



Resolution No. 09-2006-333

**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

(Approving Celebrating Life Project and Directing Use of Celebrating Life Registry Form)

WHEREAS, pursuant to Article IV, Section 1(a) of the Constitution of the White Mountain Apache Tribe, *inter alia*, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and

WHEREAS, members of the Tribal Council of the White Mountain Apache Tribe are duly elected representatives of the people of their respective districts, and among the many issues of concern to the Council are the health and well-being of its Tribal members; and

WHEREAS, members of the Tribal Council of the White Mountain Apache Tribe support carefully designed research projects which aim to raise the level of health of all residents of the Reservation; and

WHEREAS, although much has been accomplished to prevent a number of behavioral health concerns in the Apache population, problems such as suicidal behavior continue to affect different segments of the population, especially those at most risk, such as children and young adults; and

WHEREAS, the White Mountain Apache Tribal Council has received a briefing and request from representatives of Johns Hopkins University Center for American Indian Health, Celebrating Life Project and White Mountain Apache Tribe Suicide Prevention Task Force to support a proposal to expand and extend the efforts undertaken in the NARCH Celebrating Life Project within the Fort Apache Indian Reservation; and

WHEREAS, the White Mountain Apache Suicide Prevention Task Force has identified that full participation in the completion of the Suicide Registry Form is essential for the success of the tribally mandated suicide surveillance program.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that:

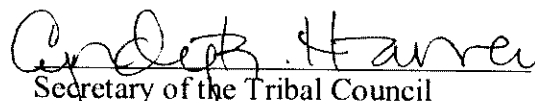
1. The report as provided by the Celebrating Life Project, as attached and incorporated by this reference, is hereby approved.
2. The Celebrating Life Registry Form shall be from this day forward be required be completed by all tribal agency personnel who have contact with suicidal tribal members.

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3. All agencies who are involved in serving the needs of suicidal tribal members shall work cooperatively to identify these individuals and work collaboratively to meet their social service and mental health treatment needs.
4. The implementation of the Substance Abuse Mental Health Services Administration grant as administered by Johns Hopkins Center for American Indian Health is hereby approved.

The foregoing resolution was on September 26, 2006, adopted by a vote of SEVEN for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), (b), (h), (j), (s), (t) and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).


Chairman of the Tribal Council


Secretary of the Tribal Council

White Mountain Apache Tribe "Celebrating Life" (Suicide Prevention) Registry Intake Form

Date of Report: _____

Name (Last name, First name): _____

Gender (circle one): Male Female

Date of Birth: ___/___/___ Age: ___ (please estimate if you do not know)

Tribal affiliation (check one):

- ___ White Mountain Apache
___ San Carlos Apache
___ Navajo
___ Other Tribe: _____
___ Unknown
___ N/A

Marital status (check one):

- ___ Single
___ Married
___ Co-Habiting (Unmarried and living together)
___ Unknown
___ Separated
___ Divorced
___ Widowed

Educational status (check one):

- ___ Currently enrolled in school (specify grade/level): _____
___ Graduated high school
___ Graduated from college
___ Other: _____
___ Dropped out (specify month/date): ___/___/___
___ Attended some college
___ Graduated from graduate school

Community of residence (check one):

- ___ Canyon Day
___ Carrizo
___ Cedar Creek
___ Cibecue
___ East Fork
___ Forestdale
___ Hon-Dah
___ McNary
___ Seven Mile
___ Turkey Creek
___ Whiteriver
___ Unknown
___ Other: _____

Physical Address: _____

Name of person who reported suicidal behavior? _____

Contact information of person who made report: (____) _____

Reporter's Relationship to Victim (check one):

- ___ Self
___ Mother
___ Father
___ Sister
___ Brother
___ Other relative: _____
___ Spouse
___ Boyfriend/girlfriend
___ Friend
___ Neighbor
___ Teacher/educator
___ Co-worker
___ Other: _____

Type of Self-harming Behavior (check one):

- ___ Suicidal ideation (i.e. suicide intent, but no physical harm)
___ Suicide attempt (i.e. behavior motivated by intention to die)
___ Self-injurious behavior (i.e. person hurts self, doesn't want to die)
___ Suicide completion
___ Other (i.e. suspicious injury that may be an attempt or completion)
___ Unknown

Method used (check all that apply):

- ___ Hanging
___ Firearm
___ Drug Overdose
___ Jump
___ Laceration/cut
___ Other: _____
___ Unknown
___ No plan/method

Date of ideation/act: ___/___/___

Time of ideation/act: ___:___ AM/PM UNK

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM.