

Please circle the family size and annual household income that represents your family the closest in that line.

Family Size	ANNUAL HOUSEHOLD INCOME								
	\$10,830.00	\$12,996.00	\$14,403.90	\$14,620.50	\$16,245.00	\$18,952.50	\$20,035.50	\$21,660.00	OVER
1	\$10,830.00	\$12,996.00	\$14,403.90	\$14,620.50	\$16,245.00	\$18,952.50	\$20,035.50	\$21,660.00	OVER
2	\$14,570.00	\$17,484.00	\$19,378.10	\$19,669.50	\$21,855.00	\$25,497.50	\$26,954.50	\$29,140.00	OVER
3	\$18,310.00	\$21,972.00	\$24,352.30	\$24,718.50	\$27,465.00	\$32,042.50	\$33,873.50	\$36,620.00	OVER
4	\$22,050.00	\$26,460.00	\$29,326.50	\$29,767.50	\$33,075.00	\$38,587.50	\$40,792.50	\$44,100.00	OVER
5	\$25,790.00	\$30,948.00	\$34,300.70	\$34,816.50	\$38,685.00	\$45,132.50	\$47,711.50	\$51,580.00	OVER
6	\$29,530.00	\$35,436.00	\$39,274.90	\$39,865.50	\$44,295.00	\$51,677.50	\$54,630.50	\$59,060.00	OVER
7	\$33,270.00	\$39,924.00	\$44,249.10	\$44,914.50	\$49,905.00	\$58,222.50	\$61,549.50	\$66,540.00	OVER
8	\$37,010.00	\$44,412.00	\$49,223.30	\$49,963.50	\$55,515.00	\$64,767.50	\$68,468.50	\$74,020.00	OVER

Please List All Tribally enrolled dependents in your household:

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ Tribal Roll #: \_\_\_\_\_

Enrolled on Skookum Health Plan: Yes \_\_\_\_\_ No: \_\_\_\_\_

Any other insurance? \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ Tribal Roll #: \_\_\_\_\_

Enrolled on Skookum Health Plan: Yes \_\_\_\_\_ No: \_\_\_\_\_

Any other insurance? \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ Tribal Roll #: \_\_\_\_\_

Enrolled on Skookum Health Plan: Yes \_\_\_\_\_ No: \_\_\_\_\_

Any other insurance? \_\_\_\_\_

Please add a separate sheet of paper if you have additional dependents.

**\*PLEASE NOTE\***

Please fill out and return only 1 survey per household (unless there is more than 1 family in your home).

Please call one of the numbers below for additional surveys if needed.

For questions regarding this survey, please contact Barbara Steere at 503-879-2487

Or Melody Baker at 503-879-2011.

Toll free is 1-800-775-0095.

Other ways to do the survey:  
 Tribal Web site – [www.grandronde.org](http://www.grandronde.org)  
 Fax: 503-879-1547 — Barbara Steere, Health Plan Specialist  
 Phone-in to do the survey with one of the following:  
 Teri Mericer: 503-879-2008  
 Melody Smith: 503-879-2011  
 Barbara Steere: 503-879-2487

**Address to mail back to  
 CTGR – Health Plan  
 9615 Grand Ronde Road  
 Grand Ronde, OR 97347**