



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: DOCHQTribalRelations@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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