

Farm Service Agency Disaster Program Producer Questionnaire

Employee Conducting Questionnaire : _____ Date: _____ Time: _____

Producer Name/Entity Name: _____

Contact Person: _____

Phone: _____ Email: _____

Farm's Physical County Location: _____

Is the farm or ranch used for commercial agriculture production? Yes _____ No _____

Type of agricultural operation: _____

Disaster event and date of disaster: Hurricane Milton October 9-10, 2024 _____

Existing FSA Customer: Yes No

Is producer interest in a loan: Yes No

Does Producer currently have NAP coverage? _____

Does Producer currently have Federal Crop Insurance coverage? _____

Has producer reported their crops this year? Yes _____ No _____

CROPS: Yes No

Date loss was apparent: _____

Type of crops and acres impacted:

Number of acres impacted: _____

Have or will the crop(s) be harvested? _____

TREES/BUSHES/VINES: Yes No (orchards, ornamental nursery, orange groves, blueberries, etc.)

Type of trees/bushes/vines impacted: _____

Age of trees/bushes/vines: _____

Total number of trees/bushes/vines destroyed: _____

Total number of trees/bushes/vines damaged: _____

**if completing this section advise producer beginning and ending inventories are needed in order to complete the notice of loss

LIVESTOCK: YES NO (cattle, swine, honeybees, farm raised fish, etc.)

Type of livestock and weight range impacted:

Total number of livestock lost: _____

LAND/PROPERTY DAMAGE: Yes No

What types of land/property damage did the farmland incur (i.e. debris, fence, structural, flood, etc.)?

Has debris removal/restoration work begun? YES NO If yes, date began: _____

If yes, please explain circumstances why immediate repairs were required:

ADDITIONAL REMARKS: _____

Date Loaded on Disaster Tracker: _____

RFS Date: _____

Employee Completing: _____