1. What is your gender?
Female
Male Male
2. Which category below includes your age?
Under 18
18-29
30-39
(X) 40-49
× 50-59
60-69
70-79
80-89
90+
3. What is your highest level of education?
K-8 grade
Some high school
High school graduate
Technical school
Some college
College graduate
Graduate school
Doctorate
Other (please specify)

4. Which of the following categories best describes your employment status?
Employed, working full-time
Employed, working part-time
Not employed, looking for work
Not employed, NOT looking for work
Retired
Disabled, not able to work
5. Which of the following best describes your current occupation?
Management Occupations
Business and Financial Operations Occupations
Computer and Mathematical Occupations
Architecture and Engineering Occupations
Life, Physical, and Social Science Occupations
Community and Social Service Occupations
Legal Occupations
Education, Training, and Library Occupations
Arts, Design, Entertainment, Sports, and Media Occupations
Healthcare Practitioners and Technical Occupations
Healthcare Support Occupations
Protective Service Occupations
Food Preparation and Serving Related Occupations
Building and Grounds Cleaning and Maintenance Occupations
Personal Care and Service Occupations
Sales and Related Occupations
Office and Administrative Support Occupations
Farming, Fishing, and Forestry Occupations
Construction and Extraction Occupations
Installation, Maintenance, and Repair Occupations
Production Occupations
Transportation and Materials Moving Occupations

. Where do you worl		n Needs Assessment	
i micre do you mon	k?		
On Reservation			
Off Reservation			
. How many people	currently live in yo	our household?	
. What is the race of	f FACH nerson inc	licated above? Please tell us	if each household
	-	ican Indian or Alaska Native, t	
		es? Other races include: White	•
		nese; Filipino; Japanese; Kor	•
	·	ian or Chamorro; Samoan; othe	
or some other race.	·	an or Chambrio, Samban, Othe	FI Pacific Islanuel,
n some other race.	AIAN Alone	AIAN in combination with other races	Not AIAN - Other race only
Head of Household		$\bigcirc$	
Spouse/Domestic Partner	Ö	Ŏ	Ō
Dependent		Ō	Ō
Dependent	Ō	Ō	Ŏ
Dependent		Ō	Ŏ
Dependent			
Dependent			
Dependent		$\bigcirc$	
		$\bigcap$	
Dependent		$\bigcirc$	
Dependent Dependent	Ö	Ŏ	Ŏ

9. In the past year, did anyone in your household need or receive outside help (from non-
relatives) with any of the following? (Check all that apply)

	Needed	Received
Child care services	$\bigcirc$	$\bigcirc$
Household tasks (such as yard work or heavy cleaning)		
Personal care (bathing, dressing, etc.)	$\circ$	
Home health assistance		
Behavioral Health Services (Grief Counselling)	$\bigcirc$	
Chemical Dependency Services		
Community Health Representative	$\bigcirc$	
Job Counselling		
Parenting Classes		
Spiritual Counselling		
Financial Literacy Training	$\bigcirc$	
Meals delivered to your home		
nomo		
Transportation services		
Transportation services		

# Quartz Valley Indian Reservation Needs Assessment 10. What is needed to improve the health of your family and neighbors? (Check three.) Healthier food Job opportunities Mental health services Recreation facilities **Better Housing** Neighborhoods on higher, safer ground Transportation Wellness services Specialty physicians Free or affordable health screenings Safe places to walk/play Substance abuse rehabilitation services I don't know Other (please specify)

#### 11. Your answer to these questions will help give the Business Council their "marching orders" for the next few years.

