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



# GROUP QUARTERS VALIDATION QUESTIONNAIRE

This listing contains confidential information, the release of which is prohibited by Title 13, United States Code.

FORM **D-351(GQV)** (10-27-2008)

USCENSUSBUREAU





Form D-351(GQV) (10-27-2008)

Form D-351(GQV) (10-27-2008)	1 .
and	&
Apartments	Apts
Avenue	Ave
Black	Blk
Blue	BI
Boulevard	Blvd
Brown	Brn
Basement	Bsmt
Box	Box
Brick	Brk
Building	Bldg
Circle	Cir
County	Co
Court	Ct
Downstairs	Dwnstr
Drive	Dr
East	E
Expressway	Expwy
Floor	FI
Freeway	Fwy
Front	Frnt
Garage	Grg
Green	Gr
General Delivery	Gen Del
Highway Contract Route	HCR
House	Hse
Highway	Hwy
Interstate Highway	I-
Intersection	Int
Lane	Ln
Left	L
Living Quarters	LQs
Lower	Lwr

Migrant living quarters	Mig LQs
Mile	Mi
North	N
Number	#
Office	Ofc
Place	PI
Porch	Prch
Post Office	РО
Postal Service Center	PSC
Private Road	PrRd
Road	Rd
Railroad/Rural Route	RR
Right	R
Route	RT
South	S
School	Schl
Split level	SL
Star Route	SR
Street/State	St
Suite	Ste
Terrace	Ter
Trail	Tri
Trailer (Mobile Home)	Trir
Upper	Uppr
Vacant	V
Vehicular Trail	Ve Tr
Vacant Storage	VS
West	W
White	Wht
Yellow	Ylw



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



# Census Group Quarters validation Questionnaire

M	ANAGEMENT ATTENTION		
	☐ (For use by manager only)		
Li	ving Quarters Screener		
1.	Is this address in the block listed on the label or the address listing page?		
	☐ Yes → Go to Question 2	APPLY ADDRESS If the case is an Add – Apply	
	No → Go to the Certification Tab and mark (X) the "D1" box in the Address Status section.	     	
2.	INTRODUCTION		
	here. Would that be you, or should introduction if referred to another.  We are updating our list of address will help ensure that the 2010 Ce will take approximately 10 minut that your answers are confidentiat the respondent and allow time to	r respondent.) sses as an important part of t nsus is as accurate as possit es to conduct this interview. al. (Provide a copy of the Con	he 2010 Census. This ble. We estimate that it This notice explains
3.	What is your name?		
4a	. We have your address listed as (r	read the address on the label	above). Is this correct?
	☐ Yes → Go to Question 5		
	□ No → Go to Question 4b and make	corrections on the next page.	Address Register
			Line No. Page No.
FORM	D-351(GQV) (10-27-2008)		

USCENSUSBUREAU



Page 4 FORM D-351(GQV) (10-27-2008)

Unit Designation ZIP Code  Building Name  Building No.  Rural Route Address Rural Route ZIP Code  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	What		our	cor	rec	ct a	ad	dr	es	s?	(C	on	npl	let	e f	or	al	l a	dd	ed	0	LG	S.	)					
Unit Designation ZIP Code  Building Name  Building No.  Rural Route Address Rural Route ZIP Code  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	House N	lo.							_																				
Building Name  Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No																													
Building Name  Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	Street N	ame																											
Building Name  Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No																													
Building Name  Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No																													
Building Name  Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No																													
Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	Unit Des	signati	on																								ZIP Co	de	
Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No																													
Building No.  Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	Ruilding	Name	,																										
Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	Dallaling	Ivanic																											
Rural Route Address  Rural Route ZIP C  Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes  No	5																												
Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes No	Building	No.							_		_																		
Physical Description/Location  (For ADDs only) Is this also your mailing address?  Yes No																													
(For ADDs only) Is this also your mailing address?  Yes No	Rural Ro	oute A	ddres	S																							Rural F	Route 2	ZIP C
(For ADDs only) Is this also your mailing address?  Yes No																													
☐ Yes ☐ No	Physical	Desc	ription	/Loc	atior	n																							
☐ Yes ☐ No																													
☐ Yes ☐ No																													
□ No	(For A	\DD:	s on	ly)	ls t	thi	s a	als	:O <u>1</u>	you	ur I	ma	ili	ng	a	ddr	'es	s?											
	☐ Yes	S																											
	☐ No																												
LCO AA State County Block Map Spot																													
	LCO			A	A							;	Stat	e		C	oui	nty			[	Bloc	k			_	Мар	Spot	



