

# St. Vincent Mission Grow Appalachia

Participant Information Sheet

Due January 15<sup>th</sup> to Lori Gearheart

[Grow@stvincentmission.org](mailto:Grow@stvincentmission.org)

Or deliver to SVM in David, Kentucky

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Garden Address: \_\_\_\_\_

Preferred mode of contact (Circle one) HOME PHONE / CELL PHONE / EMAIL

How many people are in your household?

Total # in household: \_\_\_\_\_

#Male \_\_\_\_\_ Ages of Males \_\_\_\_\_

# Female \_\_\_\_\_ Ages of Females \_\_\_\_\_

How many children? \_\_\_\_\_

Are you a single parent family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated household income: \$ \_\_\_\_\_

\*This information will NOT be shared attached to your name. This is only for our records and reporting to our funders.

What is the approximate size of your garden plot(s) (if applicable)? \_\_\_\_\_

Do you intend to sell produce at market? \_\_\_\_\_? If yes, what products? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is anyone in your household included in any of the following categories? (if Yes, please state how many individuals) \_\_\_\_\_

Disabled	
Retired	
A Veteran	
A former tobacco farmer	
A single parent	
Below the national poverty line	

Additional questions to help us serve you best:

How many years have you been in Grow Appalachia? \_\_\_\_\_

Will you need assistance with tilling your garden? \_\_\_\_\_