	Very Important	Important	Somewhat Important	Less Important	Not important
Contract Health Services from IHS	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Reservation Based Healthcare					
Housing (new construction)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Trails/ Hiking/ Open Park					
Senior Care Program/Meal Delivery	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Hotel/Gas Station/Convenience Store					
Job Training Program			$\bigcirc$		
Job Opportunities					
Intergenerational Talking Circles	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Culture Based Programs					
Food Sovereignty Program			$\bigcirc$		
		<b>M</b>			
		urrant atata of ha	alth and how you acces	ss healthcare. Your	answers are
The next few questions a confidential and you can your children when compared to the property of the property	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o
confidential and you can your children when comp  12. Do you current  1 Yes, I do  1 No, I do not	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o
confidential and you can your children when comp 12. Do you current	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o
confidential and you can your children when comp  12. Do you currenti  Yes, I do  No, I do not	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o
confidential and you can your children when comp  12. Do you currenti  Yes, I do  No, I do not	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o
confidential and you can your children when comp  12. Do you currenti  Yes, I do  No, I do not	not be identified by a pleting this form. Tha	any of the question	ons here. Be sure to av		e or the names o

	Indian Reservat	ion Needs <i>i</i>	Assessment	
	rently on Medicare?			
Yes				
M No				
Other (please specify)				
14. Are you curr	rently enrolled in Me	di-cal (Partners	ship HealthPlan)?	
Yes				
M No				
15. Would you li Tribal Heal		about healtho	care services av	ailable through Anav
(X) Yes				
M No				
Other (please specify)				
16. Have you us	sed any IHS funded s	ervices in the	past year?	
No				
	ant maid by ILIC			
If yes, approximate perce	ant paid by Ins			
	now would you rate y	our overall hea	alth?	
Excellent				
Very good				
Good				
Fair				
Poor				

Please select the top	three health ch	allenges you fa	ice.	
Cancer				
Diabetes				
Overweight/obesity				
Lung disease				
High blood pressure				
Stroke				
Heart disease				
Joint pain or back pain				
Mental health issues				
Alcohol overuse				
Drug addiction				
I do not have any health challenge	es			
r (please specify)				
Where do you go for Physician's office Health department Emergency room	routine health c	are?		
Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health c		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		
Physician's office  Health department  Emergency room  Urgent care clinic  Other clinic  I do not receive routine health columns  I would not seek health care		are?		

Quartz Valley Indian Reservation Needs Assessment
20. Where would you go for emergency medical services if you were able to take yourself?
Emergency Room
Urgent Care Clinic
Physician's Office
Health Department
Other Clinic
I would not seek health care
Other (please specify)
21. Are there any issues that prevent you from accessing care? (Check all that apply.)
Cultural/religious beliefs
Don't know how to find doctors
Don't understand the need to see a doctor
Fear (e.g., not ready to face/discuss health problem)
Lack of availability of doctors
Language barriers
No insurance and unable to pay for the care
Unable to pay co-pays/deductibles
Transportation
Other (please sp

### Quartz Valley Indian Reservation Needs Assessment 22. What types of health screenings and/or services are needed to keep you and your family healthy? (Check up to five.) Blood pressure Cancer Cholesterol (fats in the blood) Dental screenings Diabetes Disease outbreak prevention Drug and alcohol abuse Eating disorders Emergency preparedness Exercise/physical activity Falls prevention for the elderly Heart disease HIV/AIDS & STDs Routine well checkups Memory loss Mental health/depression Nutrition Prenatal care Quitting smoking Suicide prevention Vaccination/immunizations Weight-loss help Other (please specify)

Quartz Valley Indian Reservation Needs Assessment
23. What health issues do you need education about? (Please check up to five.)
Blood pressure
Cancer
Cholesterol
Dental screenings
Diabetes
Disease outbreak prevention
Drug and alcohol abuse
Emergency preparedness
Exercise/physical activity
Heart disease
HIV/AIDS & STDs
Routine well checkups
Mental health/depression
Nutrition
Prenatal care
Suicide prevention
Vaccination/immunizations
Quit smoking/chewing tobacco
Other (please specify)

