

Reference #

Metlakatla First Nation

The Metlakatla Governing Council and Metlakatla Development Corporation have together approved a \$1,000 per member distribution, regardless of age, to assist members during the holiday season. Given the importance of collecting data on the health and mental and economic well-being of our members, we are asking all adults over the age of 18 to complete the Metlakatla Census included in this application to be eligible for the distribution. Should you require assistance with the Census, please contact Jordan or Shaun in the Communications Department at 250-628-3234.

All members are invited to access these funds by completing this form and providing the information below by December 2, 2022. Payment for each registered youth under 18 will only be processed once. Applications without Status Number and completed Census forms will be incomplete. Completed applications, or photos of completed applications, can be emailed to communications@metlakatla.ca or mailed to:

| Metlakatla Communications, PO Box 459, Prince Rupert BC, V8J 3R2 | | | | | |
|--|-----------------|--------------------------|--------------------------|--------|--|
| Legal First Name | Legal Last Name | Date of Birth yyyy-mm-dd | Status # | | |
| Mailing Address: | | | | | |
| City | Province /State | 1 | Postal Code | | |
| Telephone | Email addres | S | Gender | | |
| Children under the age | of 18 | | | | |
| Status # | First Name | Last Name | Date of Birth yyyy-mm-dd | Gender | |
| | | | | | |
| Signature of applicant | Date | | | | |
| FOR OFFICE USE ONLY | | | | | |
| Date Received | Received | Ву | | | |
| Clerk Signature | Date | | | | |
| Finance Signature | Date | | | | |
| | | | | | |



Confidentiality Clause on Behalf of Metlakatla First Nation

We will not share your personal information. Results of this census will only be shared by reporting grouped statistics and will never be associated with an individual respondent (for example, a report may say, "75% of Metlakatla members share their home with 4 or more other individuals"). All employees or contractors working on this project have signed confidentiality and non-disclosure agreements. In addition, we take measures to protect your confidential information against loss, theft, unauthorized access, disclosure, copying, use or modification, regardless of the format in which it is held.

The census results will inform the work of the Metlakatla CEM Program and other Metlakatla specific programming. In addition, results from Section 4: Housing will be used to support a Metlakatla housing needs assessment, which is being carried out by an SFU master's student in support of the Metlakatla CEM Program.

In accordance with Federal legislation, specifically *The Privacy Act*, we take the safety and security of your information seriously. Here are some of the steps we have taken to ensure this:

- Members that complete the paper copy of the census will be asked to place the completed census in a double-sealed envelope before handing it to census administrators. The paper copies of the census will only be opened by the Metlakatla Census Coordinator for data entry and then destroyed.
- All personally identifying information is kept strictly confidential. Once your information is collected, all personal identifiers will be removed and replaced with a numeric code.
- No one in the community will be able to access your answers.
- Information collected by the Metlakatla Membership Census will only be published as "grouped results" with no information that could identify you as an individual.
- Final results will be stored digitally on Metlakatla computer servers, located in Metlakatla First Nation Traditional Territory and password protected or on Metlakatla-approved cloud storage systems.
- Strict security firewalls are in place on all of Metlakatla computer servers where the census information will be stored.

If you have any concerns about confidentiality, please contact the Metlakatla Executive Director at executive.director@metlakatla.ca or the Metlakatla CEM Program Co-Manager, Katerina Kwon (katerina_kwon@sfu.ca).



| 1. | what is your current employr | nent status? Pl | ease select the best answer . |
|----|---|------------------------|---|
| | ○ Full-time employed (>35 h | ours/week) | ○ Unemployed – able and looking to work |
| | ○ Part-time employed (<35 l | nours/week) | ○ Unemployed – disabled/unable to work |
| | ○ Self-employed | , . | ○ Student |
| | O Unwaged Caregiver | | ○ Retired |
| | ○ Employment Insurance (E | I) | |
| | e recognize that income can be swers to the following question | - | sonal information; however, please note that your nonymous. |
| 2. | For the previous year please t | hink of your to | tal individual income from all sources before tax. |
| ۷. | What income range does it fal | - | nom an sources before tax. |
| | | | |
| | ○ No income | | O \$30,000 - \$39,999 |
| | ○ Under \$5,000 | | O \$40,000 - \$49,999 |
| | ○ \$5,000 - \$9,999 | | O \$50,000 - \$59,999 |
| | O \$10,000 - \$14,999 | | O \$60,000 - \$79,999 |
| | ○ \$15,000 - \$19,999 | | O \$80,000 - \$99,999 |
| | ○ \$20,000 - \$24,999 | | O \$100,000 - \$124,999 |
| | ○ \$25,000 - \$29,999 | | ○ \$125,000 and over |
| 3. | What education have you o | ompleted? Ple | ase s <u>elect all</u> that apply. |
| | O Some High School | O High Schoo | ol Graduate |
| | \bigcirc Certificate or diploma fr | om trade, techi | nical or vocational school |
| | \bigcirc Certificate or diploma fr | om community | college |
| | ○ Bachelor's degree | O Profession | al degree (e.g. medical, teaching, accounting, etc.) |
| | O Masters or PhD degree | Other (plea | ase specify): |
| 4. | Please list which degrees or pr | ofessional cert | ificates you have received below (certificates coulc |
| | include WHMIS, Food Safe, Bas | sic Security): | |



