2023 ARMS 3 SCREENING SUPPLEMENT

VERSION	ID	TRACT	SUBTRACT
		01	

1.	Does this operation do business under any other name? (such as a farm or ranch name)					
	□ NO – [Go to item 2]	☐ YES – [Record other	name below and ask]			
	a. Is	tl	he name that should appear on the label?			
	□ NO □ YES					
2.	During 2023, were any crops grown, hay cut or livestock or poultry raised on the total acres operated?					
	□ NO – [Continue]	☐ YES – [Go to item 7]				
3.	During 2023, did this operation sell any agricultural products or receive government agricultural payments? (Exclude any income received as a landlord.)					
	☐ NO – [Go to item 4]	☐ YES – [Go to item 7]				
4.	During 2023, will this operat	ion have more than 19 ac	cres of idle cropland or more than 99 acres	of pastureland?		
	☐ NO – [Go to item 5]	☐ YES – [Go to item 7]				
5.	[Complete only if items 2,3,and 4 are all 'NO']					
	Is anyone now operating the land you [operation on the questionnaire face page] formerly operated?					
	☐ YES – Complete name an below for new op		□ NO – Make notes			
	Name		NOTES:			
	Address					
	Phone ()					
6.	The selected operation is out-of-business, therefore the questionnaire does not need to be completed.					
			(front page), code 1 in cell 0009 (front page ative boxes on the back page of the question			
7.	Are the day-to-day decisions for this farming/ranching operation made by					
	one individual? [Enter cod	de 1]		REPORTING UNIT		
	a hired manager? [Enter of					
	partners? [Enter number of	of partners + operator]				

8. [Do you [target name] make any day-to-day decisions for another farm or ranch?					
	□ NO – [Enter code 1 in Item 8a below, then go to the questionnaire and begin the interview with Section 1.]					
	☐ YES – [Ask]	NUMBER				
a	a. How many total operating arrangements (inc do you (target operator) make day-to-day dec					
t	o. [List or verify names associated with each addit Use this page from other supplements for addit					
		OPERATION 2:				
С	Are the day-to-day decisions for this farming/ranching operation [operation 2] made by	OPERATION NAME (IF ANY)				
	one individual?	OPERATOR NAME				
	☐ a hired manager?	ADDRESS				
	partners? [List partners below.]	CITY STATE ZIP PHONE				
PAR	TNERS:	POID				
PART	NER NAME	PARTNER NAME ADDRESS				
ADDF	RESS					
CITY	STATE ZIP PHONE	CITY STATE ZIP PHONE				
	POID	POID				
PART	NER NAME	PARTNER NAME				
ADDF	RESS	ADDRESS				
CITY	STATE ZIP PHONE	STATE ZIP PHONE PHONE				

[ENUMERATOR NOTE: After obtaining/verifying all names and addresses associated with each additional operating arrangement, go to the questionnaire, mark code 1 in cell 0009 (front page) and begin the interview with Section 1.]