida en esta forma no constiutye un contrato para servicios.	
Signature of Employee	Date