

**CHEYENNE RIVER SIOUX TRIBE
2021 TRIBAL CENSUS**

THE INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL

FIRST NAME: _____ AGE: _____

LAST NAME: _____ DOB: _____

MAIDEN NAME: _____

MAILING ADDRESS: _____
P.O. BOX, CITY AND ZIP CODE

PHYSICAL ADDRESS: _____
HOUSE NUMBER, STREET NAME, CITY AND ZIP CODE

TELEPHONE NUMBER: _____
HOME MOBILE

COMMUNITY: _____ VOTING DISTRICT: _____

ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE: _____

NAME OF TRIBE: _____

HAVE YOU RESIDED ON THE RESERVATION FOR THE LAST 90 DAYS: _____

ARE YOU EMPLOYED: _____ NAME OF EMPLOYER: _____

WHAT IS YOUR EMPLOYMENT STATUS: _____
PLEASE LIST IF YOU ARE FULL TIME, PART TIME OR TEMPORARY

ANNUAL INCOME FROM SALARY/WAGES: _____

DOES ANYONE IN THE HOUSEHOLD RESIDE OFF THE RESERVATION: _____
EXAMPLE: STUDENT, US ARMED SERVICES US PUBLIC HEALTH SERVICE, NURSING HOME, HOSPITAL, ETC.

PLEASE LIST HOUSEHOLD MEMBERS RESIDING OFF THE RESERVATION BELOW:

1. NAME: _____ AGE: _____ REASON: _____

2. NAME: _____ AGE: _____ REASON: _____

3. NAME: _____ AGE: _____ REASON: _____

4. NAME: _____ AGE: _____ REASON: _____

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PLEASE LIST HOUSEHOLD MEMBERS CURRENTLY RESIDING IN HOME UNDER THE AGE OF 18:

1. NAME: _____ DOB: _____
2. NAME: _____ DOB: _____
3. NAME: _____ DOB: _____
4. NAME: _____ DOB: _____
5. NAME: _____ DOB: _____

PLEASE LIST HOUSEHOLD MEMBERS CURRENTLY RESIDING IN HOME OVER THE AGE OF 18:

1. NAME: _____ DOB: _____ EMPLOYED: _____
2. NAME: _____ DOB: _____ EMPLOYED: _____
3. NAME: _____ DOB: _____ EMPLOYED: _____
4. NAME: _____ DOB: _____ EMPLOYED: _____
5. NAME: _____ DOB: _____ EMPLOYED: _____

PLEASE LIST HOUSEHOLD MEMBERS CURRENTLY RESIDING IN HOME THAT ARE ELDERLY:

1. NAME: _____ DOB: _____ INCOME: _____
2. NAME: _____ DOB: _____ INCOME: _____
3. NAME: _____ DOB: _____ INCOME: _____
4. NAME: _____ DOB: _____ INCOME: _____

PLEASE LIST HOUSEHOLD MEMBERS CURRENTLY RESIDING IN HOME THAT ARE DISABLED:

1. NAME: _____ DOB: _____ INCOME: _____
2. NAME: _____ DOB: _____ INCOME: _____
3. NAME: _____ DOB: _____ INCOME: _____
4. NAME: _____ DOB: _____ INCOME: _____