NATIVE AMERICAN HERITAGE
QUESTIONNAIRE

Date: __________

First name ____________________________________ Last name ____________________________________ DOC number ________

Date of birth

☐ Yes ☐ No Are you a member of a Tribe, Band, or Nation?

If yes, what is the name of your Tribe, Band, or Nation? ________________________________

☐ Yes ☐ No Are you an enrolled member? If yes, enrollment number: ______________

☐ Yes ☐ No If you do not have an enrollment number, do you want help getting one?

☐ Yes ☐ No Do you want to learn about services offered by your Tribe, Band, or Nation?

☐ Yes ☐ No Would you like to receive your tribal newspaper?

☐ Yes ☐ No Have you ever participated in traditional native, spiritual, or cultural activities such as sweat lodge, tribal language programs, pow wows, or other tribal services?

If yes, what activities? ________________________________

☐ Yes ☐ No Were you ever placed with a family member or in foster care by tribal or state court?

☐ Yes ☐ No Do you have children?

☐ Yes ☐ No Have you served in the U.S. military?

EDUCATION: What is your highest level completed?

☐ High School diploma ☐ General Education Development (GED) certificate

☐ Associates degree ☐ Bachelors Degree ☐ Other: ________________________________

☐ Yes ☐ No Are you interested in college courses and/or a certificate program?

Please return completed form to:

Office of the Secretary, Tribal Relations Office
7345 Linderson Way SW, MS: 41101
Tumwater, WA  985011101

OR, scan and email to: DOCHQ TribalRelations@doc.wa.gov

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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