5. Please fill out the following table about participation in **food and material harvesting activities.** If you did not participate in the activity, please put '0'.

| In the past 12 months , how many days of each season did you harvest the following species? (Write # of days/season) | | | | | Has your harvesting |
|---|----------------------------------|---------------------------------|---------------------------------|--------------------------------|--|
| SPECIES | Summer (June-Aug) ~90 Days | Spring (Mar-May) ~90 Days | Winter (Dec-Feb) ~90 Days | Fall (Sept-Nov) ~90 Days | changed in the past 3 years? Select one. |
| FISHING | | | | | |
| Salmon (sockeye, coho, etc.) | | | | | For fishing: |
| Halibut | | | | | Increased |
| Eulachon | | | | | Decreased |
| Herring Roe | | | | | ○ No Change |
| Crab | | | | | |
| HARVESTING OTHER SEAFOOD | | | | | |
| Clams and Cockles | | | | | For harvesting: o Increased |
| Seaweed | | | | | DecreasedNo Change |
| GATHERING PLANT | S | | | | |
| Berries | | | | | For gathering: |
| Cedar | | | | | IncreasedDecreased |
| Medicinal Plants | | | | | No Change |
| HUNTING AND TRAPPING | | | | | |
| Marine Mammals Land Mammals Birds | | | | | For hunting: IncreasedDecreasedNo Change |
| Other: | | | | | |



| 6. | In the past 12 months, what did you use traditional foods and materials for? Please select all | | | | |
|------|---|--|--|--|--|
| | that apply. | | | | |
| | ○ Food | ○ Trading | | | |
| | ○ Gave away to family and/or friends | ○ Ceremonial use (weddings, etc.) | | | |
| | ○ Feasting | Other (please specify): | | | |
| 7. | How do you access most of your salmon a | nd halibut food fish? Please select only one. | | | |
| | ○ I fish ○ Someone in my housel | hold fishes O From family or friends | | | |
| | \bigcirc Food fish distribution program \bigcirc \bigcirc | Other (please specify): | | | |
| 8. | How often do you or family members parti | cipate with youth in food harvesting, processing and | | | |
| | preparing activities? "Youth" is defined as s | omeone under the age of 24 . | | | |
| | ○ Never ○ Less than 50% of the t | ime ○ About 50% of the time | | | |
| | ○ Over 50% of the time ○ Always | | | | |
| 9. l | ease fill out the following table about parti | icipating in food and material processing and | | | |
| | preparing activities. If you did not par | ticipate in the activity, please put '0'. | | | |

| _ | In the past 12 months , how many days of each season did you participate in the following activities? (Write # of days/season) | | | | |
|---|---|---------------------------------|---------------------------------|--------------------------------|---|
| ACTIVITY | Summer (June-Aug) ~90 Days | Spring (Mar-May) ~90 Days | Winter (Dec-Feb) ~90 Days | Fall (Sept-Nov) ~90 Days | preparing changed in the past 3 years? Select one. |
| Processing traditional foods (e.g. gutting, chopping) | | | | | IncreasedDecreasedNo Change |
| Preserving traditional foods (e.g. jarring, smoking) | | | | | IncreasedDecreasedNo Change |
| Cooking traditional foods | | | | | IncreasedDecreasedNo Change |
| Eating traditional foods | | | | | IncreasedDecreasedNo Change |



| 10. Please choose the to | op THREE (3) | cultural act | ivities you want to s | see more of in t | he community. |
|---|---|----------------|---|------------------|----------------------|
| ○ Feasting○ Cedar weaving○ Traditional sing○ Carving○ Passing of oral h | Regalia making Traditional drawing Language classes Elder-Youth mentorship programs Other (please specify): | | | | |
| • | 1. How well can you speak Sm'algyax? ○ Fluent ○ Intermediate ○ Basic ○ Only a few words ○ Can't speak at all | | | | |
| 12. Are you interested in learning Sm'algyax? ○ Very interested ○ Somewhat interested ○ Not interested | | | | | |
| 13. Please choose the to | op THREE (3) | barriers for | · not learning Sm'alg | зуах. | |
| No language classification No one available No one to praction Not easy to get to 14. For the following to that your health is: | e to teach the lace with to co | anguage (| Too busy working Not interested Too young Other (please spec | cify): | e, would you say |
| | Excellent | Very Goo | d Good | Fair | Poor |
| Physical Health | | | | | |
| Mental Health | | | | | |
| Emotional Health* | | | | | |
| Spiritual Health | | | | | |
| * Emotional health | includes feelin | gs of love, lo | neliness, stress, etc. | | |

15. Do you have type 2 diabetes? \bigcirc Yes \bigcirc No $_4$

anonymous.

