



THE American Community Survey

Start Here

Respond online today at: https://respond.census.gov/acs

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call **1-800-354-7271.** The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/www/

0	Please print today's date.	
	Month Day Year	
0	Please print the name and telephone number of the perfilling out this form. We may contact you if there is a que Last Name	erson who is stion.
	First Name	MI
	Area Code + Number -	
•	 How many people are living or staying at this address INCLUDE everyone who is living or staying here for more INCLUDE yourself if you are living here for more than 2 r INCLUDE anyone else staying here who does not have ar stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere else 2 months, such as a college student living away or someo Armed Forces on deployment. 	e than 2 months. months. nother place to
	Number of people	
0	Fill out pages 2, 3, and 4 for everyone, including yours living or staying at this address for more than 2 montl complete the rest of the form.	self, who is hs. Then
_	ACC 1/V\0D26	OMP No. 0607 093

FORM **ACS-1(X)QD36** (07-20-2012) Draft 7

OMB No. 0607-0810



Person 1 Person 2	
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.) What is Person 2's name? Last Name (Please print) First Name	MI
How is this person related to Person 1? Mark (X) Husband or wife Biological son or daughter Other	n-law or daughter-in-law relative
Last Name (Please print) First Name MI Stepson or stepdaughter Unma Father or mother Foster	ner or boarder emate or roommate arried partner r child
How is this person related to Person 1? Grandchild	nonrelative
3 What is Person 1's sex? Mark (X) ONE box.	
What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 1 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. What is Person 2's age and what is Person 2's da Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth Please answer BOTH Question 5 about His Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin are not races. Is Person 2 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Age (in years) Month Day Year of birth Nont: Please answer BOTH Question 5 about His Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic origin and Question 6 about race. For this survey, Hispanic	ispanic origin and origins are not races. n?
What is Person 1'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. American Indian or Alaska Native — Print name of enrolled or principal tribe.	
Chinese	ative Hawaiian uamanian or Chamorro amoan ther Pacific Islander – rint race, for example, ijian, Tongan, and
Some other race – <i>Print race.</i> Some other race – <i>Print race.</i>	

Person 3		Person 4
1 What is Person 3's name? Last Name (Please print) First Name		What is Person 4's name? Last Name (Please print) First Name MI
Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative 3 3's date of birth? less than 1 year old.	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
→ NOTE: Please answer BOTH Question 5 abort Question 6 about race. For this survey, Hispanic Person 3 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Argentinean, Colombian, Dominican, Nicarague and so on.	origin? 5 - Print origin, for example,	 NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 4 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
What is Person 3's race? Mark (X) one or more White Black, African Am., or Negro American Indian or Alaska Native — Print name		What is Person 4'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.
Chinese Korean Filipino Vietnamese	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race.		Some other race – Print race.

What is Person 5's n	Perso	n 5		9	If there are more than five peop print their names in the spaces We may call you for more informat	for Person 6 through Person	12.
Last Name (<i>Please print</i>)		First Name	MI				
					Person 6		
		45.44 / ()		_ _	Last Name (Please print)	First Name	MI
How is this person re	elated to Perso	_					
Husband or wife			in-law or daughter-in-la	W			
Biological son or da	· ·		er relative		Corr	A (!)	
Adopted son or day	_		mer or boarder		Sex Male Female	Age (in years)	
Stepson or stepdau	gnter	_	semate or roommate		Person 7		
Brother or sister Father or mother			narried partner er child		Last Name (Please print)	First Name	MI
Grandchild			er ciliid er nonrelative				
Parent-in-law		L Othe	i nomerative				
hat is Person 5's s	•	E box.			Sex Male Female	Age (in years)	
Male	Female			F	Person 8		
hat is Person 5's a	ge and what is	Person 5's	late of birth?		Last Name (Please print)	First Name	MI
ease report babies a	s age 0 when the Print numbers		man i year old.				
e (in years)	Month Day	Year of birth					
					Sex Male Female	Age (in years)	
OTE: Please answ	ver BOTH Questi	ion 5 about l	lispanic origin and origins are			Age (III years)	
Person 5 of Hispa		-	_	" L	Person 9		
No, not of Hispanio					Last Name (Please print)	First Name	MI
Yes, Mexican, Mexi		ii origiri					
Yes, Puerto Rican	can Am., emcano						
Yes, Cuban							
	nia Latina ar Snan	aich ariain <i>D</i> i	int origin, for example,		Sex Male Female	Age (in years)	
Argentinean, Colon	nbian, Dominican,	Nicaraguan, S	alvadoran, Spaniard,	F	Person 10		
and so on. 🙀				_	Last Name (Please print)	First Name	MI
hat is Person 5's ra	ce? Mark (X) on	ne or more ho	oxes.				
White							
Black, African Am.,	or Negro				Sex Male Female	Age (in years)	
· ·	o .	Print name of e	enrolled or principal tribe	e. ¬			
, anonoan maian or	, addition - I	t riarrio or c	c.rod or printipal tribe		Person 11	First Name	2.41
					Last Name (Please print)	First Name	MI
Asian Indian	Japane	ese 🔲 i	Native Hawaiian				
Chinese	☐ Korear		Native Hawaiian Guamanian or Chamorro	,			
Filipino	☐ Vietna		Samoan		0		
Other Asian – <i>Print</i>			Other Pacific Islander –		Sex Male Female	Age (in years)	
for example, Hmon	g,		Print race, for example,	F	Person 12		
Laotian, Thai, Pakis Cambodian, and so	on. 🔽		Fijian, Tongan, and so on. 🏲		Last Name (Please print)	First Name	MI
				_ _			
Some other race –	Print race. 📈						
					Sex Male Female	Age (in years)	
				_		Ago (iii youis)	

