

1. Please tell us about yourself (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Tribal Leader | <input type="checkbox"/> Urban Indian Health Facility |
| <input type="checkbox"/> Tribal Designee | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Other Stakeholder |

2. Please read the statements below and select the choice that best matches your answer:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This AHCCCS Tribal Consultation was effective in allowing me to share my thoughts, input, and perspectives.					
The topics included in this AHCCCS Tribal Consultation were appropriate and informative.					
The appropriate AHCCCS staff attended this Tribal Consultation.					
The appropriate Tribal Leadership and Stakeholders attended this Tribal Consultation.					

3. How did you feel about the length of the AHCCCS Tribal Consultation Meeting?

- Too long
- Just about right
- Too short

Comment:

4. What did you like most about this Tribal Consultation Meeting?

5. What did you like least about this Tribal Consultation Meeting?

6. What suggestions do you have for improving the structure of future AHCCCS Tribal Consultation Meetings?

7. Would your tribe and/or organization/agency be interested in hosting a future AHCCCS Quarterly Tribal Consultation meeting AND/OR an AHCCCS Public Forum?

Tribal Consultation

AHCCCS Public Forum

Please provide point of contact for scheduling:

Please add any additional comments you may have:

Tribal Consultation Evaluations can be submitted in the following ways:

- Email: Send completed form to amanda.bahe@azahcccs.gov
- Mail: Attn: Amanda Bahe, 801 E. Jefferson, MD-4200, Phoenix, AZ 85034
- Fax: 602-256-6756
- Online: <https://www.surveymonkey.com/r/2019-AHCCCS-Tribal-Consultation-Evaluation>