5.	Now I am going to ask you some questions to help me determine what kind of place this is. Is this a soup kitchen, a shelter for people experiencing homelessness, or a facility that operates a regularly scheduled mobile food van?
	☐ Yes → Go to Question 15
	$\square$ No $\rightarrow$ Go to Question 6
6.	Is this some type of facility, student housing, or group home?
	☐ Yes → Go to Question 12
	□ No → Go to Question 7
7.	Is this a hotel, motel, hostel, recreational vehicle (RV) park, campground, carnival, marina, or racetrack?
	☐ Yes → Go to Question 15
	$\square$ No $\rightarrow$ Go to Question 8
8.	Is this housing for people with a religious affiliation such as a convent, monastery, or abbey?
	☐ Yes → Go to Question 12
	$\square$ No $\rightarrow$ Go to Question 9
9.	Is this housing for workers, such as construction, migratory or farm workers, or for students at Job Corps centers?
	☐ Yes → Go to Question 12
	□ No → Go to Question 10
10.	Is this a private residence?
	☐ Yes → Go to Question 11
	□ No → Go to Question 12
11.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.  Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address  Status section.
12.	Does anyone live or stay here?
	☐ Yes → Go to Question 15
	$\square$ No $\rightarrow$ Go to Question 13
13.	Could anyone live or stay here?
	☐ Yes → Go to Question 15
	□ No → Go to Question 14
14.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.  Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
15.	What is the telephone number here?
16.	Let me repeat the telephone number I just wrote down. (Read telephone number given in Question 15 above.) Is that correct?
	☐ Yes → Go to Question 17
	No → What is the correct telephone number?
	- Go to Question 17
17.	What is your job title?



Page 6 FORM D-351(GQV) (10-27-2008)

18a.			I am going to show you a list. (Show respondent flashcard Side 1.) Which of BEST describes this place? Mark (X) one box.
		1.	Boarding school (except for schools for people with disabilities) → Go to Question 18b
		2.	Correctional facility for adults or juveniles → <i>Go to Question 19</i>
		3.	Fraternity or sorority house for students at a college, university, or seminary → <i>Go to Question 28</i>
		4.	Group home (non-correctional) or residential treatment center (non-correctional) $\rightarrow$ <i>Go to Question 21</i>
		5.	Health care facility (e.g., skilled nursing facility, nursing facility, hospital, hospice) $\rightarrow$ Go to Question 24
		6.	Hotel, motel, hostel, single room occupancy units, inn, resort, lodge, or bed & breakfast $\rightarrow$ <i>Go</i> to <i>Tab</i> 7
		7.	Independent or assisted living facility → Go to Tab 1
		8.	Military Quarters (e.g., barrack/dormitory, disciplinary barrack/jail, military treatment facility) $\rightarrow$ <i>Go to Tab 15</i>
		9.	Recreational vehicle (RV) park, campground, carnival, marina, or racetrack → Go to Tab 10
		10.	Religious group living quarters intended to house members living in a group situation (e.g., convent, monastery, or abbey) [Type Code 902] $\rightarrow$ Go to Tab 3
			Residence hall or dormitory for students that is owned, leased, or managed either by a college, university, or seminary, or by a private entity or organization [Type Code 501] $\rightarrow$ Go to Tab 2
			Schools for people with disabilities (e.g., schools for the physically or developmentally disabled) [Type Code $405$ ] $\rightarrow$ <i>Go to Tab 11</i>
			Soup kitchen, shelter for people experiencing homelessness, or a facility that operates a regularly scheduled mobile food van. → <i>Go to Question 25</i>
			Workers' group living quarters or group housing at Job Corps centers (e.g., migratory farm worker quarters, ranch housing, vocational training facilities, or housing for staff)  [Type Code 901] → Go to Tab 8
		15.	Private residence – THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.
18b.	At	this	address, is there housing for staff?
	_		s → Go to Question 18c
		No -	- THIS ENDS OUR INTERVIEW. Thank you very much for answering these
			questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
18c.	Is	the	housing for staff used as their usual residence?
		Yes	[Type Code 901] → Go to Tab 8
		No -	- THIS ENDS OUR INTERVIEW. Thank you very much for answering these
			questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
19.	Is	this	correctional facility intended for adults or juveniles? Mark (X) one box.
		Adu	llts → Go to Question 20
		Juv	eniles [Type Code 203] → Go to Tab 4
20.	fla	shc	am going to show you a list of types of correctional facilities. <i>(Show respondent ard Side 2.)</i> Which of these BEST describes this correctional facility? <i>Mark (X)</i>
	on	e bo	DX.
		1.	Federal detention center (also include Metropolitan detention center, Metropolitan Correctional Center, Bureau of Indian Affairs detention center, Immigration and Customs Enforcement Service Processing Centers and contract detention facilities)  [Type Code 101]
			Federal prison [Type Code 102]  Go to
	Н		State prison [Type Code 103]
		4.	Local or county jail or a correctional facility operated by the American Indian and Alaska Native (AIAN) tribal governments (also included are work farms and camps holding people awaiting trial or serving short sentences) [Type Code 104]
		5.	Correctional residential facility (including a halfway house, restitution center, prerelease center and work release center) [Type Code 105]



21.	Which of the following BEST describes this facility? Is this a (read both) Mark (X) one box.
	☐ group home (non-correctional)? → Go to Question 22
	□ residential treatment center (non-correctional)? → Go to Question 23
22.	Is this group home intended for adults or juveniles? <i>Mark (X) one box.</i>
	☐ Adults [Type Code 801] → Go to Tab 3
	☐ Juveniles [Type Code 201] → Go to Tab 9
23.	Is this residential treatment center intended for adults or juveniles? Mark (X) one box.
	☐ Adults [Type Code 802] → Go to Tab 3
	☐ Juveniles [Type Code 202] → Go to Tab 9
24.	Which of the following BEST describes this facility? Is this a (read list) Mark (X) one box.
	Skilled nursing facility or nursing facility? [Type Code 301] → Go to Tab 1
	□ hospital including mental or psychiatric hospital? → Go to Tab 6
	□ in-patient, free-standing hospice facility? [Type Code 403] → Go to Tab 5
	_ in patient, need etailaning needless itself at the value of the second real
25.	Is this facility a shelter?
	Yes → Go to Tab 12
	No → Go to Question 26
26.	Is this facility a soup kitchen?
	☐ Yes [Type Code 702] → Go to Tab 13
	□ No → Go to Question 27
27	Is this a facility that operates a regularly scheduled mobile food van?
	☐ Yes [Type Code 704] → Go to Tab 14
	□ No – THIS ENDS OUR INTERVIEW. Thank you very much for answering these
	questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
28.	Is this a fraternity or sorority house that is recognized by a college, university, or seminary?
	Yes [Type Code 501] → Go to Tab 2
	No – THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.



Page 8	FORM D-351(GQV) (10-27-2008)
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Page 9

#### FORM D-351(GQV) (10-27-2008) SKILLED NURSING FACILITY, NURSING FACILITY, OR INDEPENDENT OR ASSISTED LIVING FACILITY 1. What is the full name of this facility? 2. Next, I have some questions about the building at the address we just verified. At this address is there . . . (Read each question below.) a. a skilled nursing unit or a nursing unit? ☐ No Yes ☐ No **b.** housing for staff? Yes C. independent or assisted living units? ☐ No 3. Is EITHER Question 2a OR 2b above marked "Yes?" ☐ Yes → Go to Question 4 $\square$ No $\rightarrow$ Go to Question 17 4. Is the answer to Question 2a above "Yes" for skilled nursing unit or nursing unit? ☐ Yes [Type Code 301] → Go to Question 5 $\square$ No $\rightarrow$ Go to Question 7 5. Is the name of this skilled nursing unit or nursing unit exactly the same as the facility name? Yes No → Specify 6. What is the maximum number of residents who can live or stay here in the skilled nursing unit or nursing unit at this address? Maximum number of residents 7. Is the answer to Question 2b above "Yes" for housing for staff? ☐ Yes → Go to Question 8 No → Go to Question 10 8. Is the housing for staff used as their usual residence? ☐ Yes [Type Code 901] → Go to Question 9 $\square$ No $\rightarrow$ Go to Question 10 9. What is the maximum number of staff who can live at this address? Maximum number of staff 10. Is the answer to Question 2c above "Yes" for independent or assisted living units? Yes → Go to Question 11 $\square$ No $\rightarrow$ Go to Question 16 11. Do you have additional Questionnaires or a D-322(GQV) Multiple Questionnaires List for this address? ☐ Yes → Go to Question 12 □ No → Go to Question 15



