## Census 2010 Pacific Islands

## Military Census Report

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

| Start here  | <b>birth?</b> Please report babies as age 0 when the chis less than 1 year old.  Age on April 1, 2010 |
|---|---|
| What is your name? Print name below.  | 1, 2010   |
| Last Name   |   |
|   | Print numbers in boxes.   |
|   | Month Day Year of birth   |
| First Name MI   |   |
|   | <b>5</b>  |
|   | 5. What is your ethnic origin or race?  |
| What is the full name and address of the place (barrack/dormitory, disciplinary |   |
| barrack/jail, military treatment facility)                                      |   |
| where you are assigned?   |   |
| Please complete all that apply.   | (For example: Chamorro, Samoan, White, Black,   |
| Military installation or Base name  | Carolinian, Filipino, Japanese, Korean, Palauan,  |
|   | Tongan, and so on.)   |
|   | 6. Where were you born? Print the name of the   |
|   | island (village in American Samoa), U.S. state,   |
|   | commonwealth, territory, or foreign country.  |
| Barrack or dormitory name   |   |
|   | 7   |
|   | 7. Are you a CITIZEN or NATIONAL of the   |
|   | United States?  |
|   | Yes, born in this area of current residence   |
| Demonstrate and annull and annull and   | (American Samoa, Northern Mariana Islands,<br>Guam) – SKIP to question 10a                            |
| Barrack or dormitory number   | Yes, born in the United States or another   |
|   | U.S. territory or commonwealth  |
|   | Yes, born elsewhere of U.S. parent or parents   |
| Street number   | Yes, a U.S. citizen by naturalization   |
|   | No, not a U.S. citizen or national (permanent   |
|   | resident)   |
| Street name   | <ul><li>No, not a U.S. citizen or national (temporary resident)</li></ul>                             |
|   | 7   |
|   | 8. When did you come to this area of current residence to stay? If you have entered the               |
|   | area more than once, what is the latest ye  |
|   | Print numbers in boxes.   |
| Mark V OUT  | Year  |
| What is your sex? Mark X ONE box.   |   |
| Male  |   |
| Female  |   |
|   |   |
|   |   |
|   | OMB No. 0607-0806: Approval Expires 12/31/2010  |
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9. What was your MAIN reason for moving to this area? Mark ONE box.
12. What is the highest degree or level of school you have COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

| ٠.   | this area? Mark X ONE box.   |      | school you have COMPLETED? Mark   |
|------|--|------|---|
|      | ☐ Employment   |      | ONE box. If currently enrolled, mark the previous                             |
|      | ☐ Military   |      | grade or highest degree received.   |
|      | Subsistence activities   |      | NO SCHOOLING COMPLETED  |
|      | Missionary activities  |      | ☐ No schooling completed  |
|      | Moved with spouse or parent  |      |   |
|      | To attend school   |      | PRE-KINDERGARTEN THROUGH GRADE 12   |
|      | Medical  |      | ☐ Pre-kindergarten  |
|      | Housing  |      | Kindergarten  |
|      | Other  |      | Grade 1 through 11 –  |
| 10a. | Where was your mother born? Print the name   |      | Specify grade 1–11 — >  |
|      | of the island (village in American Samoa), U.S. state,                               |      | 12 <sup>th</sup> grade – <b>NO DIPLOMA</b>                                    |
|      | commonwealth, territory, or foreign country.   |      | HIGH SCHOOL GRADUATE  |
|      |  |      | Regular high school diploma   |
|      |  |      | GED or alternative credential   |
| b.   | Where was your father born? Print the name of  |      | COLLEGE OR SOME COLLEGE   |
|      | the island (village in American Samoa), U.S. state,                                  |      | _   |
|      | commonwealth, territory, or foreign country.   |      | Some college credit, but less than 1 year of college credit                   |
|      |  |      | ☐ 1 or more years of college credit, no degree                                |
|      |  | _    | Associate's degree (for example: AA, AS)                                      |
| 11a. | At any time since February 1, 2010, have   |      | ☐ Bachelor's degree (for example: BA, BS)                                     |
|      | you attended school or college? Include only elementary school, home school, and     |      | AFTER BACHELOR'S DEGREE   |
|      | schooling which leads to a high school diploma or                                    |      |   |
|      | a college degree.  |      | Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)                    |
|      | No, have not attended since February 1 − SKIP  |      | Professional degree beyond a bachelor's degree                                |
|      | to question 12   |      | (for example: MD, DDŚ, DVM, LLB, JD)  |
|      | Yes, public school, public college Yes, private school, private college, home school |      | Doctorate degree (for example: PhD, EdD)                                      |
|      |  | 13.  | Have you completed the requirements for a                                     |
| b.   | What grade or level were you attending?  Mark X ONE box.                             |      | vocational training program at a trade  |
|      |  |      | school, business school, hospital, some other kind of school for occupational |
|      | Grade 1 through 12 –  Specify grade 1–12   |      | training, or place of work? Do not include                                    |
|      | College undergraduate years (freshman to senior)                                     |      | academic college courses.   |
|      | Graduate or professional school beyond a   |      | No  |
|      | bachelor's degree (for example, MA or PhD  |      | Yes, in this area   |
|      | program or medical or law school)  |      | Yes, not in this area   |
|      |  | 14a. | Do you speak a language other than English at home?                           |
|      |  |      | Yes   |
|      |  |      | □ No – SKIP to question 15a   |
|      |  | h    | What is this language?  |
|      |  | D.   | What is this language?  |
|      |  |      |   |
|      |  |      | (For example: Chamorro, Samoan, Carolinian, Tongan)                           |
|      |  | c.   | Do you speak this language at home more frequently than English?              |
|      |  |      | Yes, more frequently than English   |
|      |  |      | Both equally often  |
|      |  |      | No, less frequently than English  |
|      |  |      | Do not speak English  |