What additional health services need to be offered to meet health challenges in our	ı	tz Valley Indian Reservation Needs Assessment
Facebook or Twitter Other social media Family or friends Health department Hospital Internet Library Newspaper/magazines Radio Church group School or college TV		low do you get most of your health information? (Check all that apply.)
Other social media Family or friends Health department Hospital Internet Library Newspaper/magazines Radio Church group School or college TV Worksite r (please specify)  What additional health services need to be offered to meet health challenges in our		Ooctor/health care provider
Family or friends  Health department  Hospital  Internet  Library  Newspaper/magazines  Radio  Church group  School or college  TV  Worksite  r (please specify)  What additional health services need to be offered to meet health challenges in our		Facebook or Twitter
Health department Hospital Internet Library Newspaper/magazines Radio Church group School or college TV Worksite r (please specify)  What additional health services need to be offered to meet health challenges in our		Other social media
Hospital Internet Library Newspaper/magazines Radio Church group School or college TV Worksite r (please specify)  What additional health services need to be offered to meet health challenges in our		Family or friends
Internet Library  Newspaper/magazines  Radio Church group School or college  TV  Worksite  (please specify)  What additional health services need to be offered to meet health challenges in our		Health department
Library  Newspaper/magazines  Radio  Church group  School or college  TV  Worksite  (please specify)  What additional health services need to be offered to meet health challenges in our		Hospital
Newspaper/magazines Radio Church group School or college TV Worksite (please specify)  What additional health services need to be offered to meet health challenges in our		nternet
Radio Church group School or college TV Worksite (please specify)  What additional health services need to be offered to meet health challenges in our		Library
Church group School or college TV Worksite (please specify)  What additional health services need to be offered to meet health challenges in our		Newspaper/magazines
School or college TV Worksite (please specify)  What additional health services need to be offered to meet health challenges in our		Radio
Worksite  (please specify)  What additional health services need to be offered to meet health challenges in our		Church group
Worksite  (please specify)  What additional health services need to be offered to meet health challenges in our		School or college
What additional health services need to be offered to meet health challenges in our		$\sim$
What additional health services need to be offered to meet health challenges in our		Norksite
nmunity?	١	
	_	
		munity?
		amunity?
		munity?
		amunity?

# Quartz Valley Indian Reservation Needs Assessment 26. Please choose all statements below that apply to you. I exercise at least three times per week. I eat at least five servings of fruits and vegetables each day. I eat fast food more than once per week. I smoke cigarettes. I chew tobacco. I use illegal drugs. I abuse or overuse prescription drugs. I have more than four alcoholic drinks (if female) or five (if male) per day. I use sunscreen or protective clothing for planned time in the sun. I receive a flu shot each year. I have access to a wellness program through my employer. None of the above apply to me. Other (please specify)

### Quartz Valley Indian Reservation Needs Assessment 27. Which of the following preventive procedures have you had in the past 12 months? Mammogram (if woman) Pap smear (if woman) Prostate cancer screening (if man) Flu shot Colon/rectal exam Blood pressure check Blood sugar check Skin cancer screening Cholesterol screening Vision screening Hearing screening Cardiovascular screening Bone density test Dental cleaning/X-rays Physical exam None of the above Other (please specify)

1	Are you in need of a health specialist?
	Cardiology
	Electrophysiology (EP Studies)
	Orthopedics
	Neurology
	Neurosurgery
	Colorectal
	Gynecology
	Obstetrics
	Bariatric / Weight Loss
	General Surgery
	Gastroenterology
	Urology
	Oncology
	Breast Health
	Thoracic Surgery
	Vascular Surgery
	Natural Medicine/Culturally based Medicine
	Pain Management
	Wound Healing
	Sleep Disorders
r	(please specify)
į	e next few questions are about your housing situation. These questions are required by HUD and where not gned by the Hoh Indian Tribe, its council or any program.
	apologize in advance if these questions seem intrusive; however, your participation will help the tribe protect our e funding.
	appreciate all your feedback!
ļ	Do you rent or own the place where you live?
	Own
	Rent

Quartz Valley Indian Reservation Need	is Assessment
30. Is your dwelling	
Owned by someone in this household buying it with a mortgage or le	an
Owned by someone in this household free and clear (paid for)	
Rented for cash rent	
Occupied rent-free without payment of cash rent	
Other (please specify)	
31. What is your monthly rent?	
32. Do you have a mortgage, deed of trust, con	tract to purchase, or similar debt on THIS
property?	
YES, mortgage, deed of trust or similar debt	
YES, contract to purchase	
NO	
33. Do you CURRENTLY have any of the follow	ng types of loans? (Please select all that
apply.)	
YES, a second mortgage	
YES, a home equity loan	
NO	
34. How much is your regular monthly mortgag	e payment on THIS property? Include
payment only on first mortgage or contract to	purchase.
No regular payment required	
Detail Monthly Amount Below- Dollars	
Enter your monthly amount here:	
35. What is your mortgage interest rate?	

