Inter-Agency Referral Form Instructions Version 09 (May 21, 2014)

This form is used when you observe or become aware of an issue or problem that needs to be further investigated. Be as complete as you can. The information you provide will allow for the routing of the referral to the proper agency for investigation.

Submitter / Observer

- List the name of the agency or organization is submitting the referral.
- Name for the primary individual on-site making the observations and completing this worksheet.
- If others are available to corroborate the observation, provide this information in the Description of Problem / Hazards Observed section.

Observation / Housing Location

- Include the Camp ID and Camp Name if this referral for a currently or previously licensed site
- Include a description of the location. If not known, bracket the street address (i.e., between 1246 and 1260 Oak Avenue or the field at southwest corner of Oak and Ives).
- City should be the closest to the location as opposed to a mailing address.
- Township should be in the format of Tier and Range rather than political Township.

Employer / Housing Owner

- Ask individuals on the site who they work for and / or who owns the property
- If this information is not available, plat maps, parcel maps, and local tax assessor's records can be helpful.

Type of Referral

Check all types of issues / problems that apply to this observation. If something is not on the list, write it in.

Site Details

- The MDA Migrant Labor Housing Program requires that five or more migrant agricultural workers be housed at the location in order to be required to be licensed.
- An English speaking person on the site lets us know whether we need to arrange for bilingual assistance.
- The number of children on site helps with risk assessment.

Description of Problem / Hazards Observed

- Provide a general description of the problems observed. (Is it unlicensed housing, sanitation, unattended children?)
- If applicable, what is the nature of the housing at the site? (Is it a mobile home in a field or a seven unit motel?)
- Describe what was observed. For instance, 2 children ages 8 & 10 working in field with parents; Sewage on ground by living unit #4; No water or toilet facilities provided for 10 workers harvesting asparagus. ...
- Use one line for each observation and list the highest risk situations first.
- If you observe more problems than can be listed on the form, continue on the back of the worksheet.
- If you have photographic documentation of the observation, include the photo number / ID. -
 - If relevant events occurred prior to the observations you made, please list them here as well. Such as:
 - May 1st, Steve Jones called about conditions in the housing where he was living
 - May 3rd, Bill Bonds from Intercare visited the site because of an ill child.
 - May 4th, Katie Hastings, after a call from Intercare, visited the site and talked with 6 workers.

Questions / Concerns / Contacts

Please send individual referral reports to one of the following agencies ASAP following the observation.

- State Monitor Advocate's Office, please print completed form, scan & email smaoffice@michigan.gov, fax: 517-241-8217, or call 800-533-5800, x1254
- Michigan Department of Agriculture, GhussainiM@michigan.gov or 517-284-5621
- See the Referral Matrix and Housing Program Scope document for specific routing directions.

If you observe an issue / problem that pose an immediate danger, contact one of the above names or call 911.

| Inter-Agency MSFW Referral Form | | |
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| Observer | Observation / Housing Location | Employer / Housing Owner |
| Agency / Organization | Camp ID / Name or Field Name / Location | Business / Company |
| Contact Name | | Contact Name |
| Phone | Street | Street |
| Email | City, State, Zip | City, State, Zip |
| | County / Township / Section | Phone |
| Type of Referral | Site Details | |
| Housing Conditions / Occupancy Field Sanitation / Work Conditions Wage Issues Child Labor Discrimination Housing Discrimination Employment Human Trafficking Crew Leader Issues Other- describe below | Observation Date / Time | 5 or more migrant ag workers (mm/dd/yy) |
| | Number of Agricultural Workers | English Speaking (Yes, Some, No) |
| | Home State(s) | Total Employees Present |
| | Total Housing Occupants | Number of Children Under 12 |
| Description of Problem / Hazards Observed | | |