



# Mamalilikulla First Nation 2017 CENSUS

Send this completed form in by  
lucky *Friday, October 13, 2017* and  
your name will be entered into a  
draw to win an iPad Mini 4!

## Who should complete this census?

This Census is open to all members of the Mamalilikulla community, age 12 and over. Please complete one survey per family member living in the household, 12 years of age and over.

## How do I complete this census?

Complete your form online or on paper:

**ONLINE:** [www.mamalilikulla.ca/census](http://www.mamalilikulla.ca/census)

**ON PAPER:** Please use a dark pen or pencil and print clearly

The more answers you provide, the better we will understand your needs and visions.

We will only collect, use and disclose your contact information to allow Administration/Chief & Council to send mail to you when necessary. This will enable the Administration Department to establish and maintain reasonable contact with you via email or telephone.

NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PROV/STATE: \_\_\_\_\_  
POSTAL/ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_

## Questions?

If you have any questions, please contact us at [census@mamalilikulla.ca](mailto:census@mamalilikulla.ca) or 250.287.2955, Mon-Fri, 9am-4pm.

***DEADLINE: Please send the completed census back to our office by Friday, October 13, 2017.  
If we receive your census by midnight on the deadline,  
your name will be entered into a draw to win an iPad Mini 4!***

I, \_\_\_\_\_ (your name), hereby consent to the collection,  
use and disclosure of my information for the purposes listed above.

Signature: \_\_\_\_\_

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

# HOUSEHOLD OCCUPANCY

Please fill out the table below for all the people, including yourself that usually live here, at this address, as of September 18, 2017.

## Who to include in this household census?

- EVERYONE WHO USUALLY LIVES HERE, at this address, including newborn babies and roommates;
- STUDENTS who return to live with their parents during the year should be included at their parents' address, even if they live elsewhere while attending school or working at a summer job;
- CHILDREN IN JOINT CUSTODY who live here most of the time. Children who spend time with both parents should be included in the home of the parent who is Mamalilikulla. If both parents are Mamalilikulla, use the location where they slept on the night of September 18, 2017;
- SPOUSES OR COMMON-LAW PARTNERS WHO LIVE ELSEWHERE while working or studying, but who return here periodically;
- PERSONS who usually live here, but are now IN AN INSTITUTION (such as a home for the aged, a hospital or a prison), IF THEY HAVE BEEN THERE LESS THAN SIX MONTHS; and
- PERSONS staying here on September 18, 2017, WHO HAVE NO USUAL HOME ELSEWHERE.

## Who to **NOT** include in this household census?

- PERSONS who have their USUAL HOME AT ANOTHER ADDRESS IN CANADA and who are staying here temporarily (for example, persons visiting).

	FAMILY NAME	GIVEN NAME	RELATIONSHIP TO YOU	GENDER	DATE OF BIRTH
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					
Person 6					
Person 7					
Person 8					

## DWELLING

1. Is this dwelling:	<input type="radio"/> Social Housing <input type="radio"/> Certificate of Possession, Mortgage, or self-financed <input type="radio"/> Rented	5. Considering the needs of the household and affordability, what is your preferred type of house?	<input type="radio"/> Apartment <input type="radio"/> Duplex/Triplex <input type="radio"/> Townhouse/Rowhouse <input type="radio"/> Single family detached housing <input type="radio"/> Assisted living/Elder housing
2. How many bedrooms?	# of bdrms _____	6. Do you and the people that live in this household have an emergency plan? (i.e. flood, earthquake)	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Partially completed
3. Does your dwelling have internet?	<input type="radio"/> Yes <input type="radio"/> No		
4. What is your household income including SA & EI?	\$_____ per year		

## DEMOGRAPHICS

7. ANCESTORS Which ancestral family(s) are you a descendant of?	_____ Ancestral Family Name _____ Ancestral Family Name
8. GENDER	<input type="radio"/> Male <input type="radio"/> Female
9. DATE OF BIRTH If exact date is not known, estimate.	_____ Day    _____ Month    _____ Year
10. MARITAL STATUS	<input type="radio"/> Single (never married) <input type="radio"/> Common-law (living together) <input type="radio"/> Legally married <input type="radio"/> Separated <input type="radio"/> Divorced
11. BAND MEMBER?	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Member of another Band/First Nation
12. STATUS INDIAN?	<input type="radio"/> Yes <input type="radio"/> No

## EDUCATION

13. What is the highest level of education you have completed?	<input type="radio"/> Elementary School (K-7) <input type="radio"/> High School <input type="radio"/> High School Graduate <input type="radio"/> G.E.D <input type="radio"/> Registered Apprenticeship or other trades certificate <input type="radio"/> College or University <input type="radio"/> Certificate or Diploma <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree or <input type="radio"/> Medical Degree (i.e. PhD, MD) <input type="radio"/> Other: _____ <input type="radio"/> None of the above
14. If you are still in school, what grade or program are you in?	Grade: _____ Program: _____ _____ _____

