U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration

U.S. CENSUS BUREAU



THE American Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

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 pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

Start Here

Please print today's date.

	Month Day Year	
€	Please print the name and telephone number of the persistilling out this form. We may contact you if there is a question Last Name	on v
	First Name	MI
		IVII
	Area Code + Number -	

- How many people are living or staying at this address?
- **INCLUDE** everyone who is living or staying here for more than 2 months.
- INCLUDE yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(X)HE12** (08-13-2012) Draft 2

OMB No. 0607-0810

vho is



Perso	on 1	Person 2					
(Person 1 is the person living or stayir or apartment is owned, being bought,	, or rented. If there is no such		at is Person 2's name? : Name (Please print)	First Name	e MI		
person, start with the name of any add	ult living or staying here.)	2 Ho	w is this person related to l		k (X) ONE box. Son-in-law or daughter-in-law		
 What is Person 1's name? Last Name (Please print) How is this person related to Person 1 	First Name MI on 1?		Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law		Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative		
What is Person 1's sex? Mark (X) O	NE box.	3 Wh	at is Person 2's sex? Mark (Male	(X) ONE box.			
What is Person 1's age and what is Please report babies as age 0 when the Print numbers Age (in years) Month Day → NOTE: Please answer BOTH Question 6 about race. For this sur Is Person 1 of Hispanic, Latino, or Span	ne child is less than 1 year old. s in boxes. Year of birth stion 5 about Hispanic origin and rvey, Hispanic origins are not races. Spanish origin?	Age Age		en the child is leaders in boxes. Day Year of Company Year of Year of Year Office Year	birth birth ut Hispanic origin and anic origins are not races.		
Yes, Mexican, Mexican Am., Chicand Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spandard Argentinean, Colombian, Dominican and so on.	o anish origin – Print origin, for example, n, Nicaraguan, Salvadoran, Spaniard,		Yes, Mexican, Mexican Am., Ch Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Domi	or Spanish origin	– Print origin, for example, n, Salvadoran, Spaniard,		
What is Person 1's race? Mark (X) o White Black, African Am., or Negro American Indian or Alaska Native —	one or more boxes. Print name of enrolled or principal tribe.		at is Person 2's race? Mark White Black, African Am., or Negro American Indian or Alaska Nati				
Asian Indian Chinese Kore Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.			Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.		
Some other race – Print race.			Some other race – Print race.	7			

	Person	3	Person 4
0	What is Person 3's name? Last Name (Please print) Firs	et Name MI	What is Person 4's name? Last Name (Please print) First Name MI
3 4	How is this person related to Person 13 Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 3's sex? Mark (X) ONE be Male Female What is Person 3's age and what is PerPlease report babies as age 0 when the chian Print numbers in be Month Age (in years) Month Day Yellow	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative ox. rson 3's date of birth? ild is less than 1 year old.	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
5	→ NOTE: Please answer BOTH Question Question 6 about race. For this survey, Is Person 3 of Hispanic, Latino, or Spanish or Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Nica and so on.	Hispanic origins are not races. nish origin? rigin origin – 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.
6	What is Person 3's race? Mark (X) one o White Black, African Am., or Negro American Indian or Alaska Native — Print		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.
	Asian Indian Chinese Korean Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Native Hawaiian Guamanian or Chamorro Se Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
	Some other race – <i>Print race.</i>		Some other race – <i>Print race.</i>

/hat is Person 5's n	Person 5		If there are more than five peoprint their names in the spaces We may call you for more informa	for Person 6 through Person 12.
ast Name (Please print)	First f	Name MI	Person 6	
			Last Name (Please print)	First Name
ow is this person re	elated to Person 1?	Mark (X) ONE box.		
Husband or wife		Son-in-law or daughter-in-la	w	
Biological son or da	nughter	Other relative		
Adopted son or dat	_	Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdau	_	Housemate or roommate		
Brother or sister	[Unmarried partner	Person 7	F: N
Father or mother		Foster child	Last Name (Please print)	First Name
Grandchild		Other nonrelative		
Parent-in-law	_	_ other homelative		
	ex? Mark (X) ONE box	(a	Sex Male Female	Age (in years)
Male	Female		Person 8	
/hat is Person 5's a	ge and what is Pers	on 5's date of birth?	Last Name (Please print)	First Name
lease report babies a	age 0 when the child Print numbers in box	is less than 1 year old.	,	
ge (in years)		r of birth		
J ()				
			Sex Male Female	
NOTE: Please ansv	ver BOTH Question 5	about Hispanic origin and	Jex Ividie Fellidie	Age (in years)
Question 6 about ra	ce. For this survey, H	ispanic origins are not races	S. Person 9	
Person 5 of Hispan	nic, Latino, or Spani	sh origin?	Last Name (Please print)	First Name
No, not of Hispanio	, Latino, or Spanish orig	in		
Yes, Mexican, Mexi	can Am., Chicano			
Yes, Puerto Rican				
Yes, Cuban			Sex Male Female	Age (in years)
Yes, another Hispan	nic, Latino, or Spanish or	igin – Print origin, for example,		Age (III years)
Argentinean, Color and so on. 7	nbian, Dominican, Nicara	nguan, Salvadoran, Spaniard,	Person 10	
			Last Name (Please print)	First Name
/hat is Person 5's ra	ce? Mark (X) one or i	more boxes.		
White				
Black, African Am.,	or Negro		Sex Male Female	Age (in years)
	ŭ	ame of enrolled or principal tribe	Person 11	
		,	T GISSII TT	First Name
			Last Name (Please print)	First Name
Asian Indian	Japanese	Native Hawaiian		
Chinese	Korean	Guamanian or Chamorro		
Filipino	Vietnamese	Samoan		
¬ '		Other Pacific Islander –	Sex Male Female	Age (in years)
Other Asian – Print for example, Hmon	g,	Print race, for example,	Person 12	
Laotian, Thai, Pakis Cambodian, and sc	tanı, on. _▽	Fijian, Tongan, and so on. _[∕	Last Name (Please print)	First Name
, 2	*	*		
Some other race –	Print race. 😾			
	*		Sou D Mala D 5	
			Sex Male Female	Age (in years)

