



# - KARUK TRIBE - 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 / 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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	<input type="checkbox"/>	<input type="checkbox"/>
Part-time Employment	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Employment	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	<input type="checkbox"/>
Other (_____)	<input type="checkbox"/>	<input type="checkbox"/>

**Unemployment:**

	Head	Spouse / Partner
Physical / Psychological Ailment	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Family Members	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Lay-Off	<input type="checkbox"/>	<input type="checkbox"/>
No Reliable Transportation	<input type="checkbox"/>	<input type="checkbox"/>
No Work Available in the Area	<input type="checkbox"/>	<input type="checkbox"/>
No Desire At This Time	<input type="checkbox"/>	<input type="checkbox"/>
Discouraged after ext. job search	<input type="checkbox"/>	<input type="checkbox"/>
Other (_____)	<input type="checkbox"/>	<input type="checkbox"/>

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:

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_