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| 15a. | Did you live at the address reported in question 2 one year ago (on April 1, 2009)?  Yes – SKIP to question 16 No  | 18a.            | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  |
|------|--|-----------------|---|
| b.   | Where did you live 1 year ago?   |                 | □ No  |
|      | What is the name of the island, U.S. state, commonwealth, territory, or foreign country?   | b.              | Do you have serious difficulty walking or climbing stairs?  |
|      |  | 1               | Yes   |
|      |  |                 | □ No  |
| _    | What is the name of the city, town, or village   | , c.            | Do you have difficulty dressing or bathing?   |
| 0.   | what is the name of the city, town, or vinage  | ; <b>.</b><br>1 | Yes   |
|      |  |                 | □ No  |
| 16.  | Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.  Yes No | 19.             | 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  |
|      | Insurance through a current or former employer or union (of yours or   |                 | □ No  |
|      | another family member)   | 20.             | What is your marital status?  |
|      | <b>b.</b> Insurance purchased directly from an insurance company (by you or  | 20.             | Now married   |
|      | another family member)   |                 | □ Widowed   |
|      | <b>c.</b> Medicare, for people 65 and older, or people with certain disabilities   |                 | Divorced  |
|      |  |                 | ☐ Separated   |
|      | <b>d.</b> Medicaid or any kind of federal government assistance plan for those with low incomes or a disability  | 21.             | Never married   |
|      | e. TRICARE or other military health care   | 21.             | If you are female, how many babies have you ever had, not counting stillbirths? Do  |
|      | <b>f.</b> VA (including those who have ever  |                 | not count stepchildren or children you have adopted.  |
|      | used or enrolled for VA health care)   |                 | ☐ None OR Number of children  |
|      | g. Local medical programs for indigents  |                 |   |
|      | <ul> <li>Any other type of health insurance or<br/>health coverage plan − Specify  □ □</li> </ul>  |                 |   |
|      | Are you deaf or do you have serious difficulty hearing?  Yes No  Are you blind or do you have serious difficulty seeing even when wearing glasses?                       | 22.             | 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. If the only active duty was for training in the military Reserves or the National Guard, mark X this box and then SKIP to question 23a.  September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 |
|      | ☐ Yes  |                 | February 1955 to February 1961  |
|      | □ No   |                 | <ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul>  |
|      |  |                 |   |
|      |  |                 |   |



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| 23a. | Do you have a VA service-connected disability rating?  | Answ<br>van/b | ver question 27 if you marked "Car, truck, or private<br>ous" in question 26. Otherwise, SKIP to question 28.  |
|------|--|---------------|--|
|      | <ul><li>Yes (such as 0%, 10%, 20%,, 100%)</li><li>No − SKIP to question 24a</li></ul>  | 27.           | How many people, including yourself, usually rode to work in the car, truck, or private van/bus LAST WEEK?   |
| b.   | What is your service-connected disability rating?  |               | Person(s)  |
|      | 0 percent     10 or 20 percent   | 20            | What time did you usually leave home to go   |
|      | <ul><li>30 or 40 percent</li><li>50 or 60 percent</li><li>70 percent or higher</li></ul>   | 20.           | to work LAST WEEK?  Hour Minute  |
| 24a. | LAST WEEK, did you work for pay at a job   |               | □ a.m. □ p.m.  |
|      | <b>(or business)?</b> Do not include subsistence activity. Mark $X$ the "Yes" box if you worked at all or were in training, at your duty station, or elsewhere.  | 29.           | How many minutes did it usually take you to get from home to work LAST WEEK?   |
|      | ☐ Yes – SKIP to question 25 ☐ No   |               | Minutes  |
| b.   | LAST WEEK, did you do ANY work for pay, even for as little as an hour? Do not include subsistence activity.  | 30.           | What is your branch of service?  |
|      | ☐ Yes ☐ No – SKIP to question 30   |               | ☐ Air Force ☐ Army ☐ Marine Corps  |
| 25.  | 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 last week.  |               | <ul> <li>Navy</li> <li>Coast Guard</li> <li>Not in U.S. Armed Forces – Describe the kind of business of your employer.</li> </ul>  |
| a.   | What is the name of the island, U.S. state, commonwealth, territory, or foreign country?   | ?             |  |
|      |  |               |  |
| b.   | What is the name of the city, town, or village   | ?             |  |
| 26.  | How did you usually get to work LAST WEEK? Do not include transportation to 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. | 31a.          | What kind of work are you doing? (For example: aircraft engine mechanic, electronic technician, field artillery surveyor, sonar technician, tactical intelligence officer) |
|      | Car, truck, or private van/bus  Public van/bus   |               |  |
|      | □ Boat □ Taxicab   |               |  |
|      | <ul> <li>Motorcycle</li> <li>Bicycle</li> <li>Walked</li> <li>Worked at home − SKIP to question 30</li> <li>Other method</li> </ul>  |               |  |
|      |  |               |  |



