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U.S. Department of the Interior

Bureau of Indian Affairs

INDIAN LABOR FORCE SURVEY FORM

LABOR MARKET INFORMATION ON THE INDIAN LABOR FORCE

INFORMATION COLLECTION FOR THE 1999 CALENDAR YEAR

TRIBE:_____

Agency or Field Office:_____ **Region:**_____

State(s):_____

Tribal Code:_____ **Date Survey Data was Collected:**_____

Note: For each state listed, use a separate survey form to report labor force data.

		MALE	FEMALE	TOTAL
A	Tribal Enrollment (official tribal membership roll totals)			
B	Tribal Labor Force Calculations For B-1 thru B-3.3 below, count only American Indian & Alaska Native tribal members living "on or near" your reservation and who are eligible for on-reservation services that the BIA provides to Indian people. (Note: On-reservation services excludes all IHS services.)			
1	Number under age 16 (Do not use these [B1] totals to compute 3.1,3.2, or 3.3)			
2	Number over age 64 (Do not use these [B2] totals to compute 3.1,3.2, or 3.3)			
3	Number age 16 thru 64			
3.1	Number of 16 thru 64 who are Not Available for Work (see instructions)			
3.2	Number of 16 thru 64 Employed (include public and private positions)			
3.3	Number of 16 thru 64 of Employed BUT Below the Poverty Line (Use attached 1999 HHS Poverty Guidelines to determine totals)			

List sources used in collecting data for this report other than data from tribal rolls (for example, from tribal computerized records; social services reports; state/county records, etc.):

_____

_____

List assumptions and/or process used in determining the estimated totals provided in above table (was a demographic data base used, were household surveys conducted, etc.:

_____

_____

_____

Provide a written explanation below if the total tribal enrollment (A) has changed plus or minus 10 percent (or more) from the "1997 Indian Labor Force Report":

_____

_____

_____

_____

_____

_____

_____

(Attach additional sheet, if necessary)

Other comments related to this report:

_____

_____

_____

_____

_____

(Attach additional sheet, if necessary)

Preparer's Information

Name (Type or Print):_____ **Date:**_____

Title of Preparer:_____ **Telephone #:**_____

THIS TRIBAL LABOR FORCE REPORT WAS CAREFULLY REVIEWED AND WAS CERTIFIED AS BEING ACCURATE BY THE FOLLOWING OFFICIALS:

_____ _____
Certifying Tribal Official's Signature **Date**

_____ _____
Certifying Agency Superintendent's Signature **Date**

_____ _____
Certifying Regional Director's Signature **Date**

INSTRUCTIONS

for Completing the

Indian Labor Force Survey Form

Instructions: For each state listed on page 1, use a separate survey form to record labor data. Consortia should use a separate reporting survey form for each tribe in their consortia.

Line

A. **Tribal Enrollment:** Report the total membership count of enrolled tribal members, as maintained by the individual tribe(s) membership roll and according to the tribe(s) specific membership criteria.

B. Tribal Labor Force Calculations.

Count all American Indians and Alaska Natives who meet all three of the following criteria during the reporting year of this survey:

1. were enrolled with federally recognized tribes and
2. lived "on or near" your reservation (lived within your tribe's BIA-negotiated service area) and
3. were eligible for BIA-funded services provided for on your reservation.
   Important Note: All Indian Health Service (IHS) provided services must not be included in your totals count on Line B1 through B3.3 of this survey form.

For Alaska entities, "on or near" reservation includes the entire state in which the tribal entity is located.
For Oklahoma tribes, "on or near" reservation includes lands within the tribe's former reservation boundaries.

B-1 Count individuals who live "on or near" the reservation and who are under age 16.
B-2 Count individuals who live "on or near" the reservation and who are over age 64.

B-3 Count individuals who live "on or near" the reservation and whose ages are from 16 to 64.

B-3.1 For individuals who are from **16 thru 64 years old (as reported in b-3 totals)**, count only those individuals who are incapacitated and lack support services, or who are otherwise excluded (unexpected physical/mental health problem, unexpectedly jailed, etc.). Typically, these (B-3.1) totals will be very small when compared to the tribal totals listed in B-3.

B-3.2 Count all individuals who are employed – that is, individuals who hold municipal, county, borough, state, federal, tribal, private, self-employed, non-profit, for profit, small business, family business, or corporate jobs.

B-3.3 Employed BUT below the Poverty Level. Use the attached 1999 HHS Poverty Guidelines to determine poverty level totals for your tribe. For example, a New Mexico tribal family of two, both employed earns a combined annual income of $15,000. The two tribal members, one male and one female, are counted as one male individual and one female individual in the appropriate "employed BUT below the Poverty Level" columns on row B3.3 of the form. To determine qualifying income, see below.

- **Determining Poverty Line Totals for B-3.3:** For this report, income of an employed individual is defined as the total wages earned before taxes and includes other income (overtime, commissions, and/or tips) for the survey year (1999).

Exclude (in determining individual/household family annual income levels):

- Capital gains;
- Assets drawn down, such as withdrawals from a bank, the sale of property, a house, or car;
- Tax refunds;
- Gifts and loans;
- Lump-sum inheritances, one-time insurance payments, or compensation from injury;
- Food or housing received in lieu of wages; and
- Benefit from Medicare, Medicaid, food stamps, school lunches, and housing assistance.

THE 1999 HHS POVERTY GUIDELINES

Size of Family Unit	48 Contiguous States and DC	Alaska
1	$8,240	$10,320
2	11,060	13,840
3	13,880	17,360
4	16,700	20,880
5	19,520	24,400
6	22,340	27,920
7	25,160	31,440
8	27,980	34,960
For each additional person, add:	$2,820	$3,520

Source: Health and Human Services, 1999.

BIA Form 5 -6601

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT

This information is being collected to be in compliance with Public Law 102-477, Indian Employment, Training and Related Services Demonstration Act of 1992. The information is used by the U. S. Congress, Federal Agencies, including other BIA programs, State and local governments as well as private sector organizations for the purpose of developing programs, planning and awarding financial assistance to American Indians. This information is used to verify, extrapolate, predict and identify the level of need for American Indians for program funding distribution plans. Additionally, it is used to compare basic labor force data on a national basis, by State, and Tribal governments, and by the Bureau of Labor Statistics and the Census Bureau. The information is not confidential because it is displayed in an aggregate format. An agency may not conduct or sponsor, and no one is required to respond to, a collection of information unless it displays a currently valid OMB control number.

Public reporting for this collection of information is estimated to have an average range of 30 to 60 minutes or less per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Desk Officer for the Interior Department, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503 and a copy to the Program Analyst, Office of Tribal Services, Bureau of Indian Affairs, U.S. Department of the Interior, 1843 C St. NW, ms-4603-mib, Washington, D.C. 20240.

Where to submit this form. For tribes, pueblos, and other nonSelf-Governance tribal entities, submit this form (pages 1 and 2) to your BIA Agency. For Alaska tribal entities, submit this form (pages 1 and 2) to the Juneau Area Office. For Self-Governance tribal and pueblo entities, the completion of this form is optional. For Self-Governance entities using this form, submit the form (pages 1 and 2) to the appropriate OSG office. Do not send your completed form to the Office of Management and Budget's Office of Information and Regulatory Affairs.