The following questions ask about health conditions. We recognize that health conditions

are sensitive, personal information; however, please note that your answers will remain



| 16 a. If yes, did you find out from a doctor last year? \bigcirc Yes \bigcirc No | | | | | | | |
|---|---|--|------------------|-----------|--|--|--|
| 17. Do you have hyper | rtension (also know | vn as high blood pres | sure)? ○ Yes ○ N | o | | | |
| • | a. If yes, did you find out from a doctor last year? \bigcirc Yes \bigcirc No b. If yes, was the high blood pressure related to pregnancy? \bigcirc Yes \bigcirc No | | | | | | |
| 18. Do you feel connect activities)? If conn | | (including language not relevant to your | | _ | | | |
| Not Relevant to | Not at All | Somewhat | Moderately | Very | | | |
| My Well-Being | Connected | Connected | Connected | Connected | | | |
| 0 | 1 | 2 | 3 | 4 | | | |
| 19. Do you feel conne of 1 to 4. If conne | | unity (all Metlakatla I nt to your overall v | - | | | | |
| Not Relevant to | Not at All | Somewhat | Moderately | Very | | | |
| My Well-Being | Connected | Connected | Connected | Connected | | | |
| 0 | 1 | 2 | 3 | 4 | | | |
| | | le of 1 to 4. If conn | | | | | |
| Not Relevant to | Not at All | Somewhat | Moderately | Very | | | |
| My Well-Being | Connected | Connected | Connected | Connected | | | |
| 0 | 1 | 2 | 3 | 4 | | | |
| 21. Do you feel connection to v | | onal waters and land ant to your overall | | | | | |
| Not Relevant to | Not at All | Somewhat | Moderately | Very | | | |
| My Well-Being | Connected | Connected | Connected | Connected | | | |
| 0 | 1 | 2 | 3 | 4 | | | |



| 22. | are provider, someone on your health team that is responsible for continuous care? | | |
|-----|--|--|--|
| | ○ Yes | ○ No | ○ Not applicable |
| | ○ Far ○ Pha | nily doctor armacist | of that person on your health team? Please select one. O Nurse or nurse practitioner O Traditional healer O Community health worker ecify): |
| 23. | In the past 12 | 2 months, did | you ever experience any difficulties getting routine or on-going care? |
| | ○ Yes | \bigcirc No | ○ Not applicable |
| | O Do O Wa O Ser O Tra O Cos O Rac O Una O Una O No | not have a pe it times are to vice or appoin insportation p it cialized discrin aware of avail able to leave t access to trad istance from | ntments unavailable |
| 24. | _ | | ase think of your total household (combined) income from at income range does it fall under? |
| | O No incon | ne | ○ \$30,000 - \$39,999 |
| | O Under \$5 | 5,000 | ○ \$40,000 - \$49,999 |
| | ○ \$5,000 - | \$9,999 | ○ \$50,000 - \$59,999 |
| | ○ \$10,000 | - \$14,999 | ○ \$60,000 - \$79,999 |
| | ○ \$15,000 | - \$19,999 | ○ \$80,000 - \$99,999 |
| | ○ \$20,000 | - \$24,999 | O \$100,000 - \$124,999 |
| | O \$25,000 | - \$29,999 | ○ \$125,000 and over |



25. Please record how many people, **INCLUDING YOU**, live in your house **now** at least half the **time**, using the age categories below. *If none, mark '0'*. Please fill in the entire table below.

| | How many Metlakatla FEMALES? | How many non- Metlakatla FEMALES? | How many Metlakatla MALES? | How many non- Metlakatla MALES? |
|---------------------------|------------------------------------|--|----------------------------------|--|
| Children 0 – 4 years old | | | | |
| Children 5 – 17 years old | | | | |
| Adults 18 – 64 years old | | | | |
| Elders 65+ years old | | | | |

| 26. | How many bedrooms does your home have? |
|-----|---|
| 27. | Does your home need repairs? Note that: Major repairs include: defective plumbing or electrical wiring, structural repairs to walls floors, ceiling, roof, etc. Minor repairs include: missing or loose floor tiles, bricks, shingles, defective steps, railings siding, etc. |
| | ○ Yes, major repairs○ Only regular maintenance is required (e.g. painting)○ Don't know |
| 28. | Do you own or rent your home? ○ Own ○ Rent |

29. Please fill out the following table with the <u>average yearly</u> costs of living. *If a field does not apply to you, please write N/A.*

| Cost of Living | Average Yearly Cost (\$/year) |
|---|-------------------------------|
| Water and municipal services | |
| Electricity | |
| Heat (natural gas, separate from electricity) | |
| Property tax | |

30. Please fill out the following table with the **average monthly** costs of living.



If a field does not apply to you, please write N/A.

| Cost of Living | Average Monthly Cost (\$/month) |
|---|---------------------------------|
| Rent or mortgage payment | |
| Condo fees | |
| Transportation between Metlakatla Village | |
| and Prince Rupert | |

| Do you approve the use of its surveys or employment opp | formation provided in this census to be contacted for fuortunities? | ıture |
|---|---|-------|
| Yes | No | |
| | END OF CENSUS | |