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_	\sim	_			

Į		Answer questions 4 – 6 if this is a HOUSE	home have –		
E	Please answer the following	OR A MOBILE HOME; otherwise, SKIP to question 7a.		Yes	No
7	questions about the house,	quosion /u.	a. hot and cold running water?		
	apartment, or mobile home at the address on the mailing label.		b. a flush toilet?		
	addition of the multing label.	How many acres is this house or mobile home on?	c. a bathtub or shower?		
1	Which best describes this building?	Less than 1 acre → SKIP to question 6	d. a sink with a faucet?		
1	Include all apartments, flats, etc., even if vacant.	1 to 9.9 acres	e. a stove or range?		
	A mobile home	10 or more acres	f. a refrigerator?		
	A one-family house detached from any other houseA one-family house attached to one or	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	g. telephone service from which you can both make and receive calls? <i>Include cell phones</i> .		
1	more houses A building with 2 apartments	products from this property?	9 At this house, apartment, or m		
1	A building with 3 or 4 apartments	None	do you or any member of this hown or use any of the followin		
1	A building with 5 to 9 apartments	□ \$1 to \$999	EXCLUDE GPS devices, digital	music	- players,
	☐ A building with 10 to 19 apartments	□ \$1,000 to \$2,499	and devices with only limited c capabilities, for example: house	omput	ing
1	A building with 20 to 49 apartments	□ \$2,500 to \$4,999	appliances.	Yes	No
	A building with 50 or more apartments	\$5,000 to \$9,999	a. Desktop, laptop, netbook, or		
	Boat, RV, van, etc.	□ \$10,000 or more	notebook computer		
2	About when was this building first built? 2000 or later – Specify year –	Is there a business (such as a store or barber shop) or a medical office on this property?	 b. Handheld computer, smart mobile phone, or other handheld wireless computer c. Some other type of computer Specify ∑ 		
١		☐ Yes ☐ No			
	☐ 1990 to 1999 ☐ 1980 to 1989 ☐ 1970 to 1979 ☐ 1960 to 1969 ☐ 1950 to 1959 ☐ 1940 to 1949 ☐ 1939 or earlier	 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies foyers, halls, or unfinished basements. Number of rooms	At this house, apartment, or m do you or any member of this h access the Internet? Yes, with a subscription to a service Yes, without a subscription to service → SKIP to question 1 No Internet access at this ho or mobile home → SKIP to q	n Interio an Interio an Interior 2 use, apuestion	nold net iternet partment
1			do you or any member of this h	nouseh	old
3	When did PERSON 1 (listed on page 2) move into this house, apartment, or	h U	subscribe to the Internet using	Yes	No
1	mobile home?	b. How many of these rooms are bedroom Count as bedrooms those rooms you would			
1	Month Year	list if this house, apartment, or mobile home	e b. DSL service?		
1		were for sale or rent. If this is an efficiency/studio apartment, print "0".	c. Cable modem service?		
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service? Specify service Z		
			, , , , , , , , , , , , , , , , , , , ,		

	/ - I
Halleina	(continued)

How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None 1 2 3 4 5 6 or more Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	of gas for this house, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months,	any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes

Housing (continued

B	Answer questions 18a and b if this house,	household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	household have a second mortgage or a home equity loan on THIS property?
Ĭ	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase	Yes, home equity loan Yes, second mortgage
18	house, apartment, or mobile home?	No → SKIP to question 23a	Yes, second mortgage and home equity loanNo → SKIP to D
	Monthly amount – Dollars .00 b. Does the monthly rent include any meals? Yes No	b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars OR	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR
C	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or	 No regular payment required → SKIP to question 23a c. Does the regular monthly mortgage 	☐ No regular payment required
19	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?	payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E .
	Amount – Dollars \$.00	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
20	What are the annual real estate taxes on THIS property? Annual amount – Dollars	Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Annual costs – Dollars \$.00
	OR None		Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 36 for the mailing instructions.
21	What is the annual payment for fire, hazard, and flood insurance on THIS property?		
	Annual amount – Dollars .00		
	OR None		