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| 31b. | What are your most important activities or duties? (For example: repair seaplanes, research on electronic components, survey artillery ranges, repair sonar equipment, edit intelligence manuals) | 32c. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.  50 to 52 weeks  |
|------|---|---|
|      |   | 48 to 49 weeks  |
|      |   | 40 to 47 weeks  |
|      |   |   |
|      |   | 27 to 39 weeks  |
|      |   | 14 to 26 weeks  |
|      |   | ■ 13 weeks or less  |
|      |   |   |
| c.   | What is your main job specialty? If you have more than one specialty, list the one at which you spend the most time.  | d. During 2009, in the WEEKS WORKED, how many hours did you usually work each WEEK? Do not include subsistence activity.  Usual hours worked each WEEK  |
|      | /4>   | Coddi Hodio Wolked Cash Wellin  |
|      | (1) Job Title   |   |
|      |   |   |
|      |   |   |
|      |   | 33. INCOME IN 2009  |
|      |   | Mark X the "Yes" box for each income source   |
|      |   | received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999.  |
|      | (2) Job Code  | Mark X the "No" box if the income source was not  |
|      | (AOC/MOS/NOBC/Rating/AFSC/Occ Fld)  | received.   |
|      | (Acc)mos/nego/namg/Arco/cocra   |   |
|      |   | If net income was a loss, enter the amount and  |
|      |   | mark $X$ the "Loss" box next to the dollar amount.  |
|      | two-character code. (For example: O-3, W-2, E-4)  Paygrade  —   | a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS – Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items. |
| 32a. | LAST YEAR, 2009, did you work at a job  | Annual amount – Dollars   |
|      | or business, or were you on active-duty   |   |
|      | military service, at any time? Do not include subsistence activity.   | □ Yes → \$ .00  |
|      | Subsistence activity.   | ☐ No  |
|      | Yes (worked or on active duty)  |   |
|      | ■ No – SKIP to question 33  | b. Self-employment income from own  |
|      |   | nonfarm businesses or farm businesses, including proprietorships and partnerships.  |
| b.   | During 2009 (all 52 weeks), did you work  | Report NET income after business expenses.  |
|      | 50 or more weeks? Count paid time off as  |   |
|      | work. Do not include subsistence activity.  | Annual amount – Dollars Loss  |
|      | Yes – SKIP to question 32d  | □ Yes → \$   .00 □  |
|      | □ No  | □ No  |
|      |   |   |
|      |   | c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.  Annual amount – Dollars  Yes — \$  |
|      |   | _   |
|      |   | No  |
|      |   |   |
|      |   |   |
|      |   |   |
|      |   |   |
|      |   | 1111 1 888181 1 1 19 =1=1   |
|      |   |   |



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| Any other sources of income received regularly such as Social Security, public assistance or welfare payments, unemployment compensation, child support or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home |  |  |  |
|--|--|--|--|
| Annual amount - Dollars  |  |  |  |
| ☐ Yes → <b>\$</b> .00  |  |  |  |
| What was your total income in 2009? Add entries in questions 33a–33d; subtract any losses. If net income was a loss, mark X the "Loss" box next to the amount.   |  |  |  |
| Annual amount – Dollars Loss   |  |  |  |
| □ None OR \$ .00 □   |  |  |  |
| During 2009, did you GIVE or SEND money TO relatives or friends living outside of this AREA? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.                |  |  |  |
| Annual amount - Dollars  |  |  |  |
| ☐ Yes → \$ .00 ☐ No  |  |  |  |
| Please check this form to be sure you have answered all the required questions completely. Please return your completed form to your Census unit representative.   |  |  |  |
|  |  |  |  |

## 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 0607-0806, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0806" 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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