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

- [ ] Tribal Leader
- [ ] Urban Indian Health Facility
- [ ] Tribal Designee
- [ ] Community Member
- [ ] Indian Health Service
- [ ] Other Stakeholder

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This AHCCCS Tribal Consultation was effective in allowing me to share my thoughts, input, and perspectives.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The topics included in this AHCCCS Tribal Consultation were appropriate and informative.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The appropriate AHCCCS staff attended this Tribal Consultation.</td>
<td></td>
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<tr>
<td>The appropriate Tribal Leadership and Stakeholders attended this Tribal Consultation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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