Please copy the name of Person 1 from page 2, then continue answering questions below.	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	No, has not attended in the last 3	This question focuses on this person's BACHELOR'S DEGREE. Please print below the
	months → Skip to question 13	specific major(s) of any BACHELOR'S DEGREES
	Yes, public school, public college	this person has received. (For example: chemical engineering, elementary teacher education,
First Name MI	Yes, private school, private college, home school	organizational psychology)
	b. What grade or level was this person attending? Mark (X) ONE box.	
	Nursery school, preschool	
Where was this person born?	Kindergarten	
In the United States – <i>Print name of state</i> .	Grade 1 through 12 – Specify grade 1 – 12 – 7	
		3 What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	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)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
 this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas 	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	 a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a
Yes, born abroad of U.S. citizen parent or parents	NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	b. What is this language?
Yes, U.S. citizen by naturalization – Print year	Kindergarten	
of naturalization	Grade 1 through 11 – Specify	For example: Korean, Italian, Spanish, Vietnamese
		c. How well does this person speak English?
No, not a U.S. citizen	☐ 12th grade – NO DIPLOMA	☐ Very well ☐ Well
hen did this person come to live in the	HIGH SCHOOL GRADUATE	Not well
ited States? Print numbers in boxes.	Regular high school diploma	☐ Not at all
ear	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)	

Person 1 (continued)	A la this mayor CURRENTLY covered by any of
` ` ` `	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for FACH type of coverage in items a – h Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13.
BUILDS TO BUILD TO BU	27 terr type or coverage in items a "in"
 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to 	a. Insurance through a current or former employer or union (of this person or another family member) Yes No Because of a physical, mental, or emotional condition, does this person have difficulty
question 16 Yes, this house → SKIP to question 16 No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member) doing errands alone such as visiting a doctor's office or shopping?
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability What is this person's marital status? Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) ☐ Separated ☐ Never married → SKIP to ■ on the next page
	g. Indian Health Service
	or health coverage plan – Specify
Name of city, town, or post office	Yes No
	a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing? Yes b. Widowed? c. Divorced?
	No No How many times has this person been married?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing
	glasses? Two times
	Yes
	G Answer question 18a – c if this person is
	5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13.
	the questions for Person 2 on page 13.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No C. Does this person have difficulty dressing or bathing?
	Yes No

Person 1 (continued)	26 Has this person ever served on active duty in	a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	at a job (or business)?
		☐ Yes → SKIP to question 30
Answer question 24 if this person is	Never served in the military → SKIP to question 29a	No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	Only on active duty for training in the Reserves	The Blattet Work (or retired)
SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	☐ Now on active duty	
4 Has this person given birth to any children in	On active duty in the past, but not now	Yes
the past 12 months?		No → SKIP to question 35a
Yes	When did this person serve on active dutyin	
□ No	the U.S. Armed Forces? Mark (X) a box for EACH	At what location did this person work LAST
	period in which this person served, even if just for part of the period.	WEEK? If this person worked at more than one location, print where he or she worked most
a. Does this person have any of his/her own		last week.
grandchildren under the age of 18 living in	September 2001 or later	a. Address (Number and street name)
this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	
Yes	☐ May 1975 to July 1990	
No → SKIP to question 26	☐ Vietnam Era (August 1964 to April 1975)	If the exact address is not known, give a
b. Is this grandparent currently responsible for		description of the location such as the building name or the nearest street or intersection.
most of the basic needs of any grandchildren	February 1955 to July 1964	b. Name of city, town, or post office
under the age of 18 who lives in this house or apartment?		b. Name of city, town, or post office
·	January 1947 to June 1950	
Yes	World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
c. How long has this grandparent been		city or town?
responsible for these grandchildren?	a. Does this person have a VA service-connected	Yes
If the grandparent is financially responsible for more than one grandchild, answer the question	disability rating?	No, outside the city/town limits
for the grandchild for whom the grandparent has been responsible for the longest period of time.	Yes (such as 0%, 10%, 20%, , 100%)	d. Name of county
	No → SKIP to question 29a	u. Name of county
Less than 6 months		
6 to 11 months	b. What is this person's service-connected disability rating?	
1 or 2 years		e. Name of U.S. state or foreign country
3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
	30 or 40 percent	f. ZIP Code
	50 or 60 percent	
	70 percent or higher	

Person 1 (continued)

	Person I (continu		Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
31	How did this person usually get to WEEK? If this person usually used method of transportation during the the box of the one used for most of the	ore than one trip, mark (X)		 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
	☐ Bus or trolley bus ☐ B ☐ Streetcar or trolley car ☐ V	Motorcycle Bicycle Walked	a job? ☐ Yes → SKIP to question 35c ☐ No	When did this person last work, even for a few days?
	Railroad h	Norked at nome → SKIP to question 39a Other method	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	 Within the past 12 months 1 to 5 years ago → SKIP to L on the next page Over 5 years ago or never worked → SKIP to
	☐ Taxicab		Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	question 47 39 a. During the PAST 12 MONTHS (52 weeks), did
J	Answer question 32 if you marked truck, or van" in question 31. Other SKIP to question 33.		 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to 	this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40 ☐ No
32	How many people, including this usually rode to work in the car, treather than the car, treather the ca	person, ruck, or	work? ☐ Yes → SKIP to question 37 ☐ No	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
	Person(s)	3	ACTIVELY looking for work?	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
33	What time did this person usually home to go to work LAST WEEK? Hour Minute	leave	YesNo → SKIP to question 38	27 to 39 weeks 14 to 26 weeks 13 weeks or less
	a.m.			During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
34	How many minutes did it usually t person to get from home to work Minutes			Usual hours worked each WEEK

Person 1 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this

which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person –
Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?

an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?

a local GOVERNMENT employee (city, county, etc.)?

a state GOVERNMENT employee?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail

order house, auto engine manufacturing, bank)

Name of company, business, or other employer

For whom did this person work?

the Armed Forces, mark (X) this box \rightarrow

and print the branch of the Armed Forces.

