



- KARUK TRIBE OF CALIFORNIA - Data Collection and Needs Assessment (Demographic Survey Questionnaire)

NOTE: A separate survey form is to be completed for each target “household” (including single individuals over 18 years of age). A computerized “household record” will be created in the project database. For the purposes of this survey, a “Household” will consist of a person or group of persons living in a housing unit.

Identification Information: Please identify the “head of household” in this section

Head of Household: (Please list “last name” first)

Name: _____ / _____ / _____ AKA _____ DOB ____/____/____ Male Female

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

- If American Indian/Alaskan Native, complete the following:

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%____] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Household Contact Information:

Address (Mailing) _____

Identify the specific District, Neighborhood, or Geosite

Mailing Address2 (ex. Rural Route 36) _____

City _____ State _____ / ZIP Code _____

County _____ / Country _____

Address (Physical) _____

Identify the specific District, Neighborhood, or Geosite

Physical Address2 (ex. Mile Marker 4) _____

City _____ State _____ / ZIP Code _____

County _____ / Country _____

Telephone (_____) _____

This is a Message Phone No Phone

Household Composition: Complete this section for all “household” members including domestic partners. It is important to document each individual’s “self-described” ethnicity, as well as their country of origin and specific culture(s) (example: Mexico / Mexican). For American Indians, Alaskans, and Canadian Natives, identify specific “tribal” affiliation as well as their blood/culture affiliation (example: Tribe = Karuk Tribe of California / Culture = Karuk) NOTE: If Household members exceed six, provide information for these Household members on an additional page.

Name: _____ / _____ / _____ AKA _____ DOB ____/____/____ Male Female

* Relationship: Spouse Dependent Child Custodial Child Non-Married Partner Other _____

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%____] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Name: _____ / _____ / _____ AKA _____ DOB ____/____/____ Male Female

* Relationship: Spouse Dependent Child Custodial Child Non-Married Partner Other _____

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%____] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Name: _____/_____/_____ AKA _____ DOB __/__/__ Male Female

* Relationship: Spouse Dependent Child Custodial Child Non-Married Partner Other _____

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%__] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Name: _____/_____/_____ AKA _____ DOB __/__/__ Male Female

* Relationship: Spouse Dependent Child Custodial Child Non-Married Partner Other _____

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%__] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Name: _____/_____/_____ DOB __/__/__ Male Female

* Relationship: Spouse Dependent Child Custodial Child Non-Married Partner Other _____

* Marital Status: Individual Married Separated Divorced Widowed Domestic Partnership

* Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic Other _____

o Tribal Affiliation: _____ Cultural/Blood Affiliation: _____ / _____

o Enrolled-This Tribe Enrolled-In another Tribe Not-Tribally Enrolled Roll Number _____ Soc. Sec. No. _____

* Registered US Voter Student Disabled Handicapped Percentage [%__] Details _____

* US Veteran Currently Enlisted Years Served _____ to _____ Service Era (Ex. WWII): _____

Complete this section for children of participating families that are in the custody of others at time of survey. A survey form may be completed for children of a "Member" who are not in the custody of that member at time of survey (Example: adopted, foster, ward of court, etc.). In this case, provide the child's information including the head of household, occupants, and for the home they live in.

NOTE: Do not include children listed below in the "household composition" section of this survey form:

Number of children [____] Names _____ / _____ / _____ /
_____ / _____ / _____ / _____

Explain: _____

Education: (Complete the information for "Head" and "Spouse / Domestic Partner." NOTE: Only check the "graduate" box if an individual has graduated high school or college -or- if a certificate has been received following completion of vocational or business school)

Head of Household:

[] No formal education (less than 3rd grade)

Elementary/ Junior High/ High School

* Total years completed (K - 12) _____

* High School Grad. – Yes [] No [] Received GED []

College/University

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

* Highest Degree Received (AA, PHD, etc.) _____

Vocational School

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

Business School

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

Spouse / Partner:

[] No formal education (less than 3rd grade)

Elementary/Junior High School

* Total years completed (K - 12) _____

* High School Grad. – Yes [] No [] Received GED []

College/University

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

* Highest Degree Received (AA, PHD, etc.) _____

Vocational School

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

Business School

* Graduate - Yes [] No [] Number of years attended _____

* [] Scholarship(s) [] Loan(s)

Provide employment information for each adult in the "household"
 More than one category may be checked per individual.

