Census 2010 Pacific Islands

## Individual Census Report

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

Use a blue or black pen.

US	se a blue or black pen.		
	Start here	4.	What is your telephone number? We may call you if we don't understand an answer.  Area Code + Number
1.	What is your name? Print name below.		Area Code + Number
	Last Name		
		5.	What is your sex? Mark X ONE box.
	First Name MI		☐ Male ☐ Female
2.	Do you live or stay in this facility MOST OF THE TIME?	6.	What is your age and what is your date of birth? Please report babies as age 0 when the child is less than 1 year old.  Age on April 1, 2010
	☐ Yes – SKIP to question 4 ☐ No		Distance in toward
3.	What is the address of the place where you live or stay MOST OF THE TIME? Please complete all that apply.		Print numbers in boxes.  Month Day Year of birth
	Development/Building name or Subdivision/Place name		
		7.	What is your ethnic origin or race?
	House number		
	Apartment number		(For example, Chamerus Company White Block
			(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)
	Street or Road name	8.	Where were you born? Print the name of the
		0.	island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	Physical description/Location		
		9.	Are you a CITIZEN or NATIONAL of the
			<ul><li>United States?</li><li>☐ Yes, born in this area of current residence (American Samoa, Guam, or Northern Mariana</li></ul>
			Islands) – SKIP to question 12a
	District/Municipality/Village		<ul><li>Yes, born in the United States or another U.S. territory or commonwealth</li></ul>
			Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization
	ZIP Code		No, not a U.S. citizen or national (permanent resident)
			No, not a U.S. citizen or national (temporary resident)
			OMB No. 0000-0000: Approval Expires 00/00/0000
			1111 1 88818 11 1 1881 81

FORM D-20 PI



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10.	residence to stay? If you have entered the area more than once, what is the latest year? Print numbers in boxes.  Year  What was your MAIN reason for moving to this area? Mark ONE box.  Employment Military	?	What grade or level were you attending?  Mark → ONE box.  □ Pre-kindergarten □ Kindergarten □ Grade 1 through 12 - Specify grade 1-12 □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)  What is the highest degree or level of
40.	Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school  Medical  Housing  Other		School you have COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  PRE-KINDERGARTEN THROUGH GRADE 12
	Where was your mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		☐ Pre-kindergarten ☐ Kindergarten ☐ Grade 1 through 11 – Specify grade 1–11 ☐ 12 <sup>th</sup> grade – <b>NO DIPLOMA</b>
D.	Where was your father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		HIGH SCHOOL GRADUATE  Regular high school diploma  GED or alternative credential  COLLEGE OR SOME COLLEGE
13.	Are you a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard.		<ul> <li>Some college credit, but less than 1 year of college credit</li> <li>□ 1 or more years of college credit, no degree</li> <li>□ Associate's degree (for example: AA, AS)</li> <li>□ Bachelor's degree (for example: BA, BS)</li> </ul> AFTER BACHELOR'S DEGREE
	<ul> <li>Yes, dependent of an active-duty member of the Armed Forces</li> <li>Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve</li> <li>No</li> </ul>		<ul> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</li> <li>Doctorate degree (for example: PhD, EdD)</li> </ul>
14a.	At any time since February 1, 2010, have you attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, have not attended since February 1 – SKIP to question 15	16.	Have you completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.  No Yes, in this area
	Yes, public school, public college Yes, private school, private college, home school		☐ Yes, not in this area



