

Please circle or complete the appropriate box.						
Are you a tribal member with a disability? Is any member of your family or any non-family member living under your roof a person with a disability?	You		Family Member		Non-Family Member	
	Yes	No	Yes	No	Yes	No
If all are <b>not</b> a person with a disability, please stop here. You do not need to return the survey. Thank you for your time.			If you cannot meet the Feb. 1 deadline, please return at your earliest possible convenience.			
If anyone in the household is a person with a disability, please complete the questions in the appropriate column.			Please send to: Sharmon Cook-Wright at P.O. Box 549, Siletz, OR 97380-0549 or return to an area office.			
	You		Family Member		Non-Family Member	
What is the name of the person with a disability?						
What is the sex of the person with a disability?	Male	Female	Male	Female	Male	Female
Please list the date of birth of the person with a disability.						
Is the person with a disability a member of the Siletz Tribe?	Yes	No	Yes	No	Yes	No
What is the roll number of the person with a disability?						
Is the person with a disability a member of another Tribe?	Yes	No	Yes	No	Yes	No
Please list the Tribe.						
Roll number in the other Tribe?						
How would you describe the disability or disabilities?						
Is the person with a disability in the Service?	Yes	No	Yes	No	Yes	No
Was the person with a disability in the Service?	Yes	No	Yes	No	Yes	No
If the person was or is in the service, please complete the next five questions, otherwise skip to next section.						
What were the veteran's dates of service?						
What war/action/conflict(s) did the veteran serve in?						
What was the veteran's rank at discharge?						
Has the veteran applied with the VA for services?	Yes	No	Yes	No	Yes	No
What is the status of the veteran's application for benefits? Approved, Denied, Pending, Don't Know						
<b>Begin again here:</b>						
Has the person with a disability applied for vocational rehabilitation with the state, county or Tribe?	Yes	No	Yes	No	Yes	No
If yes, what was the outcome?						
Please add comments; if necessary attach another sheet of paper.						
Is the person with a disability employed?	Yes	No	Yes	No	Yes	No
Is the person with a disability underemployed?	Yes	No	Yes	No	Yes	No
Is the person with a disability interested in training and employment?	Yes	No	Yes	No	Yes	No
What do you see as barriers to the person with a disability's gaining satisfactory employment? Check all that apply.						
Lack of transportation						
Physical access problems						
Need for childcare						
Need for housing						
No jobs in area						
Medical						
Other (write in)						
Is there anything we could help you with? Check all that apply.						
Employment						
Housing						
Home Improvement						
Medical Care						
Assistance obtaining disability benefits						
Assistance obtaining death benefits						
Assistance obtaining veteran's benefits						
Other (write in)						
May we contact you for further information or to offer assistance?	Yes	No	Yes	No	Yes	No
Please list methods of contact.						
Phone number including area code						
Email if available						
Comments: Continue on another sheet of paper if necessary.						
Please return to Sharmon Cook-Wright at P.O. Box 549, Siletz, OR 97380-0549 or to an area office by Feb. 1. Thank you.						
Call Sharmon if you have any questions at 541-444-8213						