IMPORTANT: If "unemployed," provide the following
 information for both "head," and "spouse or domestic partner".

Employment:

	Head	Spouse / Partner
Full-time Employment	[__]	[__]
Part-time Employment	[__]	[__]
Seasonal Employment	[__]	[__]
Unemployed	[__]	[__]
Retired	[__]	[__]
Self Employed	[__]	[__]
Other (_____)	[__]	[__]

Unemployment:

	Head	Spouse / Partner
Physical / Psychological Ailment	[__]	[__]
Dependent Family Members	[__]	[__]
Seasonal Lay-Off	[__]	[__]
No Reliable Transportation	[__]	[__]
No Work Available in the Area	[__]	[__]
No Desire At This Time	[__]	[__]
Discouraged after ext. job search	[__]	[__]
Other (_____)	[__]	[__]

It is important to complete each of the following categories for both Head and Spouse / Partner to establish a complete employment profile.
 Note: "Vocation" refers to the field of work that an individual considers himself / herself to be most experienced and proficient at.

Head of Household:

Present Occupation _____

Vocation _____

Desired Occupation _____

Other Job Skills _____

Spouse / Partner:

Present Occupation _____

Vocation _____

Desired Occupation _____

Other Job Skills _____

Childcare: Identify your present daycare source(s) and related expenses

Family - No Cost [__] Low Cost (subsidized) [__]
 Pre-school - No Cost [__] Low Cost (subsidized) [__]
 Market Rate [__]

Assisted - No Cost [__] Low Cost (subsidized) [__]
 Other - No Cost [__] Low Cost (subsidized) [__]

* Is the lack of daycare assistance keeping you from working? Yes [__] No [__]

Income: Please provide the approximate (gross) annual income from all sources in your Household - \$_____

- | | |
|--|---|
| <input type="checkbox"/> Employment / wages | <input type="checkbox"/> Business Ownership (Self employment) |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Retirement, Pensions, Survivor |
| <input type="checkbox"/> Disability Insurance (temporary) | <input type="checkbox"/> Veterans / Other Government Retirement |
| <input type="checkbox"/> Welfare - Transitional Assistance | <input type="checkbox"/> Military Pay |
| <input type="checkbox"/> TANF / AFDC or related program | <input type="checkbox"/> Tribal Per-Capita Payments |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Land Lease Income |
| <input type="checkbox"/> Non-Welfare Government Assistance | <input type="checkbox"/> Interest, Dividends, Estate, Trust |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> S.S.I. (Supplemental) | _____ |
| <input type="checkbox"/> Foster Care Funding | _____ |
| <input type="checkbox"/> No Income Source | |

Occupancy Status: (Complete this section based on your present occupancy status - Owner, Renter or Non-Owner/Non-Renter)

Own or Buying the Dwelling You Reside In:

Dwelling Type: House, Condominium, Mobile, Other Describe _____

Are there multiple "family units" in this household? Yes No Identify the number of individual family units in this household _____

Overcrowded (based on age, gender, relationship, and number of bedrooms)

Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes / No If "yes", identify which category applies to your dwelling:

- Mortgage, deed of trust, or similar debt
- Contract to purchase

Monthly Mortgage Amount \$_____ (Note: Monthly mortgage amount includes all mortgages, contracts to purchase, and home equity loans)

If real estate taxes were not included in mortgage payments, what was the tax paid on this property last year? \$_____ None

If not included in mortgage payments, what was the annual payment for fire, hazard, and flood insurance on this property last year? _____
None

* Complete this section if mortgage payment exceeds 30% of your "monthly" income 30% Check if payment exceeds 50%

* "Assisted" Housing Purchase. Specify the source of home purchase assistance below:

- HUD "Mutual Help" Program

- BIA / HIP Program

- Other home purchase assistance program Identify Program _____

If living in a "mobile home," list the combined yearly expenses, including personal property taxes, site rent, registration fees, and license fees for this Mobile Home and its site last year. Do not include real estate taxes in this total:

* Mortgage on mobile home \$ _____

* All other related mobile home site expenses \$ _____

Renting the Dwelling You Reside In:

Monthly Rent Amount \$ _____ Are meals included in rent Yes / No Are energy costs included in rent Yes / No

