



## 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 Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question. Last Name 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 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.



OMB No. 0607-0810



Pers	son 1	Person 2	
(Person 1 is the person living or stay or apartment is owned, being bough person, start with the name of any a	it, or rented. If there is no such	1 What is Person 2's name?  Last Name (Please print) First Name	МІ
What is Person 1's name?  Last Name (Please print)  How is this person related to Per X Person 1  What is Person 1's sex? Mark (X) (I) Male Female  What is Person 1's age and what Please report babies as age 0 when the concept print numbers Age (in years)  Month Day	ONE box.  is Person 1's date of birth? hild is less than 1 year old. is in boxes.	How is this person related to Person 1? Mark (X) ONE box.    Husband or wife	der der commate der
S Is Person 1 of Hispanic, Latino, o  No, not of Hispanic, Latino, or Spa  Yes, Mexican, Mexican Am., Chican  Yes, Puerto Rican  Yes, Cuban	urvey, Hispanic origins are not races r Spanish origin?	Is Person 2 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban	re not races.
6 What is Person 1's race? Mark (X)  White Black, African Am., or Negro American Indian or Alaska Native -  Asian Indian Chinese Kor	·	What is Person 2's race? Mark (X) one or more boxes.   White	pal tribe.   iiian  or Chamorro  s Islander – example,
Some other race – Print race.		Some other race − Print race.   □	

P	erson 3		Person 4				
Vhat is Person 3's name?			/hat is Person 4's name?				
ast Name ( <i>Please print</i> )	First Name	MI T La	st Name ( <i>Please print</i> )	First Name			
low is this person related to	Person 12 Mark (Y) ONE by		ow is this person related to P	Person 12 Mark (Y) ONE hox			
Husband or wife		daughter-in-law	Husband or wife	Son-in-law or daughter-in			
Biological son or daughter	Other relative	9	Biological son or daughter	Other relative			
Adopted son or daughter	☐ Roomer or bo		Adopted son or daughter	Roomer or boarder			
Stepson or stepdaughter	☐ Housemate or		Stepson or stepdaughter	Housemate or roommate			
Brother or sister	Unmarried pa	artner	Brother or sister	Unmarried partner			
Father or mother	Foster child		Father or mother	Foster child			
Grandchild	Other nonrela	ntive	Grandchild	Other nonrelative			
Parent-in-law			Parent-in-law				
Ihat is Person 3's sex? Mark	(X) ONE box.	3 W	hat is Person 4's sex? Mark ()	K) ONE box.			
Male Female		T	Male Female				
	the child is less than 1 year old. mbers in boxes.	PI	ease report babies as age 0 when th Print numb	pers in boxes.			
ge (in years) Month	Day Year of birth	Αç	ge (in years) Month D	ay Year of birth			
Question 6 about race. For the Person 3 of Hispanic, Latino, on Yes, Mexican, Mexican Am., Con Yes, Puerto Rican Yes, Cuban	no, or Spanish origin? r Spanish origin		Person 4 of Hispanic, Latino, or S  No, not of Hispanic, Latino, or S  Yes, Mexican, Mexican Am., Ch  Yes, Puerto Rican  Yes, Cuban	Spanish origin			
	or Spanish origin – Print origin, f an, Nicaraguan, Salvadoran, Spanian	for example, rd, and so on.	Yes, another Hispanic, Latino, o	r Spanish origin – Print origin, for example, , Nicaraguan, Salvadoran, Spaniard, and so on.			
Ihat is Person 3's race? Mari	k (X) one or more boxes.	<b>6</b> w	hat is Person 4's race? Mark	(X) one or more boxes.			
White			White				
Black, African Am., or Negro			Black, African Am., or Negro				
American Indian or Alaska Na	tive – Print name of enrolled or prin	ncipal tribe. 굹 📗 🗌	American Indian or Alaska Nativ	ve – Print name of enrolled or principal tribe. 📈			
Asian Indian	Japanese	waiian	_	Japanese Native Hawaiian			
		waiian		Japanese Native Hawaiian Korean Guamanian or Chamo			
Asian Indian Chinese Filipino	Korean Guamania Vietnamese Samoan	an or Chamorro	Chinese				
Asian Indian Chinese	Korean Guamania Vietnamese Samoan Other Paci Print race, f		Chinese	Korean Guamanian or Chamo			
Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamania Vietnamese Samoan Other Paci Print race, f	an or Chamorro	Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamanian or Chame Vietnamese Samoan Other Pacific Islander Print race, for example,			
Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamania Vietnamese Samoan Other Paci Print race, f Fijian, Tong	an or Chamorro	Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamanian or Chamo Vietnamese Samoan Other Pacific Islander Print race, for example,			

