



FAIHP

Fresno American Indian Health Project

Participant Name: _____

Phone No.: _____

E-mail Address: _____

Meeting Preference *please circle*: Mornings / Afternoons / Evenings

Circles of Care Focus Groups Pre-qualifying Questions:

Please answer:	Yes	No	Comments
What is your age? <i>Please indicate.</i>	X	X	
Do you live in Fresno County?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you identify as American Indian or Alaskan Native?	<input type="checkbox"/>	<input type="checkbox"/>	
What tribe do you affiliate with? <i>Please indicate.</i>	X	X	
Are you currently enrolled in school?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a parent?	<input type="checkbox"/>	<input type="checkbox"/>	
If so, how old are your children? <i>Please indicate.</i>	X	X	
Have you ever been a foster parent or a foster child?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently receiving any public assistance, services, TANF? <i>Please identify.</i>	<input type="checkbox"/>	<input type="checkbox"/>	



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	Yes	No	Comments
Are you currently working part-time/fulltime? <i>Please indicate in comment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had experiences with the Juvenile Justice System?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a military veteran?	<input type="checkbox"/>	<input type="checkbox"/>	
Is anybody in your immediate family a military veteran?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you heard of FAIHP? If yes, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you culturally active in your Native American community?	<input type="checkbox"/>	<input type="checkbox"/>	
During meetings, do you need childcare?	<input type="checkbox"/>	<input type="checkbox"/>	

Please return form to:

Fresno American Indian Health Project
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Fresno, CA 93710

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