If now on active duty in

| d4 | Is this mainly - Mark (X) ONE box. | manufacturing? | wholesale trade? | retail trade? | other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

☐ Yes → \$.000

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$.00 □
No TOTAL AMOUNT for past
12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → \$.00 □

No

TOTAL AMOUNT for past
12 months

d. Social Security or Railroad Retirement.

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

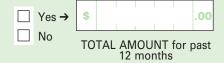
e. Supplemental Security Income (SSI).

Yes → \$.00

No

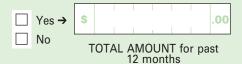
TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.



g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.



h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home

Ye	es →	\$,			.00
□ N	0	Т	OTA	L Δ 1	MC 2 m)UN	T fo	r pa	st

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

☐ OR	\$			_				.00	
None	ТО	TAL	AM	OU	NT f	or p	past		Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 36 for mailing instructions.



Person 2	a. At any time IN THE LAST 3 MONTHS, has	Answer question 12 if this person has a
Please copy the name of Person 2 from page 2, then continue answering questions below.	this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	 No, has not attended in the last 3 months → Skip to question 13 Yes, public school, public college 	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREEs this person has received. (For example: chemical
First Name MI	Yes, private school, private college, home school	engineering, elementary teacher education, organizational psychology)
	b. What grade or level was this person attending? Mark (X) ONE box.	
Where was this person born?	☐ Nursery school, preschool☐ Kindergarten	
In the United States – Print name of state.	Grade 1 through 12 – Specify	
In the Officed States Time name of state.	grade 1 – 12 –	13 What is this person's ancestry or ethnic original
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	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)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish Nigerian, Mexican, Taiwanese, Ukrainian, and so ol
 Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization 	NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten	 a. Does this person speak a language other the English at home? Yes No → SKIP to question 15a b. What is this language?
No, not a U.S. citizen	Grade 1 through 11 – Specify grade 1 – 11	c. How well does this person speak English? Very well
When did this person come to live in the United States? Print numbers in boxes. Year	12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE 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)	Well Not well Not at all

Person 2 (continued)	Is this person 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. H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.
a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 16 □ Yes, this house → SKIP to question 16 □ No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities Yes No Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No No No
No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)	 d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify ✓ any What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I on the next page
Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	To a. Is this person deaf or does he/she have serious difficulty hearing? Yes No A. Is this person deaf or does he/she have serious difficulty hearing? No No How many times has this person been married? Once Two times Two times Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18. 18 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes

Person 2 (continued)	26 Has this person ever served on active duty in	29 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	at a job (or business)?
Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a 	 Yes → SKIP to question 30 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work
4 Has this person given birth to any children in the past 12 months?	☐ Now on active duty ☐ On active duty in the past, but not now	for pay, even for as little as one hour? ☐ Yes ☐ No → SKIP to question 35a
Has this person given birth to any children in the past 12 months? Yes No No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has 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	When did this person serve on active dutyin the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam Era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	 Yes No → SKIP to question 35a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office c. Is the work location inside the limits of that city or town?

		did NOT work last week. Otherwise, SKIP to question 39a.	if offered one, or returned to work if alled?
1	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)		Yes, could have gone to work No, because of own temporary illness
	the box of the one used for most of the distance. Car, truck, or van Motorcycle	a. LAST WEEK, was this person on layoff from a job?	No, because of all other reasons (in school, etc.)
	☐ Bus or trolley bus ☐ Bicycle ☐ Streetcar or trolley car ☐ Walked	Yes → SKIP to question 35cNo38 Who day	en did this person last work, even for a few s?
	Subway or elevated	b. LAST WEEK, was this person TEMPORARILY	Within the past 12 months 1 to 5 years ago → SKIP to L on the next page
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	Over 5 years ago or never worked → SKIP to question 47
	Answer question 32 if you marked "Car,	$No \rightarrow SKIP$ to question 36	During the PAST 12 MONTHS (52 weeks), did his person work 50 or more weeks? Count aid time off as work.
	truck, or van" in question 31. Otherwise, SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	Yes → SKIP to question 40 No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	f	low many weeks DID this person work, even or a few hours, <u>including</u> paid vacation, paid ick leave, and military service?
	Person(s)		50 to 52 weeks
		36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	48 to 49 weeks
		Yes	40 to 47 weeks
3	3 What time did this person usually leave	☐ No → SKIP to question 38	27 to 39 weeks
	home to go to work LAST WEEK?	I No 7 SKIP to question 38	14 to 26 weeks
	Hour Minute		13 weeks or less
	□ a.m. □ p.m.	WO WO	ing the PAST 12 MONTHS, in the WEEKS RKED, how many hours did this person ally work each WEEK?
3	4 How many minutes did it usually take this	Usu	al hours worked each WEEK
	person to get from home to work LAST WEEK? Minutes		

Person 2 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chie

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

ļ		s this person – rk (X) ONE box.	
		an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	
		an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	
		a local GOVERNMENT employee (city, county, etc.)?	
I		a state GOVERNMENT employee?	
I		a Federal GOVERNMENT employee?	
		SELF-EMPLOYED in own NOT INCORPORATE business, professional practice, or farm?	D
		SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	
		working WITHOUT PAY in family business or farm?	
ļ	2 For	whom did this person work?	
١	If no	ow on active duty in	

What kind of business or industry was this?