	erson 5		If there are more than five peoper print their names in the spaces	for Person 6 through Person	12.
<b>Ihat is Person 5's name?</b> ast Name ( <i>Please print</i> )	First Name	MI	We may call you for more informa	tion about them.	
ot itamo (i iodoo piint)			Person 6		
			Last Name (Please print)	First Name	1
w is this person related to	Person 1? Mark (X	() ONE box.			
Husband or wife	Son	-in-law or daughter-in-lav	w   -		_
Biological son or daughter	Othe	er relative	Sex Male Female		
Adopted son or daughter	Roo	mer or boarder	Tentale Tentale	Age (in years)	
Stepson or stepdaughter	Hou	semate or roommate	Person 7		
Brother or sister	Unm	narried partner	Last Name (Please print)	First Name	
Father or mother		er child			
Grandchild	Othe	er nonrelative			
Parent-in-law					
			Sex Male Female	Age (in years)	
hat is Person 5's sex? Mark	(X) ONE box.		Dayson 9		
Male Female			Person 8		
hat is Person 5's age and w	nat is Person 5's o	date of birth?	Last Name (Please print)	First Name	
ease report babies as age 0 when t	he child is less than 1	year old.			
	<i>bers in boxes.</i> Day Year of birth	า			
ivional i	Pay Tour or Birti	·			
			Sex Male Female	Age (in years)	
NOTE: Please answer BOTH	Question 5 about l	— Hispanic origin and	Person 9		
Question 6 about race. For the			es.		
Person 5 of Hispanic, Latin	o, or Spanish orig	jin?	Last Name (Please print)	First Name	1
<b>No,</b> not of Hispanic, Latino, or	Spanish origin				
Yes, Mexican, Mexican Am., C	nicano				
Yes, Puerto Rican					
J 165, I derto mican			Say Mala Famala		
Yes, Cuban			Sex  Male Female	Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino,	or Spanish origin – <i>Pr</i>	rint origin, for example,	Sex  Male Female  Person 10	Age (in years)	
Yes, Cuban	or Spanish origin – <i>Pr</i> n, Nicaraguan, Salvador	rint origin, for example, ran, Spaniard, and so on. 📈	Person 10		
Yes, Cuban Yes, another Hispanic, Latino,	or Spanish origin – <i>Pr</i> n, Nicaraguan, Salvador	rint origin, for example, an, Spaniard, and so on.		Age (in years)  First Name	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica	n, Nicaraguan, Salvador	an, Spaniard, and so on. 🙀	Person 10		
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark	n, Nicaraguan, Salvador	an, Spaniard, and so on. 🙀	Person 10		
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark White	n, Nicaraguan, Salvador	an, Spaniard, and so on. 🙀	Person 10  Last Name (Please print)	First Name	
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark  White  Black, African Am., or Negro	n, Nicaraguan, Salvador	ean, Spaniard, and so on.	Person 10  Last Name (Please print)  Sex		
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark  White	n, Nicaraguan, Salvador	ean, Spaniard, and so on.	Person 10  Last Name (Please print)	First Name	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark White Black, African Am., or Negro	n, Nicaraguan, Salvador	ean, Spaniard, and so on.	Person 10  Last Name (Please print)  Sex	First Name	