Please copy the name of Person 1 from page 2, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	13 What is this person's ancestry or ethnic origin?
Last Name	NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish
Where was this person born? In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11 –	Nigerian, Mexican, Taiwanese, Ukrainian, and so on a. Does this person speak a language other that English at home? ☐ Yes ☐ No → SKIP to question 15a b. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10a 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	 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) Answer question 12 if this person has a	For example: Korean, Italian, Spanish, Vietnames c. How well does this person speak English? Very well Well Not well Not at all a. Did this person live in this house or apartment 1 year ago? Person is under 1 year old → SKIP to
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. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1 − 12 −	bachelor's degree or higher. Otherwise, SKIP to question 13. 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)	No, different house in the United States of Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name) Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico
 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) 		

Person 1	(continued
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6	fo co	this person CURRENTLY covered b llowing types of health insurance overage plans? Mark "Yes" or "No" for coverage in items a – h.	or hea	alth		15 the	wer question 19 if this person is vears old or over. Otherwise, SKIP to questions for Person 2 on page 9. ause of a physical, mental, or emotional		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.
		Insurance through a current or former employer or union (of this person or another family member)	Yes	No		con doi:	dition, does this person have difficulty ng errands alone such as visiting a doctor's ce or shopping?	;	Less than 6 months 6 to 11 months
	b.	Insurance purchased directly from an insurance company (by this person or another family member)					Yes No		1 or 2 years 3 or 4 years 5 or more years
	c.	Medicare, for people 65 and older, or people with certain disabilities			20	Wha	at is this person's marital status?		_ commons yours
		Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability			Ī		Now married Widowed Divorced	26	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e.	TRICARE or other military health care					Separated		question 29a
	f.	VA (including those who have ever used or enrolled for VA health care)					Never married → SKIP to		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g.	Indian Health Service			21	ln t	he PAST 12 MONTHS did this person get – Yes No		Now on active dutyOn active duty in the past, but not now
	h.	Any other type of health insurance or health coverage plan – Specify					Married?		When did this person serve on active duty in the
						c. E	Vidowed?	4	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
					22	Hov	v many times has this person been married?	?	September 2001 or later
G	со	nswer question 17 if this person is overed by health insurance. Otherw KIP to question 18.					Once Two times		August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990
	O,	to question to.					Three or more times		☐ Vietnam era (August 1964 to April 1975)
5	ls ·	the cost of the health insurance pro	emiur	n	23		hat year did this person last get married?		February 1955 to July 1964
	re	duced based on this person's famil	y inco	me?		Yea	r		Korean War (July 1950 to January 1955)
		Yes							January 1947 to June 1950 World War II (December 1941 to December 1946)
	L					Ans	swer question 24 if this person is		November 1941 or earlier
8) 	a.	Is this person deaf or does he/she had serious difficulty hearing?	lave		T	fen	nale and 15 – 50 years old. Otherwise, P to question 25a.		Barrella and Marie Control
		Yes				Orti	1 10 40001011 200.	28	a. Does this person have a VA service-connected disability rating?
		No			24	Has the	this person given birth to any children in past 12 months?		Yes (such as 0%, 10%, 20%,, 100%)
		Is this person blind or does he/she serious difficulty seeing even whe		aring			Yes		No → SKIP to question 29a
		glasses?					No		b. What is this person's service-connected
		☐ Yes ☐ No			25		oes this person have any of his/her own randchildren under the age of 18 living in		disability rating? 0 percent
						ť	his house or apartment?		10 or 20 percent
							Yes		30 or 40 percent
							No → SKIP to question 26		50 or 60 percent
						n	s this grandparent currently responsible for nost of the basic needs of any grandchildre nder the age of 18 who live in this house or partment?	n l	70 percent or higher
						1	Yes		
						1	No → SKIP to question 26		