## CULTURE

15. Can you speak, read or understand Kwak'wala?	<input type="radio"/> Converse <input type="radio"/> Say phrases <input type="radio"/> Say words <input type="radio"/> Make sounds <input type="radio"/> Read phrases <input type="radio"/> Read words <input type="radio"/> Read letters <input type="radio"/> Understand phrases <input type="radio"/> Understand words <input type="radio"/> None
16. Do you participate in any of the following cultural activities? a. Resource harvesting (i.e. during hunting, fishing, plant gathering seasons)	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
b. Attend/participate in longhouse activities (during the active season)	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
c. Arts & technology (i.e. weaving, design, carving)	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
d. Cultural events (i.e. Aboriginal Day, exhibit openings)	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
e. Traditional food preparation	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
f. Drumming and singing	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
g. Learning or speaking Kwa'kwala language and listening to or telling Mamalilikulla stories	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never

# HEALTH

<p>17. Do you have any of the following disabilities or learning challenges (even if this has not been confirmed by a test)?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Physical disability (affecting movement and mobility)</li> <li><input type="radio"/> Cognitive impairment (mental challenges)</li> <li><input type="radio"/> Hearing impairment (trouble hearing)</li> <li><input type="radio"/> Vision impairment (trouble seeing)</li> <li><input type="radio"/> Dyslexia (reading disorder)</li> <li><input type="radio"/> Attention deficit hyperactivity disorder (ADHD)</li> <li><input type="radio"/> Fetal alcohol spectrum disorder (FAS)</li> <li><input type="radio"/> Post-traumatic stress disorder (PTSD)</li> <li><input type="radio"/> Autism spectrum disorder</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> None of the above</li> </ul>
<p>18. Do you have any of the following chronic illnesses?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Diabetes</li> <li><input type="radio"/> Cancer</li> <li><input type="radio"/> Heart disease</li> <li><input type="radio"/> Liver disease</li> <li><input type="radio"/> Kidney disease</li> <li><input type="radio"/> Obesity</li> <li><input type="radio"/> Respiratory disease</li> <li><input type="radio"/> Arthritis/rheumatism</li> <li><input type="radio"/> High blood pressure</li> <li><input type="radio"/> HIV/AIDS</li> <li><input type="radio"/> Allergies/environmental sensitivities</li> <li><input type="radio"/> Addictions</li> <li><input type="radio"/> Anxiety</li> <li><input type="radio"/> Depression</li> <li><input type="radio"/> IBS/IBD/Chrohn's/Colitis/Digestive disorder</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> None</li> </ul>
<p>19. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Sometimes</li> </ul>
<p>20. Do you smoke tobacco? If so, how often?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Rarely</li> <li><input type="radio"/> Weekly</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> More than a pack a day</li> </ul>
<p>21. On average, how often do you participate in physical recreational activities?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> At least once a day</li> <li><input type="radio"/> At least once a week</li> <li><input type="radio"/> At least once a month</li> <li><input type="radio"/> At least once a year</li> <li><input type="radio"/> Never</li> </ul>

# COMMUNITY

<p>22. What do you think about Mamalilikulla's community priorities?</p> <p>Where would you like Mamalilikulla focus our resources? Please rank the following community planning objectives, by placing a number beside each objective in the order of priority, with number "1" being the highest priority.</p> <p><b>* Please do not use the same number more than once.</b></p>		Address our community's educational needs
		Address our community's recreational needs
		Take pride in our culture
		Advance better governance of our nation
		Achieve financial self-sufficiency
		Protect our environment and conserve natural resources
		Address our housing needs
		Improve our health and well-being
		Support our Elders
		Support youth involvement
	Help members get the jobs they want	

# COMMUNICATIONS

	Regularly	Sometimes	Never
<p>23. What do you think about Band communications? To obtain information about the Band, I:</p> <p>Read newsletters and notices delivered to my house.</p> <p>Read newsletters and notices via email.</p> <p>Read posters at community locations.</p> <p>Access social media, i.e. Facebook.</p> <p>Attend community meetings and information sessions.</p> <p>Talk with family and friends.</p> <p>Other _____</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
<p>24. Would you be interested in the following Band communication options?</p> <p>Access online calendar of events.</p> <p>Receive email notifications.</p> <p>Replace paper newsletter with an electronic version.</p> <p>Read news and get info via the website.</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>

