

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

This is the official form for all people at this address. It is easy, and your answers are protected by law.

Use a blue or black pen. Start here

The "Informational Copy" shows the content of the Census 2010 questionnaire for the U.S. Virgin Islands. Each household will receive a form, which includes 46 questions relating to population characteristics and 25 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 census data, consulting with federal and nonfederal data users, and conducting tests.

For additional information about Census 2010 in the U.S. Virgin Islands, please write to the Director, U.S. Census Bureau, Washington, DC 20233. Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in the U.S. Virgin Islands on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

• Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.
- **1.** How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

→ Please turn the page and print the names of all the people living or staying here on April 1, 2010.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 42 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this 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.

OMB No. 0000-0000: Approval Expires 00/00/0000



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Form **D-61 VI**

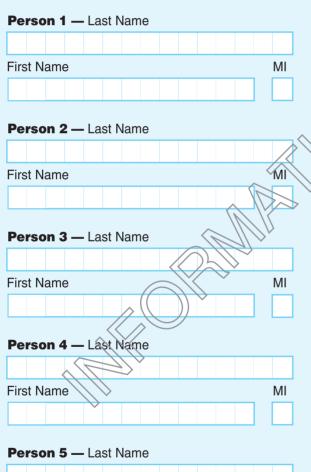
List of Persons

2

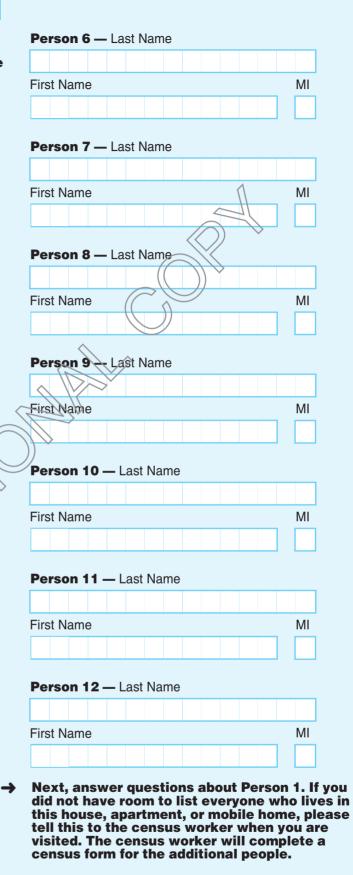
- → Please be sure you answered Question 1 on the front page before continuing.
- 2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name	
C R U Z	
First Name	MI
JOHN	J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.



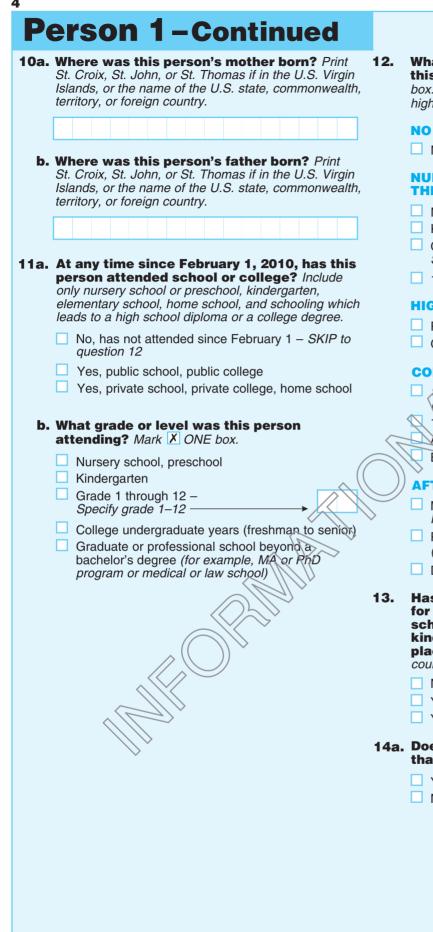






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F	Person 1		
1.	What is this person's name? Print the name of Person 1 from page 2. Last Name First Name MI	6.	 What is this person's race? Mark X one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native - Print name of enrolled or principal tribe. Z
2.	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number -		 Asian Indian Chinese Filipino Japanese Korean
3.	 What is this person's sex? Mark X ONE box. Male Female 		 Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <i></i>
4.	What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Age on April 1, 2010	~	 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. Z
	Print numbers in boxes. Month Day Year of birth	\int_{L}	Some other race – <i>Print race.</i> $ $
	NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.		 Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. Is this person a CITIZEN of the United States? Yes, born in the U.S. Virgin Islands – <i>SKIP to question 10a</i> Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident)
		9.	When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes. Year