Person 1 (continued)

a. LAST WEEK, did this person work for pay at a job (or business)?	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes
☐ Yes → SKIP to question 39a		No → SKIP to question 38
□ No – Did not work (or retired)		
	a job?	LAST WEEK, could this person have started a
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	Yes → SKIP to question 35c	job if offered one, or returned to work if recalled?
	No	Yes, could have gone to work
Yes → SKIP to question 39a	b. LAST WEEK, was this person TEMPORARIL	
No → SKIP to question 35a	absent from a job or business?	No, because of all other reasons (in school, etc.)
	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	When did this person last work, even for a few days?
	No → SKIP to question 36	
	No s on to queenence	Within the past 12 months
	c. Has this person been informed that he or sh	
	will be recalled to work within the next 6 months OR been given a date to return to work?	Over 5 years ago or never worked → SKIP to question 47
	Yes → SKIP to question 37No	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
		☐ Yes → SKIP to question 40
		□ 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?
		50 to 52 weeks
		48 to 49 weeks
		☐ 40 to 47 weeks
		☐ 27 to 39 weeks
		14 to 26 weeks
		13 weeks or less
		During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
		Usual hours worked each WEEK

Person 1 (continued)

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

41 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.

or farm?

	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

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	TO	ΓAL	АМ 12 г	OUI	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	TOTAL	AMOI	UNT	for	past		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	TOTA	L A	MO 2 m	UNT onth	for	pas	st	Loss

d. Social Security or Railroad Retirement.

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

e. Supplemental Security Income (SSI).

	Yes →	49						.00
Ш	No	ТО	TAL	AM 12	IOU mor	NT ths	for p	oast

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

Yes →	\$			3			.00
No	TO	TAL	ΑN	10U	NT	for p	oast
			12	mo	nths		

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

Yes →	\$,			.00
No	Т	ОТА	LΑ	MC)UN	T fo	r pa	st
			1	2 m	ontl	hs	•	

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 →	49							.00
Ш	No	Т	OTA	λL Α 1	MO 2 m	UN ⁻ onth	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.

the dolla			man	()()	ino	200	5 2		X1 10
☐ OR	\$	I						.00	
None	TO	DTAL	AM(OUN	IT fo	or pa	st		Los

Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 2, STOP HERE.



Person 2		What is this person's ancestry or ethnic origin?
Please copy the name of Person 2 from page 2, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	
Last Name	NO SCHOOLING COMPLETED	
	No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
This Name	☐ Nursery school	
		4 a. Does this person speak a language other than English at home?
Where was this person born?	Grade 1 through 11 – Specify grade 1 – 11 –	
☐ In the United States – Print name of state.		YesNo → SKIP to question 15a
	12th grade – NO DIPLOMA	b. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
	GED or alternative credential	c. How well does this person speak English?
Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	
Yes, born in the United States → SKIP to question 10a	Some college credit, but less than 1 year of college credit	☐ Very well ☐ Well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	1 or more years of college credit, no degree	Not well
	Associate's degree (for example: AA, AS)	Not at all
Yes, born abroad of U.S. citizen parent or parents	Bachelor's degree (for example: BA, BS)	INOT at all
Yes, U.S. citizen by naturalization – <i>Print year</i>	AFTER BACHELOR'S DEGREE	a. Did this person live in this house or apartmen
or naturalization —	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago?
		Person is under 1 year old → SKIP to question 16
No, not a U.S. citizen	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	Yes, this house → SKIP to question 16
When did this person come to live in the	Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico – Print name of foreign country,
United States? Print numbers in boxes.		Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below:
Year		or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
[] , , , , [Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	
0 a. At any time IN THE LAST 3 MONTHS, has this	SKIP to question 13.	No different house in the United States or
person attended school or college? Include only nursery or preschool, kindergarten,		No, different house in the United States or Puerto Rico
elementary school, home school, and schooling which leads to a high school diploma or a college		b. Where did this person live 1 year ago?
degree.	This question focuses on this person's	Address (Number and street name)
 No, has not attended in the last 3 months → SKIP to question 11 	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
Yes, public school, public college	this person has received. (For example: chemical	
Yes, private school, private college,	engineering, elementary teacher education, organizational psychology)	
homė school	organizational poyenology)	Name of city, town, or post office
b. What grade or level was this person attending? Mark (X) ONE box.		
☐ Nursery school, preschool		Name of H.C. county or
Kindergarten		Name of U.S. county or municipio in Puerto Rico
Grade 1 through 12 – Specify		
grade 1 – 12 –		
K		Name of U.S. state or Puerto Rico ZIP Code
College undergraduate years (freshman to		Lii dode
senior) Graduate or professional school beyond a		
bachelor's degree (for example: MA or PhD program, or medical or law school)		