36. Does your regular	monthly mortga	ge payment inclu	de payment for real	estate taxes on
THIS property?				
YES, taxes included in mor	tgage payment			
NO, taxes paid separately o	r taxes not required			
37. Does your regular	monthly mortas	ge navment inclu	de navment for fire	hazard or
flood insurance on T	•	ge payment meiu	de payment for me	, ilazaid, oi
(M) YES, insurance included in				
NO, insurance paid separate				
NO, insurance paid separate	ny or no msurance			
38. How long have yo	u owned this ho	ouse?		
		000		
39. How would you c	haracterize the f	following homeow	mershin issues for	vou?
oor now would you o	Very Serious	Serious	Mildly Serious	Not Serious
Difficulty making mortgage payments (missed/ been	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
late with 2 or more				
payments in the last 12 months)				
Poor Credit Rating	(K)	(M)	(K)	(K)
Interest too high on loan	O	Q	O	$\bigcirc$
Not able to re-finance because of bad credit	(jk)	( <b>x</b> )	(M)	(K)
Not able to maintain home	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
No many available to make home improvements	(K)	(R)		
Lack financial and budgeting skills	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
House too small for needs	(R)	(K)	(M)	(M)
House to large for needs	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Inability to pay utilities	(N)	(N)	(K)	(M)
Difficulty paying property tax	$\bigcirc$	$\bigcirc$	0	$\circ$
Difficulty paying for insurance	(X)	(X)		
Difficulty getting flood insurance	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other (please specify)				

40. To determine the housing situation within the Tribe, we need information about your housing experience, adequacy, affordability, assistance and support service needs.

Which best describes the	building you live in?	
Mobile or manufactured home on it	s own lot	
Mobile or manufactured home in a	mobile home park	
One-family house detached from ar	ny other house	
Townhouse (one-family house attack	hed to one or more houses)	
Duplex, triplex, or four-plex		
Building with 5 - 9 apartments		
Building with 10 - 19 apartments		
Building with 20 or more apartments	3	
Other (explain)		
Other (please specify)		
41. How would you descri	be the condition of your currer	nt renta
Excellent		
Good		
Average		
Poor		
Very Poor		
42. In the next 3 to 5 years	s do vou anticinate:	
	Yes	
Buying a larger home		
Buying a smaller home (e.g. downsizing)		
Selling a home, then renting (e.g. retirement)		
Buying a home on the Reservation (e.g. if currently living off- Reservation)		
Buying a home on higher, safer ground		

43. If you would like a home on the Reservation but don't currently have one, what is the
single biggest barrier keeping you from this?
(A) Cost
Lack of available houses
Lack of information
(A) Lack of financing
Too far away from work
Too far away from hospital
(iii) Too far away from school
Other (please specify)
44. Does the head of household and/or their spouse identify themselves as an AIAN
person either alone or in combination with other races? The "head of household" is the
person in whose name this house or apartment is owned, being bought, or rented. Check
"YES" if EITHER the head of household or his/her spouse is AIAN either alone or in
combination with other races. Other races include: White; Black, African American or
·
Negro: Asian Ingian: Chinese: Filipino: Japanese: Korean: Vietnamese: Other Asian:
Negro; Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Native Hawaiian: Guamanian or Chamorro: Samoan: other Pacific Islander: or some other
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  YES, AIAN alone YES, AIAN in combination with other races NO  NO  15. How many rooms do you have in THIS house, apartment, or mobile home? In addition
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that can be used year-round, lodger's rooms and any other finished rooms. DO NOT count
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that can be used year-round, lodger's rooms and any other finished rooms. DO NOT count bathrooms, unenclosed porches, balconies, foyers, halls or half-rooms.
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that can be used year-round, lodger's rooms and any other finished rooms. DO NOT count bathrooms, unenclosed porches, balconies, foyers, halls or half-rooms.  46. Do you have COMPLETE plumbing facilities in THIS house, apartment, or mobile
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that can be used year-round, lodger's rooms and any other finished rooms. DO NOT count bathrooms, unenclosed porches, balconies, foyers, halls or half-rooms.
Native Hawaiian; Guamanian or Chamorro; Samoan; other Pacific Islander; or some other race.  (X) YES, AIAN alone (X) YES, AIAN in combination with other races (X) NO  45. How many rooms do you have in THIS house, apartment, or mobile home? In addition to bedrooms, count all whole rooms used for living purposes such as living rooms, dining rooms, kitchens, recreation rooms, rooms in a finished basement, enclosed porches that can be used year-round, lodger's rooms and any other finished rooms. DO NOT count bathrooms, unenclosed porches, balconies, foyers, halls or half-rooms.  46. Do you have COMPLETE plumbing facilities in THIS house, apartment, or mobile home; that is,