What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
- Kindergarten
 - Grade 1 through 11 -Specify grade 1-11 -
- 12th grade NO DIPLOMA

HIGH SCHOOL GRADUATI

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- 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)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)
- Has this person 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 the U.S. Virgin Islands
 - Yes, not in the U.S. Virgin Islands

14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



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Person	1	-Con	tinued	
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14b.	What is this language?	17a. Is this person deaf or does he/she have serious difficulty hearing?
	(For example: French, Spanish, Chinese, Italian)	No
		b. Is this person blind or does he/she have
C.	How well does this person speak English?	serious difficulty seeing even when wearing
	Very well	glasses?
	U Well	Yes
	Not well	No 🗸
	Not at all	Answer questions 18a–c if this person is 5 years old or
15a.	Did this person live in this house or	over. Otherwise, SKIP to question 47.
	apartment 1 year ago (on April 1, 2009)?	18a. Because of a physical, mental, or emotional
	Person is under 1 year old – <i>SKIP to question 16</i>	condition, does this person have serious
	Yes, this house – <i>SKIP to question 16</i>	difficulty concentrating, remembering, or making decisions?
	No, different house	
b.	Where did this person live 1 year ago?	
	Name of the Island in the U.S. Virgin Islands,	□ No
	or the name of U.S. State, commonwealth,	b. Does this person have serious difficulty
	territory, or foreign country	walking or climbing stairs?
		Yes
		NO
C.	Name of city, town, or village	c, Does this person have difficulty dressing or
		bathing?
		Yes
16.	Is this person CURRENTLY covered by any	No No
	of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for	Answer question 19 if this person is 15 years old or over.
	EACH type of coverage in items a–g. Yes No	Otherwise, SKIP to question 47.
	a. Insurance through a current or former	19. Because of a physical, mental, or emotional
	employer or union (of this person of another family member)	condition, does this person have difficulty
	b. Insurance purchased directly from an	doing errands alone such as visiting a doctor's office or shopping?
	insurance company (by this person or another family member)	☐ Yes
	c. Medicare, for people 65-and older, or	No
	people with certain disabilities	20. What is this person's marital status?
	d. Medicaid, Medical Assistance, or any	
	kind of federal government-assistance plan for those with low incomes or a	 Now married Widowed
	disability	Divorced
	e. TRICARE or other military health care .	Separated
	f. VA (including those who have ever	Never married
	used or enrolled for VA health care)	21. If this person is female, how many babies
	g. Any other type of health insurance or	21. If this person is female, how many babies has she ever had, not counting stillbirths?
	health coverage plan – Specify \mathbf{z}	Do not count stepchildren or children she has
		adopted.
		None OR Number of children
		_

6 **Person 1**-Continued 22a. Does this person have any of his/her own 25a. Does this person have a VA grandchildren under the age of 18 living in service-connected disability rating? this house or apartment? Yes (such as 0%, 10%, 20%, . . ., 100%) Yes No – SKIP to question 26a No – SKIP to question 23 b. What is this person's service-connected disability rating? b. Is this grandparent currently responsible for most of the basic needs of any 0 percent grandchild(ren) under the age of 18 who 10 or 20 percent live(s) in this house or apartment? 30 or 40 percent Yes 📃 50 or 60 percent No – SKIP to question 23 70 percent or higher c. How long has this grandparent been 26a. LAST WEEK, did this person work for pay responsible for the(se) grandchild(ren)? at a job (or business)? If the grandparent is financially responsible for more than one grandchild, answer the question for the Yes – SKIP to question 27 grandchild for whom the grandparent has been No, did not work (or retired) responsible for the longest period of time. b. LAST WEEK, did this person do ANY work for Less than 6 months pay, even for as little as one hour? 6 to 11 months 1 or 2 years Yes No - SKIP to question 32a 3 or 4 years 5 or more years At what location did this person work LAST 23. Has this person ever served on active WEEK? If this person worked at more than one duty in the U.S. Armed Forces, military location, print where he or she worked most last week. **Reserves, or National Guard?** Active duty does not include training for the Reserves or Name of the island in the U.S. Virgin Islands, National Guard, but DOES include activation, for or name of U.S. state, commonwealth, example, for the Persian Gulf War. territory, or foreign country Yes, now on active duty Yes, on active duty during the last 12 months. but not now b. Name of city, town, or village Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard

- 28. How did this person usually get to work **LAST WEEK?** If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.
 - Car, truck, or van
 - Bus (including Vitran or Vitran Plus)
 - Taxicab
 - Motorcycle
 - Safari or taxi bus
 - Ferryboat or water taxi
 - Plane or seaplane
 - Walked
 - Worked at home SKIP to question 36
 - Other method



only - SKIP to question 25a

question 26a

just for part of the period.

Persian Gulf War)

September 2001 or later

September 1980 to July 1990

February 1955 to February 1961

May 1975 to August 1980

March 1961 to July 1964

January 1947 to June 1950

November 1941 or earlier

No, never served in the military – SKIP to

24. When did this person serve on active duty

August 1990 to August 2001 (including

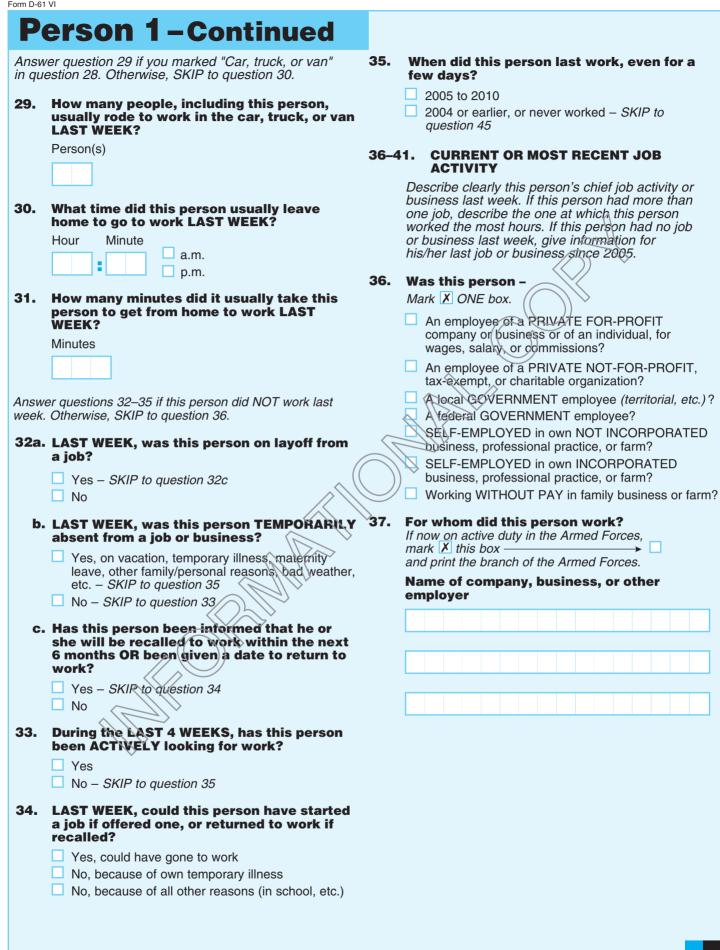
Vietnam era (August 1964 to April 1975)

