

Commonwealth of Pennsylvania
Department of Agriculture
Bureau of Food Safety and Laboratory Services
2301 N Cameron Street
Harrisburg PA 17110
717-787-4315

**SEASONAL FARM LABOR CAMP
DETERMINATION OF HOUSING
UNDER ACT 93**

When making a determination of whether camp housing exists, the definitions of Act 93, the Seasonal Farm Labor Act, and Chapter 82, PDA regulations apply. Terms not defined by the Act or regulations are assigned a meaning so that a common reference is available to make decisions.

This questionnaire is being filled out for the determination of the following housing unit(s) (list addresses)

Name/Address/Phone number of the landowner or camp operator applying for Determination of a Seasonal Farm Labor Camp.

1. Is housing of any kind (including family units –mother, father, and siblings) provided by the employer/farm labor contractor or their designees to one or more agricultural employees at any time during the year? ____ YES ____ NO

**If YES, continue to question #2
If NO, STOP and continue to the end of the document; sign
and date**

2. What period of time is the housing provided?
____ days ____ weeks ____ months ____ year-round

**If the answer is days, weeks or months, the operation IS a camp—STOP, sign
and date at bottom of the document.**

If the answer is year-round, proceed to question #3 (three).

3. Are *four or more unrelated persons* provided housing at any time during a given year? ____ YES ____ NO

Before answering this question, the meaning of the italicized terms should be reviewed:

- a. Four or more unrelated persons= at least four(4) persons are provided housing by a grower and at least one (1) of these four persons is unrelated to the others
- b. Unrelated persons = persons not related by blood or marriage. Persons considered related under this Act are husband, wife, their children, parents, brother and sisters. Cousins or Aunt/Uncles and other relationships are considered unrelated.

If the answer is YES, the operation IS a camp—STOP, sign and date at bottom of the document.

If the answer is NO, continue to question 4

4. Do you, or any of your blood / marriage relatives, own, rent, lease or by contract or other arrangement, provide housing to ANY farmworker, whether your employee or another employer's employee? _____ YES _____NO

If YES, you must answer the following questions:

- a. I / they own housing quarters but lease to another employer; AND a total of 4 or more farmworkers that are employed year round live in these housing unit(s). (The total number of farmworkers must include my employees AND any other employer's employees). ____YES ____NO

If yes, Name of employer/lessee _____

Total # of my employees in these housing unit(s). _____

Total # of another employer's employees in these housing unit(s). _____

- b. I / they own housing quarters but lease to another employer, AND there are seasonal workers living in these housing units. (Seasonal workers may include my employees AND any other employer's employees.)
_____YES ____NO

- c. I / they own, rent, lease (or obtain through any other arrangement) two or more family housing units / apartments that in aggregate shelter 4 or more unrelated farmworkers. (The total number of farmworkers must include my employees AND any other employer's employees).
_____YES ____NO

Total number of families provided shelter _____

Total number of housing units _____

If any of the above sections (a), (b) or (c) were answered YES, the operation IS a camp—STOP, sign and date at bottom.

If ALL of the above questions #1 - #4, were answered NO, then the housing is not a camp. Be advised, additional questions may need to be asked in order to clarify any of the answers in the determination form. Please continue to the remainder of the form.

If your housing units are determined to be a CAMP, the owner of lands on which the housing is located must fill out a Seasonal Farm Labor Camp Application and apply for a camp permit.

I have prepared and reviewed the statements made above. I verify these statements to be true and accurate, and make these statements m subject to the criminal penalties of 18 Pa.C.S.A. Section 4904 (relating to unsworn falsification to authorities).

Landowner Print Name Landowner Signature Date

Official Use Only:
Date Received _____ *Reviewer* _____

Camp Determination based on questionnaire. _____ *CAMP* _____ *NON-CAMP*
On-site field verification will be made to verify all information.