Describe the activity at the location where employed.

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Name of company, business, or other employer

the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

4	4	ls ti	his mainly – Mark (X) ONE box.
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service,
			government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →	\$.00
No	TOTAL	AM(DUI non	NT f	or p	ast	

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$.00	
No	TOTA	AL A	MO 2 m	UNT onth	for p	ast		Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

☐ Yes →	\$.00	
No	TOTAL	AM 12 i	OU	NT	for	past		Loss

d. Social Security or Railroad Retirement.

☐ Yes →	\$.00
∐ No	ТО	TAL	AM 12	IOU mor	NT i	for p	oast

e. Supplemental Security Income (SSI).

☐ Yes →	\$.00
No	ТО	TAL	AM 12	UOI mor	NT i	for p	oast

f. Any public assistance or welfare payments from the state or local welfare office.

☐ Yes →	49			1			.00
No	ТО	TAL	AN 12	IOU mor	NT ths	for p	oast

g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Yes →	\$,			.00
No	Т	OTA	λL Α 1	MC 2 m	UN ontl	T fo	r pa	st

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

☐ Yes →	\$,			.00
∐ No	Т	OTA	λL Δ 1	MC 2 m	UN ont	T fo	r pa	st

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

☐ OR	\$.00	
None	TO	TAL ,	AMO 12 m	UNT f	or p	ast		Loss

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 36 for mailing instructions.



Please copy the name of Person 3 from page 3, then continue answering questions below.	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	 No, has not attended in the last 3 months → Skip to question 13 Yes, public school, public college 	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREE this person has received. (For example: chemical engineering, elementary teacher education,
First Name MI	Yes, private school, private college, home school b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool	organizational psychológy)
Where was this person born?	Kindergarten	
☐ In the United States – Print name of state.	Grade 1 through 12 – Specify grade 1 – 12 –	13 What is this person's ancestry or ethnic origin
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	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)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican French Canadian, Haitian, Korean, Lebanese, Polisi Nigerian, Mexican, Taiwanese, Ukrainian, and so o
Sthis person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? 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 OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE 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)	a. Does this person speak a language other the English at home? Yes No → SKIP to question 15a b. What is this language? For example: Korean, Italian, Spanish, Vietname c. How well does this person speak English? Very well Well Not well Not at all

Person 3 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for
a Diddlia mana Pari attat	EACH type of coverage in items a – h. the questions for Person 4 on page 23.
 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to 	a. Insurance through a current or former employer or union (of this person or another family member) Yes No Because of a physical, mental, or emotional condition, does this person have difficulty
 question 16 Yes, this house → SKIP to question 16 No, outside the United States and 	b. Insurance purchased directly from an insurance company (by this person or another family member) b. Insurance purchased directly from doing errands alone such as visiting a doctor's office or shopping? Yes
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability What is this person's marital status? Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military Widowed health care Divorced
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) □ Separated □ Never married → SKIP to □ on the next page
	g. Indian Health Service
Name of city town and office	h. Any other type of health insurance or health coverage plan – Specify Z In the PAST 12 MONTHS did this person get –
Name of city, town, or post office	Yes No a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No How many times has this person been married?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No
	b. Does this person have serious difficulty walking or climbing stairs? Yes No
	c. Does this person have difficulty dressing or bathing? Yes No

Person 3 (continued)		
reison 3 (continued)	6 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	a. LAST WEEK, did this person work for pay at a job (or business)?
	Guard? Mark (X) ONE box.	
	Never served in the military → SKIP to	Yes → SKIP to question 30
Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	question 29a	No – Did not work (or retired)
SKIP to question 25a.	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work
	☐ Now on active duty	for pay, even for as little as one hour?
4 Has this person given birth to any children in	On active duty in the past, but not now	Yes
the past 12 months?		No → SKIP to question 35a
Yes	When did this person serve on active dutyin	
∐ No	the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most
a. Does this person have any of his/her own	September 2001 or later	last week.
grandchildren under the age of 18 living in this house or apartment?	☐ August 1990 to August 2001 (including	a. Address (Number and street name)
Yes	Persian Gulf War)	
No → SKIP to question 26	☐ May 1975 to July 1990	If the exact address is not known, give a
No 7 okii to question 20	☐ Vietnam Era (August 1964 to April 1975)	description of the location such as the building
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964	name or the nearest street or intersection.
under the age of 18 who lives in this house or apartment?	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
<u> </u>	☐ January 1947 to June 1950	
Yes	World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that city or town?
c. How long has this grandparent been	3 a. Does this person have a VA service-connected	Yes
If the grandparent is financially responsible for	a. Does this person have a VA service-connected disability rating?	☐ No, outside the city/town limits
more than one grandchild, answer the question for the grandchild for whom the grandparent has	Yes (such as 0%, 10%, 20%, , 100%)	
been responsible for the longest period of time.	No → SKIP to question 29a	d. Name of county
Less than 6 months	,	
6 to 11 months	b. What is this person's service-connected disability rating?	
1 or 2 years	0 percent	e. Name of U.S. state or foreign country
3 or 4 years	10 or 20 percent	
5 or more years	30 or 40 percent	
	50 or 60 percent	f. ZIP Code
	70 percent or higher	