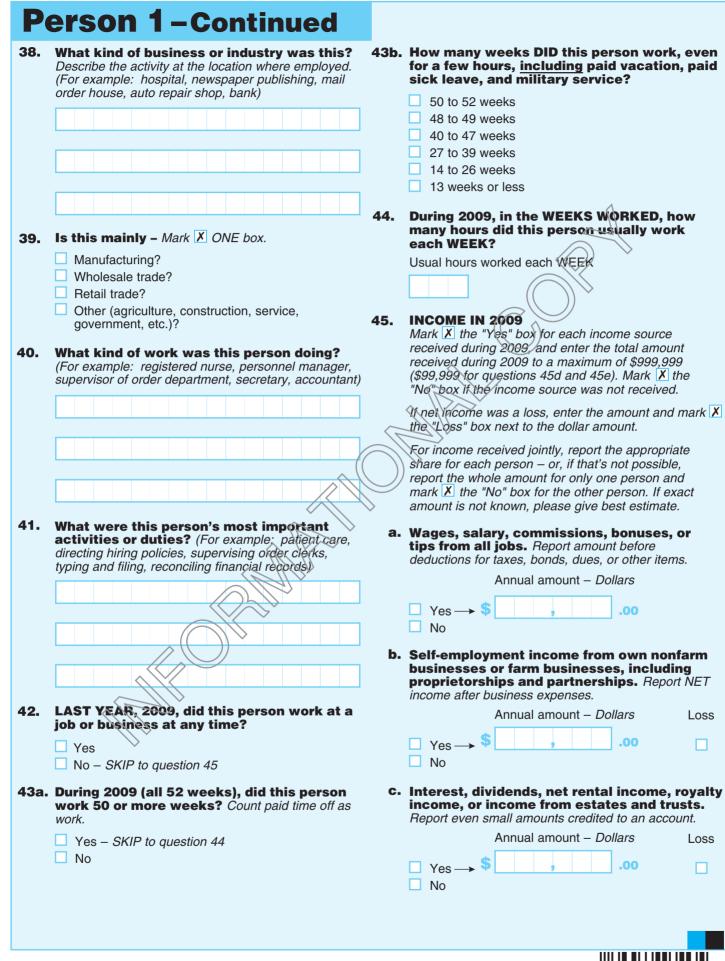
Korean War (July 1950 to January 1955)

World War II (December 1941 to December 1946)

in the U.S. Armed Forces? Mark X a box for

EACH period in which this person served, even if





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Ρ	erson 1–Continued		
45d.	Social Security or Railroad Retirement.	48.	About when was this building first built?
	Annual amount – Dollars		2009 or 2010
			2000 to 2008
	$\Box \text{ Yes} \longrightarrow \$ _ _ _ _ _ _ _ \00$		999 to 1999
	No		980 to 1989
e.	Any public assistance or welfare payments		1970 to 1979
•••	from the state or local welfare office,		1960 to 1969
	including Supplemental Security Income		1950 to 1959
	(SSI).		1940 to 1949
	Annual amount – <i>Dollars</i>		1939 or earlier
	□ Yes → \$	49.	When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
			2009 or 2010
f.	Retirement, survivor, or disability pensions.		2000 to 2008
	Do NOT include Social Security.		□ 1990 to 1999 (())
	Annual amount – Dollars		1980 to 1989
	□ Yes→\$		□ 1970 to 1979))
			1969 or earlier
	No No	Ansv	ver questions 50–52 if this is a HOUSE or a
g.	Any other sources of income received	MOE	BILE HOME. Otherwise, SKIP to question 52.
	regularly such as Veterans' (VA) payments, unemployment compensation, child support,	50	
	or alimony. Do NOT include lump-sum payments	50.	Now many acres is this house or mobile home on?
	such as money from an inheritance or sale of a home.		
	Annual amount – Dollars	\bigcirc	Less than 1 acre – SKIP to question 52
		\square	1 to 9.9 acres 10 or more acres
	□ Yes → \$		
	No	51.	In 2009, what were the actual sales of all
46.	What was this person's total income during		agricultural products from this property?
	2009? Add entries in questions 45a–45g; subtract		None
	any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.		□ \$1 to \$999
			□ \$1,000 to \$2,499
	Annual amount - Dollars Loss		\$2,500 to \$4,999
	□ None OR \$		\$5,000 to \$9,999
-			□ \$10,000 or more
Pleas	se answer questions 47-71 about your household.	52.	Is there a business (such as a store or
47.	Which best describes this building? Include all		barber shop) or a medical office on this
	apartments flats, etc., even if vacant.		property?
	A mobile home		Yes
	A one-family house detached from any other house		No No
	A one-family house attached to one or more houses		
	A building with 2 apartments		
	A building with 3 or 4 apartments		
	A building with 5 to 9 apartments		
	A building with 10 to 19 apartments		
	A building with 20 or more apartments		
	A loss to a loss to a total		
	A boat or houseboat		
	RV, van, etc.		
	_		
	_		
	_		
	_		
	_		

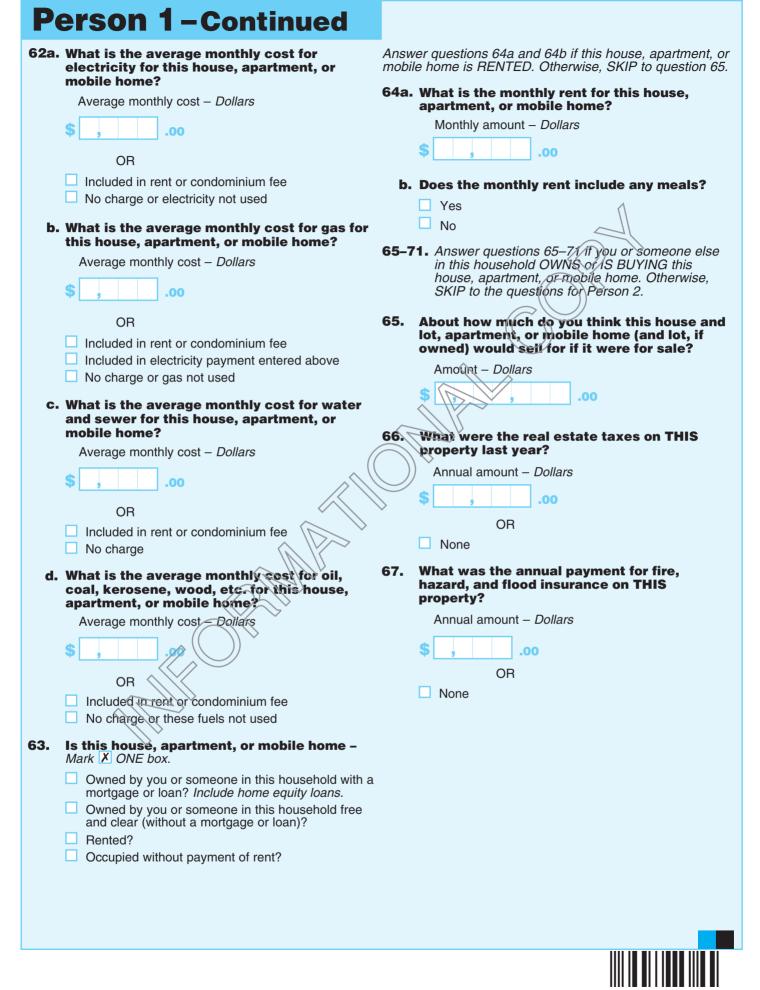


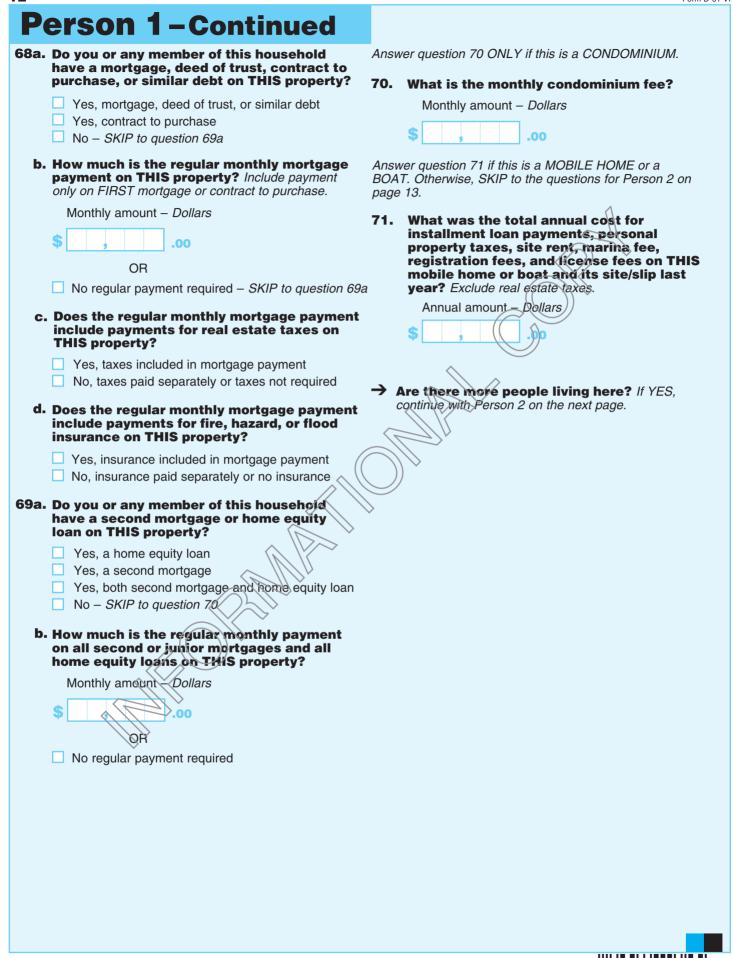
Person 1–Continued 53a. How many separate rooms are in this house, Which FUEL is used MOST for cooking in this 57. apartment, or mobile home? Rooms must be house, apartment, or mobile home? separated by built-in archways or walls that extend out Mark X ONE box. at least 6 inches and go from floor to ceiling. Gas: bottled or tank • INCLUDE bedrooms, kitchens, etc. Electricity EXCLUDE bathrooms, porches, balconies, fovers, Fuel oil, kerosene, etc. halls, or unfinished basements. Wood or charcoal 1 room Other fuel 2 rooms No fuel used 3 rooms 58a. Do you or any member of this household 4 rooms have a home computer or laptop? Count only 5 rooms if computer is in working condition. 6 rooms Yes 7 rooms No – SKIP to question 59a 8 rooms 9 or more rooms b. Do you or any member of this household have an Internet connection at this house, b. How many of these rooms are bedrooms? apartment, or mobile home? Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an Yes efficiency/studio apartment, mark 🗴 "No bedroom." No bedroom 59a. Do you get water from - Mark X ONE box. 1 bedroom 2 bedrooms A public system only? 3 bedrooms Apublic system and cistern? 4 bedrooms A cistern, tanks, or drums only? 5 or more bedrooms A public standpipe? Some other source (an individual well or 54. Does this house, apartment, or mobile home spring)? have -Yes No b. During the past month, did anyone in this **a.** Hot and cold running water? house, apartment, or mobile home purchase **b.** A flush toilet? any water from – Mark X all that apply. c. A bathtub or shower? . A water delivery vendor? **d.** A sink with a faucet?... A supermarket or grocery store? **e.** A stove or range? . . Neither of the above **f.** A refrigerator? . . . 60. Is this building connected to a public sewer? 55. Does this house, apartment, or mobile home have telephone service from which you can Yes, connected to a public sewer both make and receive calls? No, connected to a septic tank or cesspool Yes, a cell or mobile phone only No, use other means Yes, a landline only Is this living quarters part of a condominium? 61. Yes, both a cell or mobile phone and a landline No Yes No 56. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 1 2 3 4

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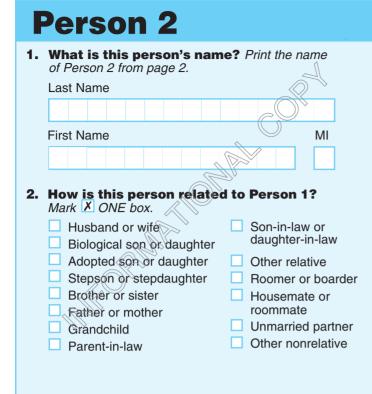
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6 or more





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For Persons 3–6, repeat questions 1–46 of Person 2.



Person 3

14

For Persons 3–6, repeat questions 1–46 of Person 2.

NOTE– *The content for Question 2 varies between Person 1 and Persons 2–6.*

Thank you for completing your official Census 2010 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.