# EMPLOYMENT

<p>25. Tell us about your current job situation.</p> <p>My employment situation is: (select all that apply)</p>	<p> <input type="radio"/> Currently studying  <input type="radio"/> Part-time employment  <input type="radio"/> Full-time employment  <input type="radio"/> Temporary employment  <input type="radio"/> Seasonal employment  <input type="radio"/> On leave from work (i.e. parental leave, long-term disability)  <input type="radio"/> Cultural activities  <input type="radio"/> Retired  <input type="radio"/> Seeking work  <input type="radio"/> Not working and not seeking work         </p>												
<p>26. If employed, what is your occupation?</p>	<p>_____</p>												
<p>27. Are you skilled and/or trained in any trades?</p> <p>If so, tell us what your trade is and please state if you are ticketed or certified and list all tickets and certifications.</p>	<p>Trade: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td style="width: 40%; height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>												
<p>28. If you said you are "not working and not seeking work", what are the reasons?</p> <p>Please select all that apply.</p>	<p> <input type="radio"/> School takes up all my time  <input type="radio"/> No viable job prospects  <input type="radio"/> Health problems/mental illness  <input type="radio"/> Family responsibilities  <input type="radio"/> Cultural responsibilities  <input type="radio"/> I don't want to work  <input type="radio"/> None of the above  <input type="radio"/> Not applicable  <input type="radio"/> Other _____         </p>												
<p>29. Please select your sources of personal income in the past 12 months.</p> <p>Please select all that apply.</p>	<p> <input type="radio"/> Paid employment  <input type="radio"/> Self-employment  <input type="radio"/> Honoraria  <input type="radio"/> Social assistance  <input type="radio"/> Employment Insurance (EI)         </p>												

# EMPLOYMENT

<p>30. Your sources of personal income (continued).</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Child tax benefits</li> <li><input type="radio"/> Pension plans</li> <li><input type="radio"/> Disability benefits</li> <li><input type="radio"/> Worker's compensation</li> <li><input type="radio"/> Education/training allowance</li> <li><input type="radio"/> No personal income</li> <li><input type="radio"/> Other _____</li> </ul>
<p>31. If you have had trouble finding a job in the last four years, what made it hard?</p> <p>Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Lack of ability to read and/or write</li> <li><input type="radio"/> Lack of basic math skills</li> <li><input type="radio"/> Not enough education</li> <li><input type="radio"/> Don't know how to get a job</li> <li><input type="radio"/> Criminal record</li> <li><input type="radio"/> Have an addiction</li> <li><input type="radio"/> No full-time jobs available</li> <li><input type="radio"/> Not qualified for available jobs</li> <li><input type="radio"/> Overqualified for available jobs</li> <li><input type="radio"/> Not applicable</li> <li><input type="radio"/> Other _____</li> </ul>
<p>32. If you have had a hard time keeping a job, what are the main reasons?</p> <p>Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Laid off/lack of work</li> <li><input type="radio"/> Cultural responsibilities</li> <li><input type="radio"/> Health problems/mental illness</li> <li><input type="radio"/> Family responsibilities</li> <li><input type="radio"/> Cross-cultural misunderstandings</li> <li><input type="radio"/> Difficulty getting to work on time</li> <li><input type="radio"/> Work attendance challenges</li> <li><input type="radio"/> Work behaviour challenges</li> <li><input type="radio"/> Conflict with management</li> <li><input type="radio"/> Conflict with colleagues</li> <li><input type="radio"/> Didn't have the right skills for the job</li> <li><input type="radio"/> Uncomfortable work setting</li> <li><input type="radio"/> Not applicable</li> <li><input type="radio"/> Other _____</li> </ul>
<p>33. Please provide any comments on your current job situation.</p>	<p>_____</p> <p>_____</p> <p>_____</p>

## SERVICES & SUPPORTS

<p>34. Please rank the following services and supports according to which are the most important for the Band to provide to our Elders.</p> <p>Place a number beside each objective in the order of priority, with number "1" being the highest priority.</p>		Healthcare
		Housekeeping
		Home maintenance
		Meal preparation
		Support for Elders to attend social events
		Cultural support
		Transportation
		<b>* Please do not use the same number more than once.</b>
<p>35. Please rank the following services and supports according to which are the most important for the Band to provide to our Youth.</p> <p>Place a number beside each objective in the order of priority, with number "1" being the highest priority.</p> <p><b>* Please do not use the same number more than once.</b></p>		Participation in Mamalilikulla culture (ceremony, art, resource gathering)
		Providing safe gathering spaces
		Mentoring
		Education
		Recreational opportunities
		Counselling
		Promoting volunteerism
		Family events
	Life skills	
<p>36. Do you need support for any of the following health and wellness concerns?</p> <p>Addictions (i.e. drugs or alcohol)</p> <p>Experiencing abuse or violence</p> <p>Mental illness (i.e. depression, post traumatic stress disorder, attention deficit disorder)</p> <p>Obesity</p> <p>Physical disabilities</p> <p>Chronic illness (i.e. heart, lung, cancer, HIV/AIDS)</p> <p>Death and bereavement</p>	<p>Yes</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>No</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
<p>37. Is there anything else you would like to share that has not been addressed in this census?</p>		
<p> </p>		