Dwelling Type: House, Condominium, Mobile, Other, describe _____

Complete this section, if, rent payment exceeds 30% of your "monthly" income 30% Check if payment exceeds 50%

Are you renting through a Housing Authority? Yes / No If Yes, specify the type of "Housing Authority" below:

* Housing Authority –Karuk Tribe of California

* Housing Authority -Other Tribe

* Housing Authority -Non-Tribal Identify _____

Neither Own nor Rent: Check One - Living with extended family Living in available shelter

Present "Non-Owner/Non-Renter" Circumstances: Provide "*complete*" descriptions of circumstances (Example-"Living with Parents in a single-wide trailer, overcrowded and dilapidated")

Explain: _____

If a non-owner/renter, please identify the general reason:

Unemployed Under-employed and unable to afford a home purchase or independent quarters Full time student

Part time student Institutionalized Other Describe _____

Overcrowding: Note: See “definitions” below before completing this section

Livable Rooms: For this section, include bedrooms, living rooms, kitchens, a separate dining room, and rooms in a finished basement. Do NOT count bathrooms, porches, balconies, entry areas, halls, or half-rooms. Count multipurpose rooms only one time, for example; a kitchen and dining room combination, or a living room that is used as a bedroom at night.

Overcrowding: US Census definition of “overcrowding” – 1.01 person per livable room. For housing needs assessment, the following clarifications may be considered: Overcrowding is determined by the number of “livable rooms” in a dwelling; as well as the, age/gender/relationship of the occupants. These are: One adult (or adult cohabitant unit), plus - two minor children - per gender - per livable room. Example: A married couple, with two minor boys and a minor girl, living in a two-bedroom house would be “overcrowded.”

Identify the number of rooms specifically used as “bedrooms” ____ Number of “livable rooms” (Refer to “livable rooms” definition above) ____

Is this dwelling “overcrowded” Yes / No Are there multiple “family units” living in this dwelling? Yes / No

How many family units reside in this dwelling? _____

Property Status:

1. Identify the “property status” of your current residence: Fee Status (taxed) Trust Status (not taxed)

If you are living on “trust” property, identify the specific “trust” status: Individual Allotment, Individual Assignment, Tribal Land

2. How long have you lived in this community? _____ year(s) (total cumulative years)

How long have you lived in this dwelling unit? _____ year(s) (total cumulative years)

List the number of residential moves that you have made in the past five years # _____

Present Housing Condition: What is the approximate age of your dwelling unit - _____ years old

Do you have complete bathroom facilities? (hot and cold piped water, flush toilet, bathtub or shower) Yes / No

Do you have complete kitchen facilities? (hot and cold piped water, range or cook stove and refrigerator) Yes / No

Provide the estimated yearly cost for utilities and / or fuels for this dwelling - \$_____

Are your utilities and/or fuel expenses included in your rent fees? Yes / No No utility/fuel expenses

Based on the age and condition of the dwelling, estimate the approximate cost to bring this unit up to "standard" condition. Include "overcrowding" factors and potential costs for necessary additions.

Good Condition
Between \$1-\$5,000

Needs "Minor" Repairs
Between \$5,001-\$10,000

Needs "Major" Repairs
Between \$10,001-\$35,000

Exceeds \$35,000
and/or "not repairable"

List any "Major" repairs that are presently needed on this dwelling unit. Be complete when describing deficiencies. (Example: If listing roofing deficiencies, do not simply enter the word "roof." Describe in detail what is wrong with the roof - "*roof leaks badly, 25 years old*" etc.) Deficiency:

Deficiency: Example: roof covering Describe: _____

Deficiencies - Foundation: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Envelope: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Windows: _____ Status: () standard () Minor Repairs () Major Repairs () Rep. W/Dual Glz

Deficiencies - Roof: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Electrical: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Plumbing: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Yard: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Deficiencies - Outbuildings: _____ Status: () standard () Minor Repairs () Major Repairs () Not Repairable

Additional comments:

Certification:

Form completed by: (Name) _____ Date ____/____/20__

If information was not collected directly from the household "head" or "spouse/partner;" was it provided by a close (adult) family member?

Yes / No Information source _____

Was information for this household/individual collected from any other source? Yes / No If so, please identify the source of the information: _____

Notes: _____