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17a.	Do you speak a language other than English at home?	19.	Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH
	No – SKIP to question 18a		type of coverage in items a—h.  Yes No  a. Insurance through a current or former
b.	What is this language?		employer or union (of yours or another family member)
	(For example: Chamorro, Samoan, Carolinian, Tongan,	)	<b>b.</b> Insurance purchased directly from an insurance company (by you or another family member)
c.	Do you speak this language at home more	,	<b>c.</b> Medicare, for people 65 and older, or people with certain disabilities
	frequently than English?		<b>d.</b> Medicaid or any kind of federal government assistance plan for those
	Yes, more frequently than English  Both equally often		with low incomes or a disability
	No, less frequently than English		<b>e.</b> TRICARE or other military health care
40-	Does not speak English		used or enrolled for VA health care)
18a.	Did you live at this address 1 year ago (on April 1, 2009)?		g. Local medical programs for indigents
	Develop in under 1 year old CVID to guartien 10		<b>h.</b> Any other type of health insurance or health coverage plan − <i>Specify</i> □ □
	<ul><li>□ Person is under 1 year old − SKIP to question 19</li><li>□ Yes, at this address − SKIP to question 19</li></ul>		
	No, at a different address		
b.	Where did you live 1 year ago?		
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country?	20a	. Are you deaf or do you have serious difficulty hearing?
			☐ Yes☐ No
c.	What is the name of the city, town, or village?	b	<ul> <li>Are you blind or do you have serious difficulty seeing even when wearing glasses?</li> </ul>
			☐ Yes ☐ No
		Ans Oth	swer questions 21a–c if you are 5 years old or over. erwise, SKIP to question 51.
		21a	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
			☐ Yes ☐ No
		b.	Do you have serious difficulty walking or climbing stairs?
			☐ Yes ☐ No
			1111 1 8 8 118 11 1 1 8 8 118 1



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21c.	Do you have difficulty dressing or bathing?  Yes No	26.	Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
Answ Other	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No		<ul> <li>Yes, now on active duty</li> <li>Yes, on active duty during the last 12 months, but not now</li> <li>Yes, on active duty in the past, but not during the last 12 months</li> <li>No, training for Reserves or National Guard only − SKIP to question 28a</li> <li>No, never served in the military − SKIP to question 29a</li> </ul>
23.	What is your marital status?  Now married  Widowed  Divorced  Separated  Never married	27.	When did you serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which you served, even if just for part of the period.  September 2001 or later August 1990 to August 2001 (including Persian Gulf War)
24.	If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.  None OR Number of children		September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)  March 1961 to July 1964  February 1955 to February 1961  Korean War (July 1950 to January 1955)  January 1947 to June 1950
b.	Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?  Yes  No - SKIP to question 26  Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?  Yes  No - SKIP to question 26  How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years		January 1947 to June 1950  World War II (December 1941 to December 1946)  November 1941 or earlier  Do you have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No – SKIP to question 29a  What is your service-connected disability rating?  O percent  10 or 20 percent  30 or 40 percent  50 or 60 percent  70 percent or higher



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29a.	LAST WEEK, did you work for pay at a job (or business)? If "Yes," also indicate whether you did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for	Answer question 32 if you marked "Car, truck, or private van/bus" in question 31. Otherwise, SKIP to question 33.		
	commercial purposes. Mark X ONE box.		Harris and the back of the second of	
	Yes, worked for pay; did NO subsistence activity – <i>SKIP to question 30</i>	32.	How many people, including yourself, usually rode to work in the car, truck, or private van/bus LAST WEEK?	
	Yes, worked for pay AND did subsistence activity – <i>SKIP to question 30</i>		Person(s)	
	No, did NOT work for pay at a job or business (or was retired)			
	(	33.	What time did you usually leave this address	
b.	LAST WEEK, did you do ANY work for pay,		to go to work LAST WEEK?	
υ.	even for as little as one hour? Mark X ONE box.		Hour Minute a.m.	
	Yes, worked for pay; did NO subsistence activity		<b>p.m.</b>	
	☐ Yes, worked for pay AND did subsistence activity	34.	How many minutes did it usually take you to	
	No, did NOT work for pay; did subsistence activity – <i>SKIP to question 35a</i>	34.	How many minutes did it usually take you to get from this address to work LAST WEEK?	
	□ No, did NOT work for pay; did NO		Minutes	
	subsistence activity – SKIP to question 35a			
30.	At what location did you work LAST WEEK?  Do not include subsistence activity. If you worked at more than one location, print where you worked most		ver questions 35–38 if you did NOT work last week. rwise, SKIP to question 39.	
	last week.	35a.	LAST WEEK, were you on layoff from a job?	
a.	What is the name of the island, U.S. state,			
aı	commonwealth, territory, or foreign country?		☐ Yes − SKIP to question 35c☐ No	
			LAST WEEK, were you TEMPORARILY absent from a job or business?	
b.	What is the name of the city, town, or village	?	Van an arabina kanananan ilinaan makamika	
			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – <i>SKIP to question 38</i>	
31.	How did you usually get to work LAST WEEK? Do not include transportation to		□ No − SKIP to question 36	
	subsistence activity. If you usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.	C.	Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?	
			☐ Yes – SKIP to question 37	
	Car, truck, or private van/bus		□ No	
	Public van/bus		110	
	☐ Boat ☐ Taxicab	36.	During the LAST 4 WEEKS, have you been ACTIVELY looking for work?	
	Motorcycle		Yes	
	☐ Bicycle		No – SKIP to question 38	
	Walked		- No Sitil to question of	
		37.	LAST WEEK, could you have started a job if offered one, or returned to work if recalled?	
			Yes, could have gone to work	
			No, because of own temporary illness	
			No, because of all other reasons (in school, etc.)	