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark  White  Black, African Am., or Negro	n, Nicaraguan, Salvador	ean, Spaniard, and so on.	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark White Black, African Am., or Negro	n, Nicaraguan, Salvador  (X) one or more bookive – Print name of enro	ean, Spaniard, and so on.	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominica  hat is Person 5's race? Mark White Black, African Am., or Negro American Indian or Alaska Nat	n, Nicaraguan, Salvador  (X) one or more bo  ive – Print name of enro  Japanese	oxes.	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark White Black, African Am., or Negro American Indian or Alaska Nat	ive – Print name of enro	can, Spaniard, and so on.	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)  First Name	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark White Black, African Am., or Negro American Indian or Alaska Nat  Asian Indian Chinese Filipino Other Asian – Print race, for	ive – Print name of enro	Pan, Spaniard, and so on.   Dilled or principal tribe.  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark White Black, African Am., or Negro American Indian or Alaska Nat  Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	ive – Print name of enro	Pan, Spaniard, and so on.   Diled or principal tribe.   Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –   Print race, for example,	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)  First Name	
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark  White  Black, African Am., or Negro  American Indian or Alaska Nat  Asian Indian  Chinese  Filipino  Other Asian – Print race, for	ive – Print name of enro	Pan, Spaniard, and so on.   Dilled or principal tribe.  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –	Person 10  Last Name (Please print)  Sex	First Name  Age (in years)  First Name	
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark  White  Black, African Am., or Negro  American Indian or Alaska Nat  Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai,	ive – Print name of enro	Pan, Spaniard, and so on.   Diled or principal tribe.   Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –   Print race, for example,	Person 10  Last Name (Please print)  Sex	Age (in years)  First Name  Age (in years)	
Yes, Cuban  Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical  hat is Person 5's race? Mark  White  Black, African Am., or Negro  American Indian or Alaska Nat  Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	ive – Print name of enro	Pan, Spaniard, and so on.   Diled or principal tribe.   Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –   Print race, for example,	Person 10  Last Name (Please print)  Sex	Age (in years)  First Name  Age (in years)	
Yes, Cuban Yes, another Hispanic, Latino, Argentinean, Colombian, Dominical That is Person 5's race? Mark White Black, African Am., or Negro American Indian or Alaska Nat  Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	ive – Print name of enro	Pan, Spaniard, and so on.   Diled or principal tribe.   Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander –   Print race, for example,	Person 10  Last Name (Please print)  Sex	Age (in years)  First Name  Age (in years)	

