OMB # 0970-XXXX Expiration Date: XX/XX/XXXX

FOCUS GROUP PARTICIPANT INFORMATION FORM

Please complete this form. The information will be used only to summarize participant information at this meeting. Please DO NOT write your name or address on this form.

LOCATION DATE	
1.	I am: Male Female
2.	My age is: 17 years or less 18-25 years 25-29 years 30-39 years 40-49 years 50-59 years 60 or above
3.	Number of children (under age 18) living with me:
4.	Total number of people living with me:
5.	I am currently: not employed working less than 20 hours a week working 20 hours or more a week
6.	I currently participate in an employment or skills training program. Yes No
7.	I currently reside: within the reservation outside of the reservation
8.	My household owns 1 or more automobiles. Yes No

THE PAPERWORK REDUCTION ACT OF 1995: Public reporting burden for this collection of information is estimated to average 120 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Revised 08/07/2012

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THANK YOU FOR YOUR HELP!

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