

NUMBER: _____

Open Needs Assessment Survey

TO: Survey Audience

Please complete the following information. You do not need to list your name on the survey instrument. You may sign up for results on a separate sign-in sheet. Once you have finished your survey please see Roberta Jose, Planning Office Assistant to receive your door prize ticket and incentive prize.

NAME: _____ Optional

Circle or Check [] Appropriate Answer:

DATE AND MEETING TIME: January 19th, 2006 at 10:00 a.m.–2:00 p.m., Lapwai
 January 19th, 2006 at 5:00-8:30 p.m. Lapwai
 January 20th, 6:00 p.m.–8:30 p.m. Kamiah

COMMUNITY YOU LIVE IN:

(Circle) Lapwai Kamiah Orofino Other: _____

TRIBAL/NON- TRIBAL:

Tribal Non-Tribal Non-Native

RESIDENT OF RESERVATION (1863 Boundary) Yes No

EMPLOYEE STATUS:

Gaming Tribal Government Tribal Affiliate Tribal Enterprise
Full Time Part-time Full-time Temporary Temporary Seasonal

AGE BRACKET 0-17 18-30 30-50 51-60 61-75 76-up

INCOME: \$10,000 & Under \$10,000 - 25,000 \$25,000-\$ 40,000 \$40,000-60,000
\$60,000 - \$75,000 \$75,000 and up

Thank you for your help.