	dian Reservation N	oode / teoecomoni	
-		es in THIS house, apartm	•
hat is a) a sink wi	th piped water, b) a rang	e or stove, and c) a refrig	gerator?
YES, have all three faci	lities		
M NO			
18. What are the A	NNUAL costs of utilities	and fuels for THIS house	, apartment, or mobile
=		year, estimate the annua	al cost.
	Estimated Annual Cost (Please detail below)	Included in Rent	No Charge
Electricity	$\bigcirc$		
Gas	(X)	(K)	B
Water & Sewer	$\bigcirc$		$\bigcirc$
Oil, Coal, Kerosene, Wood, etc	(X)	(K)	<b>B</b>
f you pay for your utilities you	ırself, please detail your annual costs h	ere:	
19. How much is ye	our regular monthly mor	tgage payment on all sec	ond or junior
-	home equity loans on T	gage payment on all sec	ond or junior
mortgages and all  No regular payment req	home equity loans on luired		ond or junior
mortgages and all  No regular payment req  M \$Monthly Amount - Dol	home equity loans on luired		ond or junior
Mortgages and all  No regular payment req  Monthly Amount – Dol  Enter the monthly amount he	home equity loans on luired	ΓHIS property?	ond or junior
Mortgages and all  No regular payment req  Monthly Amount – Dol  Enter the monthly amount he	home equity loans on the surrect of	ΓHIS property?	ond or junior
Montgages and all  No regular payment req  Shonthly Amount – Dol  Enter the monthly amount he	home equity loans on Tuired lars entered below re: real estate taxes on THIS	ΓHIS property?	ond or junior
Montgages and all  No regular payment req  Monthly Amount – Dol  Enter the monthly amount he  None  None	home equity loans on Tuired lars entered below re: real estate taxes on THIS	ΓHIS property?	ond or junior

### Quartz Valley Indian Reservation Needs Assessment **52. ANSWER ONLY IF THIS A CONDOMINIUM:** What is the monthly condominium fee? 53. ANSWER THIS QUESTION ONLY IF YOU LIVE IN A MOBILE HOME. Do you have an installment loan or contract on THIS mobile home? 54. ANSWER THIS QUESTION ONLY IF YOU LIVE IN A MOBILE HOME. What was the total cost for installment loan payments, personal property taxes, site rent, registration fees, and license fees for THIS mobile home and its site last year? Exclude real estate taxes. 55. What was this household's total income last year, before taxes, for each of the following? Please remember to include the income from all household members. Please enter a dollar amount in the box provided a. All wages, salary, commissions, bonuses, or tips from all jobs. Please report the amount before deductions for taxes, bonds, dues b. Self-employment income from own farm or non-farm businesses, including proprietorships and partnerships. Please report for anyone in the household. Report NET income after business expenses. c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. d. Social Security or Railroad Retirement. e. Supplemental Security Income, also known as SSI. f. Any public assistance or welfare payments from the state, local or tribal welfare office. g. Any other sources of income received regularly such as Veteran (VA) payments, unemployment compensation, child support or alimony. Please report for all household members. DO NOT include lump sum payments such as money from an inheritance or sale of a home h. Any per capita payments received by any household members.