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46b.	How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not	48d.	Social Security or Railroad Retirement.  Annual amount – Dollars
	include subsistence activity.		
	50 to 52 weeks		Yes → \$ .00
	48 to 49 weeks		No
	40 to 47 weeks	•	Any public assistance or welfare payments
	27 to 39 weeks	C.	from the state or local welfare office,
	14 to 26 weeks		including Supplemental Security Income
	13 weeks or less		(SSI).
	15 Weeks of less		Annual amount - Dollars
47.	During 2009, in the WEEKS WORKED, how many hours did you usually work each WEEK? Do not include subsistence activity.		☐ Yes → \$ .00 ☐ No
	Usual hours worked each WEEK		Butter and a continue of the Life of the continue of the conti
		1.	Retirement, survivor, or disability pensions.  Do NOT include Social Security.
40	INCOME IN 2009		Annual amount – Dollars
48.	Mark X the "Yes" box for each income source		☐ Yes → \$
	received during 2009, and enter the total amount		No
	received during 2009 to a maximum of \$999,999		
	(\$99,999 for questions 48d and 48e). Mark X the "No" box if the income source was not received.	g.	<b>Any remittances.</b> Include money from relatives outside the household or in the military.
	If net income was a loss, enter the amount and		Annual amount - Dollars
	mark X the "Loss" box next to the dollar amount.		☐ Yes→ \$ .00
_			Yes → \$ .00
a.	Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before		LI NO
	deductions for taxes, bonds, dues, or other items.	la.	Any other courses of income received
		n.	Any other sources of income received regularly such as Veterans' (VA) payments,
	Annual amount – Dollars		unemployment compensation, child support,
	☐ Yes → \$ .00		or alimony. Do NOT include lump-sum payments
	No		such as money from an inheritance or sale of a home.
	140		Annual amount - Dollars
b.	Self-employment income from own		☐ Yes → \$ .00
	nonfarm businesses or farm businesses,		□ No
	including proprietorships and partnerships.  Report NET income after business expenses.		
	neport NET income alter business expenses.	40	What was your total income during 20092
	Annual amount – Dollars Loss	43.	What was your total income during 2009?  Add entries in questions 48a–48h; subtract any
	□ Voo		losses. If net income was a loss, enter the amount and
	Yes→\$ .00		mark $X$ the "Loss" box next to the dollar amount.
	□ No		Annual amount – Dollars Loss
c.	Interest, dividends, net rental income,		
٠.	royalty income, or income from estates		□ None OR \$ □ □
	and trusts. Report even small amounts credited	=0	D : 0000 III
	to an account.	50.	During 2009, did you GIVE or SEND money TO relatives or friends living outside of this
	Annual amount – Dollars Loss		area? Do not include charitable contributions or
	Airidai dirioditi Dollaro E033		money given to charitable organizations. If exact
	Yes → \$ .00		amount is not known, please give best estimate.
	No		□ Vaa . ♠
			Yes → \$ .00
			□ No

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Form D-20 PI

51. Please check this form to be sure you have answered all the required questions completely.

To return your form, please follow the instructions on the envelope that the form came in.

## Thank you for completing this official Census 2010 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any aspect of the burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.



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## **FOR OFFICE USE ONLY FOR OFFICE USE ONLY** A. GQ ID B. LCO C. County **D.** Block F. Map Spot E. AA G. PN H. Add I. GQ Type J. JIC Y N

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