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 Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a Ferryboat Other method Taxicab	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a. 37 LAST WEEK, could this person 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.) Yes → SKIP to question 35c No No When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to L on the next page Over 5 years ago or never worked → SKIP to question 38
Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to
wusually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.	work? Yes → SKIP to question 37 No During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 38 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK Usual hours worked each WEEK
	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

Person 3	(continued)
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Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 CURRENT OR MOST RECENT JOB **ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business. Was this person -Mark (X) ONE box. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces. Name of company, business, or other employer 43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) 47 INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Yes → \$ No TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Yes → No Loss TOTAL AMOUNT for past 12 months c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → No Loss

TOTAL AMOUNT for past

12 months

d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ Yes → __ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the **PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR None Loss TOTAL AMOUNT for past 12 months

Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 36 for mailing instructions.

Person 4	10 a. At any time IN THE LAST 3 MONTHS, has
Please copy the name of Person 4 from page 3, then continue answering questions below.	Answer question 12 if this person has a this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name First Name MI	 No, has not attended in the last 3 months → Skip to question 13 Yes, public school, public college Yes, private school, private college, home school What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool This question focuses on this person's BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)
Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Kindergarten Grade 1 through 12 – Specify grade 1 – 12 What is this person's ancestry or ethnic origin? College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD Cambodian, Cape Verdean, Norwegian, Dominican, Cape Verdean, Norwegian, Cape Verdean, Cape Verdea
Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen	## Program, or medical or law school) ### Program, or medical or law school ### Program, Alaitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) ### Program, or medical or law school ### Program, Italian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) ### Program, or medical or law school ### Program, Italian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) ### Program, Or medical or law school ### Program, Italian, Spanish, Vietnamese on the program of
When did this person come to live in the United States? Print numbers in boxes. Year	HIGH SCHOOL GRADUATE 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)

	Is this person 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. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.
 a. Did this person live in this house or apartment 1 year ago? ☐ Person is under 1 year old → SKIP to 	a. Insurance through a current or former employer or union (of this person or another family member) Yes No 19 Because of a physical, mental, or emotional
question 16 Yes, this house → SKIP to question 16 No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member)
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
 No, different house in the United States or 	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability Medicaid, Medical Assistance, or any kind of government-assistance with low incomes or a disability What is this person's marital status? Now married
Puerto Rico b. Where did this person live 1 year ago?	e. TRICARE or other military
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) □ Divorced □ Separated □ Never married → SKIP to ■ on the next page
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify P In the PAST 12 MONTHS did this person get –
Name of city, town, or post office	Yes No a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing? Yes b. Widowed? c. Divorced?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No No How many times has this person been married? Once Two times Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes

Person 4 (continued)	6 Has this person ever served on active duty in	29 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	at a job (or business)?
Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a 	 Yes → SKIP to question 30 No – Did not work (or retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
4 Has this person given birth to any children in the past 12 months?	Now on active duty On active duty in the past, but not now	YesNo → SKIP to question 35a
☐ Yes ☐ No	When did this person serve on active dutyin the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War)	last week. a. Address (Number and street name)
 Yes No → SKIP to question 26 b. Is this grandparent currently responsible for 	 May 1975 to July 1990 Vietnam Era (August 1964 to April 1975) ☐ February 1955 to July 1964 	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment?	Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)	b. Name of city, town, or post office
 No → SKIP to question 26 c. How long has this grandparent been 	☐ November 1941 or earlier	c. Is the work location inside the limits of that city or town?
responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	a. Does this person have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 29a	Yes No, outside the city/town limits d. Name of county
Less than 6 months 6 to 11 months 1 or 2 years	b. What is this person's service-connected disability rating?	e. Name of U.S. state or foreign country
3 or 4 years 5 or more years	0 percent 10 or 20 percent 30 or 40 percent	4 7ID Code
	50 or 60 percent 70 percent or higher	f. ZIP Code