Quartz Valley Indian Reservation Needs Assessment		
56. Where is this residence located?		
(X) On reservation		
(M) On trust land		
(X) Off reservation		
Fee simple land		
of the sample land		
57. In what county is this residence located?		
58. Have you experienced any of the following difficulties in housing you	ırself or you	r
family? (Circle all that apply)		
	On Reservation	Off Reservation
Shortage of affordable rental housing	Neservation	Reservation
Limited numbers of affordable homes for sale		
Available, affordable homes are poor quality or too small		
Don't have enough money for required down payment on a home		
Can't qualify for a mortgage at today's interest rates and home prices		
Trouble qualifying for home financing because of credit rating		
Can't qualify for a mortgage because of criminal history, judgment or lien		
Finding housing that is both accessible for my disability and affordable		
Other (please specify)		

Reservation Reservati
t to you? #1 is

Race or ethnic status   caperienced this On Reservation   caperienced this Off Reserva
Race or ethnic status  Income level  My children were not welcome  I/we are receiving public assistance  Because someone in my household/family is disabled  Because I was a victim of domestic violence  Because I have a criminal history  Because I have a pet  Because I was unmarried  Because of my sexual orientation  Other (please specify)
My children were not welcome  I/we are receiving public assistance  Because someone in my household/family is disabled  Because I was a victim of domestic violence  Because I have a criminal history  Because I have a pet Because I was unmarried  Decause I was unmarried Because I was unmarried Because I was unmarried Decause I was unmarried
My children were not welcome  Awe are receiving public assistance  Because someone in my cousehold/family is disabled  Because I was a victim of domestic violence  Because I have a criminal chistory  Because I have a pet  Because I was unmarried
Because someone in my household/family is disabled  Because I was a victim of domestic violence  Because I have a criminal history  Because I have a pet Because I was unmarried
Accause I was a victim of domestic violence  Because I have a criminal nistory  Because I have a pet  Because I was unmarried  Because of my sexual orientation  Other (please specify)
domestic violence  Because I have a criminal
Because I have a pet  Because I was unmarried  Because of my sexual  Orientation  Other (please specify)
Because I was unmarried  Because of my sexual  Dirientation  Other (please specify)
Because of my sexual prientation Other (please specify)
orientation Other (please specify)

Quartz Valley India	an Reservat	ion Needs Ass	essment	
63. Please rate the fo				
House structural condition	Poor	Fair	Good	Excellent
Other (please specify)				
Other (please specify)				
Exterior appearance of home				
Other (please specify)				
Yard/lot size				
Other (please specify)				
Adequate heating				
Other (please specify)				
Sanitation and safety				
Other (please specify)				
Security from crime				
Other (please specify)				
Quality of neighborhood				
Other (please specify)				
Distance from work				
Other (please specify)				
Occupancy costs				
Other (please specify)				
Ability to evacuate in case of emergency				
Other (please specify)				

	u agree that our commu This	Inities have the follow s IS a problem	ring housing problems?  This IS NOT a problem
nough differer pes	nt dwelling	$\bigcirc$	
nough afforda or sale	able homes		
nough afforda nits	able rental	$\bigcirc$	
nough subsidi ousing	ized/assisted		
nough housin derly	g for the	$\bigcirc$	
oo much poor lapidated hou			
oo much acant/abandor	ned housing	$\bigcirc$	
	Enough affordable homes for sale		□ N/A
	Enough different dwelling types		N/A
	Enough affordable rental units		□ N/A
	Enough subsidized/assisted housing		N/A
	Enough housing for the elderly		N/A
	Too much poor, dilapidated housing		N/A
	Too much vacant/abandoned housing		N/A

oriorities below:	Rental	Homeownership
Subsidized housing for low income elderly	O	O
Subsidized units for nonelderly low income families		
Accessible/adaptable housing for disabled persons		
Mobile/manufactured homes in mobile home parks		
Mobile/manufactured homes on individual house lots		
Multi-generational housing for extended families		
Townhouses/Apartments	$\bigcirc$	$\bigcirc$
Apartments with onsite daycare		
Apartments with onsite restaurant	$\bigcirc$	$\bigcirc$
Apartments with onsite pool, gym, recreation room		
None of the above adequate housing is available		

