



# NAVAJO NATION VETERANS ADMINISTRATION

P.O. Box 430 Window Rock, AZ 86515

(505)371-8467/8461



## NNVA SURVEY

*Please take a few minutes to answer the questions on our survey. The survey will give NNVA an idea of the services that are needed on the Navajo Nation. We appreciate your help. Thank you very much!*

1. Are you a Veteran?       YES       NO    If yes, what branch: \_\_\_\_\_
2. Are you registered with the federal VA?       YES       NO
3. What is your military discharge status: \_\_\_\_\_
4. Are you Native American?     YES       NO    If no what ethnicity? \_\_\_\_\_
5. Where do you live:     INDIAN RESERVATION     RURAL COMMUNITY     URBAN COMMUNITY
  - a. What tribe? \_\_\_\_\_
  - b. chapter? \_\_\_\_\_
  - c. city? \_\_\_\_\_
6. What is your age group?     under 20     20-35     35-50     50-65     65+
7. What is your gender?       MALE       FEMALE
8. Are you a member of a veteran's family?       YES       NO
9. Do you know that veterans' dependents are eligible for certain Federal VA Benefits?     YES     NO
10. Have you ever filed a VA benefits claim?       YES       NO
 

If yes, what was the outcome? \_\_\_\_\_
11. Do you know that veterans' spouses are eligible for certain Federal / NN VA Benefits?     YES     NO
12. Are you enrolled in VA Healthcare?       YES       NO
13. Which federal VA benefits and services are you or a family member using?
 

<input type="checkbox"/> Healthcare	<input type="checkbox"/> Education
<input type="checkbox"/> Housing	<input type="checkbox"/> Disability Compensation
<input type="checkbox"/> Burial	<input type="checkbox"/> Other _____



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14. What are your main obstacles from getting Federal VA benefits and services?

Lack of transportation  Poor access to information

No internet or access to computer  No VA benefits counselors

other \_\_\_\_\_

15. What issues have you experienced or observed in your community?

Alcohol abuse  Drug abuse  Domestic violence  other \_\_\_\_\_

16. Are you currently employed?  YES  NO

17. What are the main problems that you struggle with and/or continue to struggle with daily?

Substance abuse  Disability

MST (connected with sexual abuse/harassment)  PTSD

prescription drugs (pain meds)  Thoughts of Suicide or Self Harm

other: \_\_\_\_\_

18. What is your current living situation?  Own home  Live with family  Homeless

19. Does your residence have running water?  YES  NO

20. Does your residence have utilities?  YES  NO

21. Have you ever used or are you currently using traditional medicine? (Medicine Man, Sweat Lodge, etc.)

YES  NO

Briefly describe you experience: \_\_\_\_\_

\_\_\_\_\_

22. What services would you like more information on? \_\_\_\_\_

\_\_\_\_\_

23. Any other VA services you would like access to? \_\_\_\_\_

\_\_\_\_\_

Please email survey to: [hsmith@navajo-nsn.gov](mailto:hsmith@navajo-nsn.gov) or [sslinkey@navajo-nsn.gov](mailto:sslinkey@navajo-nsn.gov)

Or mail to: NNVA Central Administration Office

P.O. Box 430 Window Rock, AZ 8651