Page 10 FORM D-351(GQV) (10-23-2008)

12.	Now I'd like to read a list of addresses and ask you to tell me whether they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each address confirmed as a HU, then go to Question 13.)
13.	Other than the addresses we just talked about, are there any other independent or assisted living units at this address?
	☐ Yes → Go to Question 14
	□ No → Go to Question 16
14.	What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.
15.	Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.
16.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.
•	For facility with ONLY independent or assisted living units
17.	Do you have additional Questionnaires or a D-322(GQV) Multiple Questionnaires List for this address?
	☐ Yes → Go to Question 18
	$\square$ No $\rightarrow$ Go to Question 21
18.	Now I'd like to read a list of addresses and ask you if they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each unit identified as a HU, then go to Question 19.)
19.	Other than the addresses we just talked about, are there any other independent or assisted living units at this address?
	☐ Yes → Go to Question 20
	$\square$ No $\rightarrow$ Go to Question 22
20.	What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.
21.	Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.
22.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "D3" box in the Address Status section.



## RESIDENCE HALL, DORMITORY, OR FRATERNITY/SORORITY HOUSE FOR COLLEGE, UNIVERSITY, OR SEMINARY STUDENTS

1.	What is the full name of this residence hall, dormitory, fraternity or sorority house?
2.	What is the maximum number of people who can live or stay here at this address?
	Maximum number of people
3.	What is the name of this college, university, or seminary? (Enter all that apply.)
4.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.

Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

Page 12		FORM D-351(GQV) (10-27-2008
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# RELIGIOUS GROUP LIVING QUARTERS INTENDED TO HOUSE MEMBERS LIVING IN A GROUP SITUATION. GROUP HOME

(non-correctional) FOR ADULTS, OR RESIDENTIAL TREATMENT CENTER (non-correctional) FOR ADULTS
1. What is the full name of this facility?
2. Next, I have a question about the building at the address we just verified. What is the maximum number of people who can live or stay here at this address?
Maximum number of people
3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.



Page 14	FORM D-351(GQ\	/) (10-27-2008
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#### **CORRECTIONAL FACILITY FOR ADULTS OR JUVENILES**

		,	
☐ Yes →	Idress, is there more than one building was to Question 9 The contract of the	here inmates can live	or stay?
Is the nar	ne of this building exactly the same as t	he facility name?	
☐ Yes	Specify name of building ⊋		
□ NO → S	pecity frame of building g		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		. Itaa ay ataa baaa 0	
wnat is ti	ne maximum number of inmates who car	1 live or stay nere?	
	Maximum number of inmates		
No → 6	Go to Question 6 Go to Question 8		
	using for staff used as their usual resident pe Code 901] → <i>Go to Question 7</i>	nce?	
	Go to Question 8		
What is tl	ne maximum number of staff who can liv	e at this address?	
	Maximum number of staff		
THIS END	S OUR INTERVIEW. Thank you very muc	h for answering these	aucstions
<b>Someone</b>	may contact you by telephone to verify mark (X) the "Group Quarters" box in the	this interview. Go to the	ne Certification
How man	y buildings are there where inmates can	live or stay?	
	Total number of buildings		
	uld like to ask you some questions abou ean live or stay. <i>List all buildings where i</i> stions <i>b and c for each building</i> .		
	T	C. What is the	
	<b>b.</b> What is the name or designation of this building?	maximum number of inmates who can live or stay here at this building?	

Page 16 FORM D-351(GQV) (10-27-2008)

a. Let's	<b>b.</b> What is the name or designation of	C. What is the	
talk about the	this building?	maximum number of inmates who can live or stay here at this building?	
2nd building			Is there anoth building?
3rd building			Yes → Go to Question 10a and ask about the next buildii
4th building			No → Go to Question 12
5th building			
6th building			
7th building			
gth building			
gth building			
10th building			
11th building			
12th building			
13 <sup>th</sup> building			
Continu Check to m Question 9.		ees with the number of bui	ldings in
	dress, in addition to housing for inmate	es, is there also housing	for staff?
_	Go to Question 14 o to Question 16		
	sing for staff used as their usual reside	ence?	
☐ Yes [Typ	pe Code 901] → Go to Question 15		
$\square$ No $\rightarrow$ G	o to Question 16		
What is th	e maximum number of staff who can li	ve at this address?	
	Maximum number of staff		



