



# NATIVE AMERICAN HERITAGE QUESTIONNAIRE

Date: \_\_\_\_\_

\_\_\_\_\_  
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

Associate's degree  Bachelor's degree  Other: \_\_\_\_\_

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

**Return completed form to:**

Office of the Secretary, Tribal Relations Office  
7345 Linderson Way SW, MS: 41101  
Tumwater, WA 98501-1101

OR scan and email to: [DOCHQTribalRelations@doc.wa.gov](mailto:DOCHQTribalRelations@doc.wa.gov)

**Your information will ONLY be updated in our systems once confirmation of enrollment/ citizenship is received from the Tribe. If the information you provide is not confirmed by the Tribe, we cannot input the information in our Department systems. Staff can help connect you with a Tribal enrollment officer to inquire about options available to you.**

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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