			13303202
	Person 4 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
31	How did this person usually get to work LAST		Yes, could have gone to work
T	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	1	No, because of own temporary illness
١	method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van Motorcycle	a. LAST WEEK, was this person on layoff from a job?	No, because of all other reasons (in school, etc.)
	Bus or trolley bus Bicycle Streetcar or trolley car Walked	Yes → SKIP to question 35cNo	38 When did this person last work, even for a few days?
-1	☐ Subway or elevated ☐ Worked at		☐ Within the past 12 months
١	Railroad Railroad Railroad Rough of elevated to question 39a	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	☐ Ferryboat ☐ Other method ☐ Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	Over 5 years ago or never worked → SKIP to question 47
J	Answer question 32 if you marked "Car,	question 38 ☐ No → SKIP to question 36	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
I	truck, or van" in question 31. Otherwise, SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next	☐ Yes → SKIP to question 40
ł		6 months OR been given a date to return to work?	□ No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	☐ Yes → SKIP to question 37 ☐ No	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
-	Person(s)		50 to 52 weeks
-		During the LAST 4 WEEKS, has this person been	48 to 49 weeks
-		ACTIVELY looking for work?	40 to 47 weeks
1		Yes	27 to 39 weeks
3	What time did this person usually leave home to go to work LAST WEEK?	No → SKIP to question 38	14 to 26 weeks
-	Hour Minute		13 weeks or less
	a.m. p.m.		40 During the PAST 12 MONTHS, in the WEEKS
			WORKED, how many hours did this person usually work each WEEK?
34	How many minutes did it usually take this person to get from home to work LAST WEEK?		Usual hours worked each WEEK
-	Minutes		
١			
١			
١			
1			

Person 4 (continued)

Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 CURRENT OR MOST RECENT JOB **ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business. Was this person -Mark (X) ONE box. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces. Name of company, business, or other employer 43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) **Is this mainly –** Mark (X) ONE box. manufacturing?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) 47 INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. \$ __ Yes → No TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. \$ Yes → No Loss TOTAL AMOUNT for past 12 months c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes →

No

13363270 d. Social Security or Railroad Retirement. __ Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ __ Yes → __ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the **PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR

Loss

TOTAL AMOUNT for past

12 months

None

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 36 for mailing instructions.

TOTAL AMOUNT for past 12 months



other (agriculture, construction, service,

wholesale trade?

retail trade?

government, etc.)?

Loss

Person 5	a. At any time IN THE LAST 3 MONTHS, has	
Please copy the name of Person 5 from page 4, then continue answering questions below.	this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name First Name MI	No, has not attended in the last 3 months → Skip to question 13 Yes, public school, public college Yes, private school, private college, home school b. What grade or level was this person attending?	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)
Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Mark (X) ONE box. Nursery school, preschool 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 this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? 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 OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE 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)	•

Person 5 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for
a. Did this person live in this house or apartment	EACH type of coverage in items a – h. the mailing instructions on page 36.
1 year ago? ☐ Person is under 1 year old → SKIP to	a. Insurance through a current or former employer or union (of this person or another family member) Because of a physical, mental, or emotional condition, does this person have difficulty
question 16 Yes, this house → SKIP to question 16 No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member) doing errands alone such as visiting a doctor's office or shopping? Yes
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability What is this person's marital status? Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military Widowed health care Divorced
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify ☐ ☐ ☐ ☐ In the PAST 12 MONTHS did this person get –
Name of city, town, or post office	Yes No
	a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No How many times has this person been married?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Once Two times Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 36. In what year did this person last get married? Year
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No
	b. Does this person have serious difficulty walking or climbing stairs? Yes No
	c. Does this person have difficulty dressing or bathing? Yes No

Person 5 (continued)		
2 Craon 5 (Continued)	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	a. LAST WEEK, did this person work for pay at a job (or business)?
	Guard? Mark (X) ONE box.	Yes → SKIP to question 30
Answer question 24 if this person is	Never served in the military → SKIP to question 29a	No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	Only on active duty for training in the Reserves	
SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	Now on active duty☐ On active duty in the past, but not now	Yes
4 Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	\square No → SKIP to question 35a
Yes 6	Nathon did this manner come on coting duty in	
□ No	When did this person serve on active dutyin the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for	At what location did this person work LAST WEEK? If this person worked at more than one
	part of the period.	location, print where he or she worked most last week.
a. Does this person have any of his/her own grandchildren under the age of 18 living in	September 2001 or later	a. Address (Number and street name)
this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	
☐ Yes	May 1975 to July 1990	
No → SKIP to question 26	☐ Vietnam Era (August 1964 to April 1975)	If the exact address is not known, give a description of the location such as the building
b. Is this grandparent currently responsible for	February 1955 to July 1964	name or the nearest street or intersection.
most of the basic needs of any grandchildren under the age of 18 who lives in this house or	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
apartment?	☐ January 1947 to June 1950	
☐ Yes	World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
c. How long has this grandparent been		city or town?
responsible for these grandchildren? If the grandparent is financially responsible for	a. Does this person have a VA service-connected disability rating?	Yes No, outside the city/town limits
more than one grandchild, answer the question for the grandchild for whom the grandparent has	Yes (such as 0%, 10%, 20%,, 100%)	No, outside the city/town limits
been responsible for the longest period of time.		d. Name of county
Less than 6 months	,	
6 to 11 months	 b. What is this person's service-connected disability rating? 	
1 or 2 years	0 percent	e. Name of U.S. state or foreign country
3 or 4 years 5 or more years	10 or 20 percent	
5 or more years	30 or 40 percent	
	50 or 60 percent	f. ZIP Code
	70 percent or higher	