	IN-PATIENT HOSPICE FACILITY (Free-standing only)
1.	What is the full name of this facility?
2.	Next, I have some questions about the building at the address we just verified. What is the maximum number of patients who can live or stay here at this
	address?
	Maximum number of patients
3.	At this address, in addition to housing for patients, is there also housing for staff?
	☐ Yes → Go to Question 4
	□ No → Go to Question 6
4.	Is the housing for staff used as their usual residence?
	☐ Yes [Type Code 901] → Go to Question 5
	□ No → Go to Question 6
5.	What is the maximum number of staff who can live at this address?
	Maximum number of staff
6.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

Page	18	FORM D-351(GQV) (10-27-2008)
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HOSPITAL (including	mental or psyc	hiatric hospital)	
1. What is the full name of this facility?	?		
2 to the name of this building synathy t	lha aama aa tha fa	ailitu nama?	
2. Is the name of this building exactly to Yes	the same as the fac	cuity name?	
$\square$ No $\rightarrow$ Specify name of building $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$			
3. Now I have some questions about th	e building at the a	ddress we just verified.	1
a. At this building (Read each que	estion below.)	<b>b.</b> (If "Yes" in Question 3a, ask): What is the maximum number of these patients?	Type code
(1) is there a mental or psychiatric unit or floor for long-term care?	☐ Yes → Go to 3b☐ No 🔀		401
(2) is there an in-patient hospice unit?	☐ Yes → Go to 3b ☐ No   ✓		403
(3) is there a skilled nursing unit?	☐ Yes → Go to 3b ☐ No   ✓		301
(4) do you accept patients with no disposition or exit plan?	☐ Yes → Go to 3b ☐ No → Go to Question 4		402
4. At this building, is there housing for  ☐ Yes → Go to Question 5  ☐ No → Go to Question 7	staff?		
5. Is the housing for staff used as their	usual residence?		
<ul> <li>Yes [Type Code 901] → Go to Question</li> <li>No → Go to Question 7</li> </ul>			
6. What is the maximum number of sta	ff who can live at t	his address?	
Maximum number of staff			
7. THIS ENDS OUR INTERVIEW. Thank Someone may contact you by teleph	you very much for	answering these questions. nterview.	
If Question 3a(1), 3a(2), 3a(3), 3a(4), Tab and mark (X) the "Group Quarte	or 5 is answered " rs" box in the Addr	Yes," go to the Certification ess Status section.	
If Questions 3a(1), 3a(2), 3a(3), 3a(4) Certification Tab and mark (X) the "I section.	), and 5 are all ans Nonresidential" bo	wered "No," go to the x in the Address Status	

Page 20	FORM D-351(GQV) (10-27-2008)
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### HOTEL, MOTEL, HOSTEL, SINGLE ROOM OCCUPANCY UNITS, INN, RESORT, LODGE, OR BED & BREAKFAST

	,
1.	What is the full name of this facility?
2.	Are all of the rooms or units at this building used ENTIRELY to house people
	experiencing homelessness?
	Yes [Type Code 701] $\rightarrow$ Go to Question 3  No $\rightarrow$ Go to Question 5
3.	What is the maximum number of people experiencing homelessness who can
	live or stay here?
	Maximum number of people
4.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.
5.	Will you be open during March or April?
	☐ Yes → Go to Question 6
	$\square$ No $\rightarrow$ Go to Question 9
6.	What is the maximum number of rooms available for rent at this location?
	Maximum number of rooms
7.	Are there any rooms occupied by people who live or stay here most of the time?
	Yes → Go to Question 8
	$\Box$ No → Go to Question 9
8.	How many rooms do you expect to be occupied by people who live or stay here most of the time during March or April?
	Number of rooms
9.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Transient" box in the Address Status section.

Page 22		FORM D-351(GQV) (10-27-2008
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#### WORKERS' GROUP LIVING QUARTERS OR GROUP HOUSING AT JOB CORPS CENTERS

(e.g., migratory farm worker quarters, ranch housing, vocational training facilities, or housing for staff)

