

INITIAL CONTACT CHECKLIST
Special Place Operations

Section 1. Introduction

Hello. My name is (*Your Name*). I'm from the U.S. Census Bureau. We are conducting a special census in this area to update the housing and population count. I'd like to speak with someone who can verify the information we have about your facility and to set up an appointment for Census Bureau employees to enumerate the residents or clients at your facility.

It should take about 3 minutes to collect this information.

Section 2. Facility Name and Address

2.1 We have your facility listed as _____ Is this name correct?
(*Name of Facility*)

Yes ----> Go to Q2.2 No ----> (*enter correct name*) _____

2.2 We have your address listed as _____
(*Facility Address*)

Is this address correct?

Yes ----> Go to Q2.3 No ----> (*enter correct address*) _____

2.3 (*If the facility address does not include a house number/street name ASK:*) **Please describe where your facility is located -- for example, the intersection of two streets, or the approximate distance from intersecting road(s).**

2.4 (*If you are on the telephone, ASK:*) **Is this a military facility?**

Yes ----> *Set up appointment to visit the facility* No ----> *Continue*

Section 3. Contact Information

3.1 **May I have your full name please, including your middle initial?** _____

3.2 **Do you have a job title that we can note for our records?** _____

3.3 I called you at _____ Is this the best number to reach you?
(*Telephone number, including area code*)

Yes ----> *Continue* No ----> *Enter telephone number, including Area Code and extension number, if applicable*

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(*Area Code*) (*Telephone number*) (*Extension*)

Section 4. Type of Facility

4.1 We have your facility listed as a _____.
(Type of facility)

Yes ----> SKIP to Section 5
 No ----> GO TO Q 4.2

Is this correct?

4.2 If you can determine the type of facility by the name or by something the respondent told you, verify and mark (X) the appropriate category.

I'm going to read a list of facilities where people live or stay. Please tell me which category BEST describes your facility.

Is this facility PRIMARILY a – (Read all categories until you receive a response. If the facility has more than one function, ask the respondent to pick the primary function of the facility.)

	GQ Code
<input type="checkbox"/> College/university with dormitories	995
<input type="checkbox"/> Emergency shelter or transitional shelter	990
<input type="checkbox"/> Hotel/motel/single room occupancy	--
<input type="checkbox"/> Transient location, such as an RV park, race track, marina, public or commercial campground, or carnival	--
<input type="checkbox"/> Correctional institution intended for adults 18 and over, but also may include juveniles. This group also includes halfway houses operated for correctional purposes	991
<input type="checkbox"/> Juvenile institution intended for people under 18 years old, but may also include people 18 and over	992
<input type="checkbox"/> Military quarters, ship, or vessel	996
<input type="checkbox"/> Military disciplinary barracks	998
<input type="checkbox"/> Non-military hospital, hospice, or institution or school for people with mental or physical impairments	994
<input type="checkbox"/> Military hospital or ward for the chronically ill	999
<input type="checkbox"/> Nursing home, including long-term care facilities, rooms in wards, or building on grounds of hospitals	993
<input type="checkbox"/> Other non-institutional group quarters such as workers dorms, convents and monasteries, YMCAs and YWCAs, group homes and staff residential quarters	997

Section 5. Facility Records

5.1 Does your facility keep records that provide information on age, race, and sex of your residents and/or clients?

Yes
 No ----> SKIP to Section 6

5.2 Are these paper records, computer records, or both?

Paper Computer Both

5.3 If requested, could you make these records available to the Census Bureau?

Yes
 No

Section 6. Method of Enumeration

6.1 (Ask only for hotels/motels) Do you have units where staff or guests live permanently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.2 (Ask only for hotels/motels) Does your facility or part of your facility operate as a shelter for people who are homeless?	<input type="checkbox"/> Yes ----> GQ Code = 990 <input type="checkbox"/> No
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6.3 (Ask only for transient locations) Will your facility have clients and/or staff who will be staying there overnight on (Special Census Day)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.4 (Ask only for correctional institutions, hospitals, shelters, or military facilities) **You may want to designate your facility as a “self-enumerating” facility. This means that YOUR OWN staff would enumerate your residents with the help of a Census Bureau employee. If members of your staff conduct the enumeration, they MUST take an oath to protect the confidentiality of the answers they collect. (Be prepared to explain further.)**

Do you want to self-enumerate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.5 (Ask for added GQs only) What is the maximum number of (residents/clients/units) your (facility/location) can accommodate?	
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6.6 **Do you have any additional requirements or information that the enumerator will need when he/she conducts the enumeration (for example, the facility may require female enumerators only or may have special security requirements)?** No ----> GO to Section 7
 Yes ----> Specify

Section 7. Appointment Information

7.1 When can we conduct the enumeration at your facility?	Date: _____ Time: _____
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7.2 **When the enumerator comes to conduct the enumeration, are you the person he/she should speak with?**

Yes ----> GO to Section 8 No ----> Who should we contact?

(Name and Title)

 -

(Area Code) (Telephone number) (Extension)

Section 8. Closing the Interview

Thank you very much for your time. We have the enumeration of your facility scheduled for (appointment date) at (appointment time). We'll call you the day before to remind you.