3	Person 5 (continued) 1 How did this person usually get to work LAST	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? — Yes, could have gone to work
	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)		☐ No, because of own temporary illness
	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	35 a. LAST WEEK, was this person on layoff from	No, because of all other reasons (in school, etc.)
	☐ Car, truck, or van ☐ Motorcycle ☐ Bus or trolley bus ☐ Bicycle	a job? ☐ Yes → SKIP to question 35c ☐ No	When did this person last work, even for a few days?
	Streetcar or trolley car Walked	L NO	
	Subway or elevated Worked at home → SKIP	b. LAST WEEK, was this person TEMPORARILY	Within the past 12 months
	Railroad to question 39a	absent from a job or business?	1 to 5 years ago → SKIP to L on the next page
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	Over 5 years ago or never worked → SKIP to question 47
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	□ No → SKIP to question 36	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next	☐ Yes → SKIP to question 40
		6 months OR been given a date to return to work?	□ No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	☐ Yes → SKIP to question 37 ☐ No	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	Person(s)		50 to 52 weeks
		During the LAST 4 WEEKS, has this person beer	48 to 49 weeks
		ACTIVELY looking for work?	☐ 40 to 47 weeks
		Yes	☐ 27 to 39 weeks
3	What time did this person usually leave home to go to work LAST WEEK?	No → SKIP to question 38	14 to 26 weeks
	Hour Minute		13 weeks or less
	a.m. p.m.		During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
3	How many minutes did it usually take this person to get from home to work LAST WEEK?		Usual hours worked each WEEK
	Minutes		

Person 5 (continued)

Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 CURRENT OR MOST RECENT JOB **ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business. Was this person -Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces. Name of company, business, or other employer What kind of business or industry was this?

43 Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

\$ __ Yes → No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

\$ Yes → No Loss TOTAL AMOUNT for past

12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → No Loss TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

__ Yes → No TOTAL AMOUNT for past 12 months

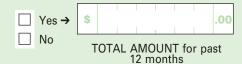
e. Supplemental Security Income (SSI).

\$ __ Yes → __ No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.



g. Retirement, survivor, or disability pensions. Do NOT include Social Security.



h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Ye	es →	\$,			.00
□ N	0	Т	OTA	L Δ 1	MC 2 m)UN	T fo	r pa	st

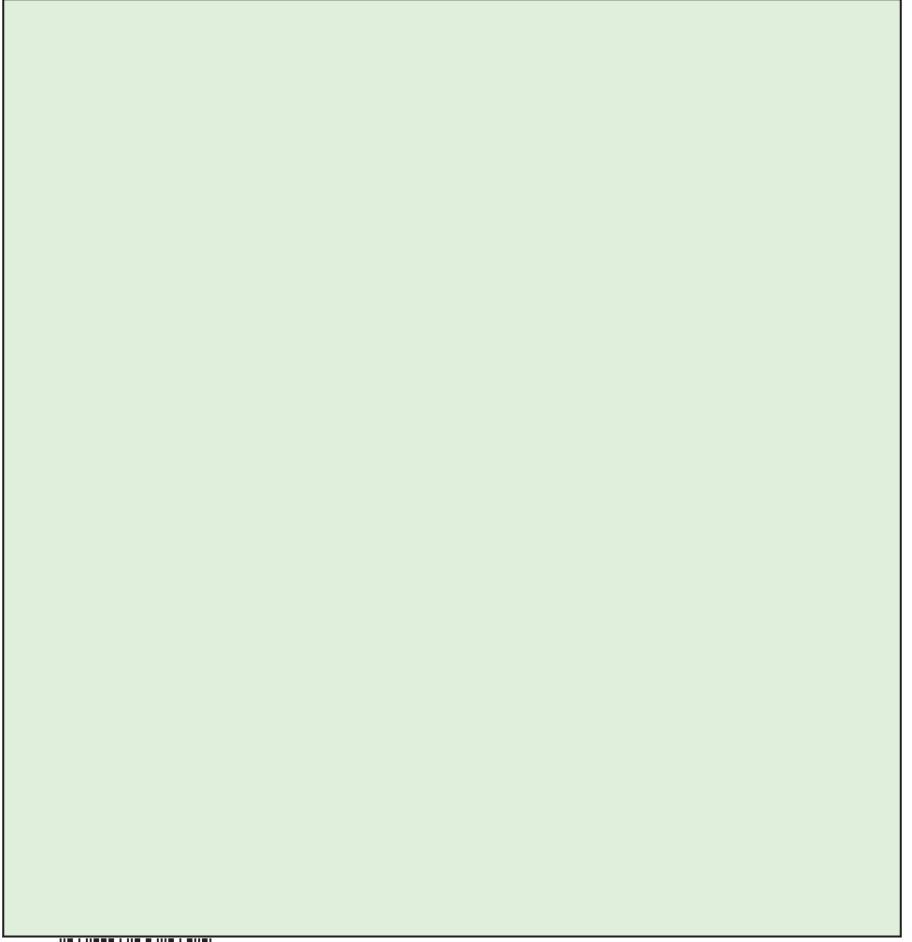
What was this person's total income during the **PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR None Loss TOTAL AMOUNT for past 12 months

Now continue with the mailing instructions on page 36.

Page 33 is intentionally left blank

Pages 34 and 35 are intentionally left blank	



Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

• make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use					
POP EDIT PHONE	JIC1	JIC2			
EDIT CLERK TELEPHONE CLERK	JIC3	JIC4			

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)QD36 (07-20-2012)