1. What is the full name of this facility?    No name → Go to Question 3   No No name → Go to Question 3   Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?   Yes → Go to Question 4   No → Specify name of building → Go to Question 4   No → Go to Question 4   What is the maximum number of people who can live or stay here at this address?   Maximum number of people   Notation of the year do students or workers usually live or stay here?   Mark (X) all that apply.   All year   January   February   March   April   May   June   July   August   September   October   November   December   September   October   November   December   Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.		
<ul> <li>No name → Go to Question 3</li> <li>2. Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?    Yes → Go to Question 4    </li></ul>	1.	What is the full name of this facility?
<ul> <li>No name → Go to Question 3</li> <li>2. Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?    Yes → Go to Question 4    </li></ul>		
<ul> <li>No name → Go to Question 3</li> <li>2. Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?    Yes → Go to Question 4    </li></ul>		
2. Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?  □ Yes → Go to Question 4 □ No → Specify name of building □ Go to Question 4 □ Yes → Specify name of building □ Go to Question 4 □ No → Go to Question 4  4. What is the maximum number of people who can live or stay here at this address? □ Maximum number of people  5. What months of the year do students or workers usually live or stay here? Mark (X) all that apply. □ All year □ January □ February □ March □ April □ May □ June □ July □ August □ September □ October □ November □ December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		→ Go to Question 2
name of the building exactly the same as the facility name?    Yes → Go to Question 4     No → Specify name of building   Go to Question 4     No → Specify name of building   Go to Question 4     No → Go to Question 4     What is the maximum number of people who can live or stay here at this address?   Maximum number of people		□ No name → Go to Question 3
Yes → Go to Question 4   No → Specify name of building  Go to Question 4	2.	Next, I have some questions about the building at the address we just verified. Is the
No → Specify name of building		
3. Does this building have a name?  Yes → Specify name of building Go to Question 4  4. What is the maximum number of people who can live or stay here at this address?  Maximum number of people  5. What months of the year do students or workers usually live or stay here?  Mark (X) all that apply.  All year  January  February  March  April  May  June  July  August  September  October  November  December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		
Yes → Specify name of building  Go to Question 4		□ No → Specify name of building  Go to Question 4
Yes → Specify name of building  Go to Question 4		
Yes → Specify name of building  Go to Question 4		
Yes → Specify name of building  Go to Question 4		
Yes → Specify name of building  Go to Question 4	3	Does this huilding have a name?
No → Go to Question 4  4. What is the maximum number of people who can live or stay here at this address?    Maximum number of people  5. What months of the year do students or workers usually live or stay here?   Mark (X) all that apply.   All year   January   February   March   April   May   June   July   August   September   October   November   December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification	0.	
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4. What is the maximum number of people who can live or stay here at this address?    Maximum number of people    5. What months of the year do students or workers usually live or stay here?   Mark (X) all that apply.   All year   January   February   March   April   May   June   July   August   September   October   November   December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.   Someone may contact you by telephone to verify this interview. Go to the Certification		
4. What is the maximum number of people who can live or stay here at this address?    Maximum number of people    5. What months of the year do students or workers usually live or stay here?   Mark (X) all that apply.   All year   January   February   March   April   May   June   July   August   September   October   November   December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.   Someone may contact you by telephone to verify this interview. Go to the Certification		
Maximum number of people  5. What months of the year do students or workers usually live or stay here?  Mark (X) all that apply.  All year  January  February  March  April  May  June  July  August  September  October  November  December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		$\square$ No $\rightarrow$ Go to Question 4
Maximum number of people  5. What months of the year do students or workers usually live or stay here?  Mark (X) all that apply.  All year  January  February  March  April  May  June  July  August  September  October  November  December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification	4.	What is the maximum number of people who can live or stay here at this address?
5. What months of the year do students or workers usually live or stay here?  Mark (X) all that apply.  All year  January  February  March  April  May  June  July  August  September  October  November  December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		
Mark (X) all that apply.  All year  January  February  March  April  May  June  July  August  September  October  November  December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		Maximum number of people
<ul> <li>All year</li> <li>January</li> <li>February</li> <li>March</li> <li>April</li> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> </ul> 6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification	5.	
<ul> <li>January</li> <li>February</li> <li>March</li> <li>April</li> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> </ul> 6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		
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<ul> <li>□ April</li> <li>□ May</li> <li>□ July</li> <li>□ August</li> <li>□ September</li> <li>□ October</li> <li>□ November</li> <li>□ December</li> <li>6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		
<ul> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> </ul> 6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification		_
<ul> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> <li>THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		_ `
<ul> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> <li>6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		□ June
<ul> <li>□ September</li> <li>□ October</li> <li>□ November</li> <li>□ December</li> <li>6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		□ July
<ul> <li>□ October</li> <li>□ November</li> <li>□ December</li> <li>6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		☐ August
<ul> <li>November</li> <li>December</li> <li>6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.</li> <li>Someone may contact you by telephone to verify this interview. Go to the Certification</li> </ul>		☐ September
December  6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.  Someone may contact you by telephone to verify this interview. Go to the Certification		□ October
6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.  Someone may contact you by telephone to verify this interview. Go to the Certification		November
Someone may contact you by telephone to verify this interview. Go to the Certification		☐ December
	6.	Someone may contact you by telephone to verify this interview. Go to the Certification



Page 24	FORM D-351(GQV) (10-27-2008
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#### GROUP HOME (non-correctional) FOR JUVENILES OR RESIDENTIAL TREATMENT CENTER (non-correctional) FOR JUVENILES

TREATMENT CENTER (non-correctional) FOR JUVENILES
1. What is the full name of this juvenile facility?
2. Next, I have some questions about the building at the address we just verified. What is the maximum number of juveniles who can live or stay here at this address?
Maximum number of juveniles
3. At this address, in addition to housing for juveniles, is there also housing for staff?
$\square$ Yes $\rightarrow$ Go to Question 4
$\square$ No $\rightarrow$ Go to Question 6
4. Is the housing for staff used as their usual residence?
☐ Yes [Type Code 901] → Go to Question 5
$\square$ No $\rightarrow$ Go to Question 6
5. What is the maximum number of staff who can live at this address?
Maximum number of staff
6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.



Page 26		FORM D-351(GQV) (10-27-2008
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Page 28	FORM D-351(GQV) (10-27-2008
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Page 29 FORM D-351(GQV) (10-27-2008)

#### SCHOOLS FOR PEOPLE WITH DISABILITIES

(e.g., schools for the physically or developmentally disabled)
1. What is the full name of this facility?
2. Next, I have some questions about the building at the address we just verified. What is the maximum number of students who can live or stay here at this address?
Maximum number of students
3. At this address, in addition to housing for students, is there also housing for staff?
☐ Yes → Go to Question 4
$\square$ No $\rightarrow$ Go to Question 6
4. Is the housing for staff used as their usual residence?
☐ Yes [Type Code 901] → Go to Question 5
$\square$ No $\rightarrow$ Go to Question 6
5. What is the maximum number of staff who can live at this address?
Maximum number of staff
6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certificatio Tab and mark (X) the "Group Quarters" box in the Address Status section.



	Page 30	FORM	D-351(GQV) (1	0-27-2008
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## SHELTER FOR PEOPLE EXPERIENCING HOMELESSNESS (Emergency and Transitional) OR DOMESTIC VIOLENCE SHELTER

1.	What is the full name of this shelter?
•	
۷.	Is this facility a (read both) Mark (X) one box.  ☐ shelter for people experiencing homelessness (emergency and transitional
	shelter)? [Type Code 701]  domestic violence shelter? [Type Code 703]
_	
<b>J.</b>	What is the maximum number of people who can live or stay here?
	Maximum number of people
4.	In addition to providing housing, do you also operate a soup kitchen here for people experiencing homelessness?
	☐ Yes [Type Code 702] → Go to Question 5
	$\square$ No → Go to Question 7
5.	What is the full name of this soup kitchen?
6.	What is the maximum number of people who can be served at a meal?
	Maximum number of people
7.	Do you also operate a regularly scheduled mobile food van?
	Yes [Type Code 704] → Go to Question 8
	$\square$ No → Go to Question 9
8.	What is the maximum number of people you can serve from this regularly scheduled mobile food van?
	Maximum number of people
0	
9.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification
	Tab and mark (X) the "Group Quarters" box in the Address Status section.



Page 32		FORM D-351(GQV) (10-27-2008
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ORM D	-351(GQV) (10-27-2008) Page 3
	SOUP KITCHEN
1.	What is the full name of this soup kitchen?
2	What is the maximum number of people who can be control at a most?
۷.	What is the maximum number of people who can be served at a meal?
_	Maximum number of people
3.	Do you also operate a regularly scheduled mobile food van?  ☐ Yes [Type Code 704] → Go to Question 4
	$\square \text{ No} \rightarrow \text{Go to Question 5}$
4.	What is the maximum number of people you can serve from this regularly scheduled mobile food van?
	Maximum number of people
5	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.



Page 34	FORM D-351(GQV) (10-27-2008
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REGULARLY SCHEDULED MOBILE FOOD VAN				
1. What is the full name of this facility?				
2. What is the maximum number of people you can serve from this regularly scheduled mobile food van?				
Maximum number of people				
3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.				



Page 36	FORM D-351(GQV) (10-27-2008)
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#### Page 37 FORM D-351(GQV) (10-27-2008) **MILITARY QUARTERS** (e.g., barrack/dormitory, disciplinary barrack/jail, Military Treatment Facility) 1. What is the full name of this military installation? 2. Is this building a . . . (read all) Mark (X) one box. □ barrack/dormitory - non-disciplinary? [Type Code 601] ☐ disciplinary barrack/jail? [Type Code 106] ☐ Military Treatment Facility? → Go to Question 4 3. What is the maximum number of people who can be assigned to this barrack/dormitory/jail? Maximum number of people → Go to Question 5 4. Now I have some questions about this Military Treatment Facility. **b.** (If "Yes" in Question 4a, ask): a. At this facility . . . (Read each question below.) Type What is the maximum code number of these patients? $\square$ Yes $\rightarrow$ Go to 4b (1) are there Active Duty military personnel 404 □ No ∠ assigned to a bed? (2) do you accept patients $\square$ Yes $\rightarrow$ Go to 4b with no disposition or $\square$ No $\rightarrow$ Go to 402 exit plan? Question 6 5. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section. 6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. If question 4a(1) or 4a(2) is answered "Yes" - Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section. If questions 4a(1) and 4a(2) are answered "No" - Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.



rage 38	FORM	D-351(GQV) (10-2	27-2008
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FORM D-351(GQV) (1	0-27-2008)		Page 39	
NOTES  For each note, enter the Page number in column (1) and the Question number in column (2). Also enter the Note(s) on an INFO-COMM.				
Page number (1)	Question number (2)	Note (3)		
(1)	(=)	(4)		
	1			

Page 40	FORM D-351(GQV) (10-27-2008)
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**HU Listing Page** 

Page 41 FORM D-351(GQV) (10-27-2008) **HU LISTING PAGE** PAGE **UNIT DESIGNATION** Is the Unit already listed in the Address Register as a HU? ☐ No  $\square$  Yes  $\rightarrow$  Line No. Page No. ☐ No  $\square$  Yes  $\rightarrow$  Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No Yes → Line No. Page No. Yes → Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No  $\square$  Yes  $\rightarrow$  Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No  $\square$  Yes  $\rightarrow$  Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No Yes → Line No. Page No. ☐ No  $\square$  Yes  $\rightarrow$  Line No. Page No. ☐ No Yes → Line No. Page No. If there are more housing units, please continue on the next page.



Page 42 FORM D-351(GQV) (10-27-2008)

HU LISTING PAGE	E – Continued	PAGE OF
UNIT DESIGNATION Is the Unit already listed in the Address Register as a HU?		
	□ No □ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	No ☐ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	No ☐ Yes → Line No.	Page No.
	No ☐ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	No Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
	No Yes → Line No.	Page No.
	No Yes → Line No.	Page No.
	□ No □ Yes → Line No.	Page No.
Mark (X) if a Continuation Form is needed and then please continue with Housing Unit Continuation Form, D-351HU(GQV).		



ADDRESS	STATUS
Mark (X) the appropriate box below.	
<ul> <li>□ Group Quarters</li> <li>□ Housing Unit</li> <li>□ Nonresidential → Describe location on an INFO-COM</li> </ul>	Crew Leader Initials  MM  Crew Leader Initials
<ul> <li>□ Vacant → Describe location on an INFO-COMM</li> <li>□ Transient</li> </ul>	
D1 – Cannot locate in listed block → Describe location Date verified Crew Leader Initials Mo Day Year  D2 – Information for this questionnaire was collected Survivor Case ID No.   D3 – Describe location Date verified Mo Day Year  D2 – Information for this questionnaire was collected Survivor Case ID No.	
□ D3 → Mark (X) only if directed to in Tab 1	
CERTIFIC	ATION
Lister Name – Printed Last name First na Lister Signature  Date	Date Mo Day Year
Supervisor Initials Mo Day Year	
1st CALLBACK	2 <sup>nd</sup> CALLBACK
Date Mo Day Year Time a.m. p.m.	Date  Mo Day Year Time  a.m.  p.m.
1st REASSIGNMENT	2 <sup>nd</sup> REASSIGNMENT
Date Lister Name Mo Day Year	Lister Name Mo Day Year
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Page 44	FORM D-351(GQV) (10-27-2008
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