

LOST CHEROKEE OF ARKANSAS AND MISSOURI
281 EAST CAMP STREET
DOVER, ARKANSAS 72837
479-331-0322

Questionnaire Survey Form QS-100

Application // Roll #	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Are you the head of Household</td> <td style="width: 15%; padding: 2px; text-align: center;">Yes</td> <td style="width: 15%; padding: 2px; text-align: center;">No</td> </tr> <tr> <td style="padding: 2px;">Are you a single Parent Household</td> <td style="padding: 2px; text-align: center;">Yes</td> <td style="padding: 2px; text-align: center;">No</td> </tr> </table>	Are you the head of Household	Yes	No	Are you a single Parent Household	Yes	No
Are you the head of Household	Yes	No					
Are you a single Parent Household	Yes	No					

Please fill out the questionnaire and return immediately to address above, attention Statistics Committee

In the interest of safeguarding your privacy do not put your name on the survey, only your roll number is needed. Persons compiling the statistics do not have access to the files of our members. It is absolutely essential that all our members respond to this survey for future funding in the areas of health, education, welfare, housing assistance, job placement assistance and other areas of need.

PLEASE USE BLACK INK FOR THIS FORM

<i>Age</i>	<i>Gender</i>	<i>Height</i>	<i>Weight</i>
<i>County</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

HEALTH ISSUES

Do you have diabetes Yes No	Type one	Type two	Age Diagnosed
Do you have Heart disease Yes No	Age Diagnosed	Do you have High Blood Pressure Yes No	Age Diagnosed
Do you have Kidney Disease Yes No	Treated by Dialysis or Medication		Age Diagnosed
Do you have Bladder Disease Yes No	Treated by Medication		Age Diagnosed
Do you have Gall Bladder Disease Yes No	Treated by Medication or Removed		Age Diagnosed
Do you Smoke Yes No	Use Smokeless Tobacco Yes No		
Have you suffered any ill effects from the use of Tobacco Yes No <i>If yes explain</i>			
Do you consume alcohol Yes No	Have you been diagnosed as an alcoholic Yes No		

Is there any history of Alcoholism in your Indian Ancestry **Yes No**

List other diseases present in your family Indian Ancestors (such as Lupus, Severe Arthritis, Cancer, etc)

Is there any Adult Deficit Disorder in your family?

Are you covered by Health Insurance **Yes No** V/A

Group	Private	Medicare	Medicaid	Other (explain below)
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EDUCATIONAL AND ENVIRONMENTAL ISSUES

PLEASE USE BLACK INK ON THIS FORM

Application // Roll #		Are you the head of Household Yes No	
		Are you a Single Parent Household Yes No	
<i>Age</i>	<i>Gender</i>	<i>Height</i>	<i>Weight</i>
<i>County</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Number of dependant NOT counting yourself		Are you Married Single Divorced	
Did you fill out and send in the 2000 Census Report		Yes No	
Did you Claim American Indian on the 2000 Census Report Yes No		If no: WHY?	
What is your yearly Income for your Household		1-9K	10K-15K
If married does your spouse work Yes No		16K-20K	21K-25K
26K-30K	31K-35K	36K-45K	Over 50K
Are your Children on the Indian Education Act Program at your local school		Yes No	
What is the highest grade you completed		1-8	9-12
<i>Certification</i>		<i>Degree(s)</i>	
<i>Vo-Tech</i>		<i>Vo-Tech</i>	
Are you Employed Yes No		Retired	Disabled
If not Employed how long have you been Un-Employed		Months	Years
What Field of occupation		Mechanics	Computers Data Input
Oil Fields		Construction	Clerical
Self-Employed		Education	Medical
Manufacturing		Farming	Ranching
Logging / Sawmill		Other	
Are you temporarily disabled Yes No		With a job to go back to Yes No	
Do You need Job Training Yes No		Are you needing Educational Assistance Yes No	
Does the household income provide for the basic needs of the family (Food, Shelter and Clothing) Yes No			
Does your household receive subsidies from any source for food, rent, medical, clothing or Transportation Yes No <i>if yes explain on back</i>			
Do you own your home Yes No		Rent	Live with Friends or Relatives
Do you have safe Drinking water Yes No		Do you live within 300mi of Clinton, Arkansas Yes No	
Have you ever had a Boil Orders from your County, City, or Rural water carriers Yes No		How often are these boil orders (Explain) use back if needed	
Do you have public water Yes No			
Do you have a Private well for your drinking water Yes No			
Do you have Electricity Yes No			
Do you speak the Cherokee Language Yes No		Fluent	A few Phrases
		A Few Words	
Would you attend language classes if they were available within 50 miles		Yes No	
Would you like to study the Arkansas Cherokee's Culture and History		Yes No	
Would you like to have the Language, History, and Culture of the Arkansas Cherokee's taught in your local school Yes No			
<u>For head of household only</u> Please describe in your own words what you would like the tribe to accomplish for you and your family.			