Aquinnah Wampanaog Survey

1. INDENTIFICATION DATA: *(information received in this survey may be share within the Tribal Administration.)*

Last Name | First Name | Middle Name

Tribal Enrollment # | Sex | Date of Birth | Status

Mailing Address | City | State MA | Zip

Street Address | City | State MA | Zip

County | Email

Registered U.S. Voter | Tribal Voter | Veteran | Head of Household

Currently a Student | Name of School

Spouse -Registered U.S. Voter | **Spouse -**Tribal Voter | **Spouse -**Veteran

Spouse -Currently a Student | **Spouse -**Name of School

2.FAMILY COMPOSITION: *List <u>all other</u> family members within your household.*

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

First Name | M.I. | Last Name | Sex

Date of Birth | Student | Status | Relationship

3. PROPERTY STATUS / OCCUPANCY:

Housing? Primary House is a? Number of Years Located at Present Address?

Primary Home Located? Number of people living in your home?

Approximate Age of Dwelling? Dwelling Condition is?

Describe repairs needed to Dwelling

Outside drinking well? Well is working properly? Age of well?

Last time the water quality was tested?

Septic System? Septic System is working properly? Age of Septic?

Would you like to live in Aquinnah? Would you like to live on island (MV)?

Under what conidtions would you return to Aquinnah?

Under what conditions would you return to MV?

4. OCCUPATION / VOCATION: *(Check and fill in all that apply)*

☐ Full-time Employent ☐ Self-Employed ☐ Part-time Employent ☐ Seasonal Employent ☐ Retired

☐ Unemployed Reason(s) for Unemployment

I work I work

Present Occupation

Job field I have worked in most is:

Desired Occupation

5. ANNUAL INCOME: *(Please provide information that you feel comfortable giving.)*

Annual Individual Income Annual Household Income

6. HANDICAP/DISABILITY: *("Disability" or "Handicap" means you or your dependent(s) must be receiving State or Federal assistance as a result of a "permanent" injury or condition.)*

My job provides of my income. State assistance provides of my income.

Federal assistance provides of my income.

7. CHILDCARE:

For my Childcare needs, I use: Number of kids under 4 years old?

Would you work more if childcare assistance were provided?

8. EDUCATION:

You achieved? Area(s) of Study?

Your spouse achieved? Area(s) of Study?

9. YOUR VIEW POINT

Under what condition(s) would you get more involved with Tribal activities?

What would you say are some of the Tribe's short comings?

Where should the Tribe spend more time and energy?

Comment Section:

Reset Form

Print Form

Submit by Email