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

Family Size	ANNUAL HOUSEHOLD INCOME								
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
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 Baker: 503-879-2011
Barbara Steere: 503-879-2487

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