#### Quartz Valley Indian Reservation Needs Assessment 67. How serious a barrier to you owning your own home is each of the following: not serious mildly serious serious very serious Lack of savings for a down payment Income too low to pay mortgage Income too unstable to pay mortgage Poor credit rating (unable to get loan) I have too much debt already Unwilling to go into debt Do not understand mortgage loan process Poor budgeting skills Do not understand the process of buying a home Homes are not available that I can afford Lack housing of size needed The length of the mortgage commitment (20-30 years) Difficulty paying property Other (please specify) These next few questions are about cultural preservation and how we celebrate your heritage. Feel free to add comments in all of the question responses! We're excited to hear what is important to you. 68. How important is culture preservation to you? Very important Somewhat important Not very important Not important at all Other (please specify)

## Quartz Valley Indian Reservation Needs Assessment 69. Do you regularly speak or sing your native language? Yes, fluently Yes, sometimes during social gatherings Yes, at home Yes, during ceremonies/ religious practices Yes, not in public though No, not fluently (I know a few words and phrases) No, not at all No, I don't know what my native language is Other (please specify) 70. Are you willing to teach others how to speak native languages? Yes, absolutely! I just need to know when and where Yes, but privately in my home Yes, but only during social gatherings No, I am not interested in teaching Other (please specify)

## Quartz Valley Indian Reservation Needs Assessment 71. What cultural traditions do you regularly practice? Please check all that apply Beading Canoe Journey Carving Dancing Fishing Gathering traditional food plants (salmon berries, bitter root, Indian tea, etc) Gathering traditional medicine plants (Cascara, Guiding Healing/Medicine Hunting Leatherwork Regalia Making Singing Storytelling Weaving Other (please specify)

72. How did you learn th	ese skills?	
	Handed Down	Self Taught
Beading	$\bigcirc$	$\bigcirc$
Canoe Journey	$\circ$	$\bigcirc$
Carving	Ō	$\circ$
Dancing	$\tilde{\bigcirc}$	$\tilde{\bigcirc}$
Fishing		$\tilde{\bigcirc}$
Gathering traditional food plants (salmon berries, pitter root, Indian tea, etc)	Ö	Ŏ
Gathering traditional medicine plants (Cascara,		
Guiding		$\bigcirc$
Healing/Medicine		
Hunting	$\times$	$\times$
_eatherwork		$\succeq$
Regalia Making		
Binging	9	
Storytelling		$\bigcirc$
Veaving		

orriaro jou oron taugint ai	ıyone your traditional cultuı	al skills?	
	Yes	No	
Beading			
Canoe Journey	$\bigcirc$	$\bigcirc$	
Carving			
Pancing	$\circ$	$\overline{\bigcirc}$	
ishing	$\bigcirc$		
Sathering traditional food lants (salmon berries, itter root, Indian tea, etc)	Ŏ	Ŏ	
Gathering traditional nedicine plants (Cascara,			
Guiding			
lealing/Medicine	$\sim$	$\prec$	
lunting	$\geq$		
eatherwork			
Regalia Making			
Binging			
Storytelling	$\bigcirc$		
Veaving	$\bigcirc$	$\bigcirc$	
No  5. Do you sell or market you  Yes, this is a part of my regular incom			
Yes, but only on occasions			
Sometimes, but only when people asl  No, my work is not for sale	me		
No, my work is only for gifting			
No			
Other (please specify)			
	<del>.</del>		

### Quartz Valley Indian Reservation Needs Assessment 76. How supportive are you of a traditional education program? Very supportive (X) Supportive (X) Somewhat supportive Not supportive Other (please specify) 77. Please complete the information below if you would like to be entered into our raffle. Winners will be selected July 30, 2024. Winners will be notified by email and phone call. Name: Company: Address: Address 2: City/Town: State: ZIP: Country: **Email Address: Phone Number:**