

<b>Office Use</b>	Date Received: _____
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# CCA/P.Ag CLAIM FORM

## FARMLAND HEALTH CHECK-UP

### STEP 1: PAYMENT INFORMATION

Name	Please make the cheque payable to:		
Phone Number	Mailing Address		
Email Address	City/Town	Province	Postal Code

### STEP 2: TOTAL FARMLAND HEALTH CHECK-UP SERVICES

Date of Check-Up YYYY/MM/DD	Name of Producer	Travel Time* (min)	Time at the Farm/Time spent on Digital FHCU (min)	Prep and Follow-up Time (min)	Office Use	
					Digital FHCU Workbook ID	Digital FHCU Date of Completion
<b>Office Use</b>	<b>Total Number of Check-Ups Completed:</b>		<b>Total Payment: \$</b>			
<b>A payment of \$500 will be allotted for each eligible and completed Farmland Health Check-Up received by OSCIA.</b>						

\* For Farmland Health Check-Ups completed remotely, please enter travel time as 0 minutes.

### STEP 3: SIGNATURES

I declare this information to be true and accurate.

Authorized Signing Authority of the Certified Crop Advisor or Professional Agrologist (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(YYYY/MM/DD)

<b>Office Use</b>	<b>This Farmland Health Check-Up Claim has been reviewed and deemed to be complete, and is ready for payment.</b>		<b>Total Payment Amount</b>
	OSCIA Provincial Office _____	Date _____ <small>(YYYY/MM/DD)</small>	
	Issued Cheque Number _____	Date Mailed _____ <small>(YYYY/MM/DD)</small>	