	Person 2 (continue	ed)	
) i	s this person CURRENTLY covered by following types of health insurance coverage plans? Mark "Yes" or "No" for	by any or hea	of the
0	coverage plans? Mark "Yes" or "No" fo of coverage in items a – h.	r EACH	ł type
a	a. Insurance through a current or	Yes	No
	former employer or union (of this person or another family member)		
k	 Insurance purchased directly from an insurance company (by this person or another family member) 		
C	c. Medicare, for people 65 and older, or people with certain disabilities		
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes		
	plan for those with low incomes or a disability		
e	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		
ŀ	n. Any other type of health insurance or health coverage plan – Specify		
	1		
	Answer question 17 if this person is covered by health insurance.	;	
	overed by health insurance.		
ן ל	s the cost of the health insurance pr reduced based on this person's famil	emiur ly inco	n me?
	Yes		
	☐ No		
) c	Continue with the questions for Pers	on 3 o	n
t	he next page. If no one is listed as pe page 3, STOP HERE.	erson	3 on

Person 3	1 What is the highest degree or level of school	What is this person's ancestry or ethnic origin?
	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or	
Please copy the name of Person 3 from page 3, then continue answering questions below.	highest degree received.	
Last Name	NO SCHOOLING COMPLETED	
	☐ No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish,
First Name MI	Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and so on
	Kindergarten	14 a. Does this person speak a language other tha
	Grade 1 through 11 – Specify	English at home?
Where was this person born?	grade 1 – 11 –	Yes
In the United States – <i>Print name of state.</i>		No → SKIP to question 15a
Outside the United States – Print name of	12th grade – NO DIPLOMA	b. What is this language?
foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnames
	GED or alternative credential	c. How well does this person speak English?
Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	
Yes, born in the United States → SKIP to question 10a	Some college credit, but less than 1 year of	Very well
Yes, born in Puerto Rico, Guam, the	college credit 1 or more years of college credit, no degree	☐ Well
U.S. Virgin Islands, or Northern Marianas		☐ Not well
Yes, born abroad of U.S. citizen parent or parents	Associate's degree (for example: AA, AS)	☐ Not at all
	Bachelor's degree (for example: BA, BS)	a. Did this person live in this house or apartme
Yes, U.S. citizen by naturalization – Print year of naturalization		1 year ago?
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Person is under 1 year old → SKIP to
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	
No, not a U.S. citizen		Yes, this house → SKIP to question 16
When did this person come to live in the	Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico - Print name of foreign country
United States? Print numbers in boxes. Year		or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
Teal		then SKIP to question 16
	Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	
a. At any time IN THE LAST 3 MONTHS, has this	SKIP to question 13.	No, different house in the United States or
person attended school or college? Include only nursery or preschool, kindergarten,		Puerto Rico
elementary school, home school, and schooling which leads to a high school diploma or a college		b. Where did this person live 1 year ago?
degree.	2 This question focuses on this person's	Address (Number and street name)
No, has not attended in the last 3	BACHELOR'S DEGREE. Please print below the	
months → SKIP to question 11	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
Yes, public school, public college	engineering, elementary teacher education,	
Yes, private school, private college, home school	organizational psychology)	Name of city, town, or post office
b. What grade or level was this person attending?		
Mark (X) ONE box.		
Nursery school, preschool		Name of U.S. county or
☐ Kindergarten		municipio in Puerto Rico
Grade 1 through 12 – Specify grade 1 – 12 –		
		Name of H.C. at a
		Name of U.S. state or Puerto Rico ZIP Code
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)		

	P	erson 3 (continue	e <u>d)</u>	
6	ls t fol	this person CURRENTLY covered by lowing types of health insurance of	or he	y of th alth
	of o	verage plans? Mark "Yes" or "No" for coverage in items a – h.		
	a.	Insurance through a current or former employer or union (of this person or another family member)		No
		Insurance purchased directly from an insurance company (by this person or another family member)		
		Medicare, for people 65 and older, or people with certain disabilities		
	d.	Medicaid, Medical Assistance, or any kind of government-assistance		
		plan for those with low incomes or a disability		
		TRICARE or other military health care		
	f.	VA (including those who have ever used or enrolled for VA health care)		
		Indian Health Service		
	h.	Any other type of health insurance or health coverage plan – Specify		
		•		
G	Ar	nswer question 17 if this person is		
	со	vered by health insurance.		
7	ls t	the cost of the health insurance produced based on this person's famil	emiu y inc	m ome?
] Yes		
] No		
	ST	OP HERE		