## Housing

				swer questions 4 – 6 if this is a HOUSE		Does this house, apartment, or	r mobi	le
_	Plo	ase answer the following questions		A MOBILE HOME; otherwise, SKIP to estion 7a.		home have –	Yes	No
	abo	ut the house, apartment, or mobile	,			a. hot and cold running water?		
1	hon	ne at the address on the mailing label.		w many acres is this house or mobile		b. a flush toilet?		
1		ch best describes this building? ude all apartments, flats, etc., even if vacant.	ho	me on?		c. a bathtub or shower?		
١		·		Less than 1 acre → SKIP to question 6		d. a sink with a faucet?		
١	H	A mobile home		1 to 9.9 acres		e. a stove or range?		
١	Ш	A one-family house detached from any other house		10 or more acres		f. a refrigerator?		
		A one-family house attached to one or more houses	act	THE PAST 12 MONTHS, what were the ual sales of all agricultural products m this property?		g. telephone service from which you can both make and receive calls? <i>Include cell phones</i> .		
١		A building with 2 apartments			9	At this house, apartment, or m	obile l	nome –
١	Ш	A building with 3 or 4 apartments		None	T	do you or any member of this hown or use any of the followin	nouseh g com	iold puters?
١		A building with 5 to 9 apartments		\$1 to \$999		EXCLUDE GPS devices, digital	music	players,
١		A building with 10 to 19 apartments		\$1,000 to \$2,499		and devices with only limited c capabilities, for example: house	omputi ehold	ing
١		A building with 20 to 49 apartments		\$2,500 to \$4,999		appliances.	Yes	No
١		A building with 50 or more apartments		\$5,000 to \$9,999		a. Desktop, laptop, netbook, or notebook computer		
		Boat, RV, van, etc.		\$10,000 or more		b. Handheld computer, smart mobile phone, or other handheld wireless computer		
2	Abo	out when was this building first built?	baı	here a business (such as a store or ber shop) or a medical office on this		c. Some other type of computer		
١		2000 or later – Specify year	pro	pperty?		Specify 📈		
١				Yes				
١		1990 to 1999		No				
١	H		a. I	low many separate rooms are in this		At this house, apartment, or m do you or any member of this h	obile h nouseh	nome – nold
١		1980 to 1989	ŀ	nouse, apartment, or mobile home? Rooms must be separated by built-in		access the Internet?		
		1970 to 1979 1960 to 1969	á	archways or walls that extend out at least of inches and go from floor to ceiling.		Yes, with a subscription to a service	n Interr	net
١		1950 to 1959		INCLUDE bedrooms, kitchens, etc.  EXCLUDE bathrooms, porches, balconies		Yes, without a subscription t service → SKIP to question 1	o an In 12	ternet
١		1940 to 1949		foyers, halls, or unfinished basements.	"	No Internet access at this ho or mobile home → SKIP to g	use, ap	artment
١		1939 or earlier	<u> </u>	Number of rooms	Ф	At this house, apartment, or m	obile ł	nome –
3	Who	en did PERSON 1 (listed on page 2)				do you or any member of this he subscribe to the Internet using	nouseh j –	old
T	mo	ve into this house, apartment, or bile home?	b. I	low many of these rooms are bedroom	ıs?		Yes	No
١		th Year	(	Count as bedrooms those rooms you would	d	a. Dial-up service?		
١	TVIOT		l	ist if this house, apartment, or mobile home were for sale or rent. If this is an		b. DSL service?		
١				efficiency/studio apartment, print "0". Number of bedrooms		c. Cable modem service?		
			Г			d. Fiber-optic service?		
						e. Mobile broadband plan for a computer or a cell phone?		
						f. Satellite service?		
						g. Some other service?  Specify service		
-								

Houging	(continued)
	Collidation

2 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?	electricity for this house, apartment, or mobile home?  Last month's cost – Dollars	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.
home for use by members of this	OR Included in rent or condominium fee	
Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel 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, estimate the cost.  Past 12 months' cost – Dollars  OR Included in rent or condominium fee No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  OR Included in rent or condominium fee No charge or these fuels not used	Is this house, apartment, or mobile home -  Mark (X) ONE box.  □ Owned by you or someone in this household with a mortgage or loan?  Include home equity loans.  □ Owned by you or someone in this household free and clear (without a mortgage or loan)?  □ Rented?  □ Occupied without payment of rent? → SKIP to C on the next page

		Housing (continued)	
E	3	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	
1	8	a. What is the monthly rent for this house apartment, or mobile home?  Monthly amount – Dollars	E
		\$ .00	
		b. Does the monthly rent include any meals?  Yes  No	
		Answer questions 19–23 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to	
1	9	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?	
		Amount – Dollars	
2	0	What are the annual real estate taxes on THIS property?	1
		Annual amount – Dollars	
		\$ .00 OR	
		None	

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?   Yes, home equity loan
Yes, mortgage, deed of trust, or similar debt	Yes, second mortgage
Yes, contract to purchase	Yes, second mortgage and home equity loan
No → SKIP to question 23a	$\square$ No $\rightarrow$ SKIP to $\square$
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	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
\$ .00	Monthly amount – Dollars
OR	OR
No regular payment required → SKIP to question 23a	☐ No regular payment required
c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
Yes, taxes included in mortgage payment	Null account to the state of th
No, taxes paid separately or taxes not required	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
d. Does the regular monthly mortgage payment include payments for fire,	Exclude real estate taxes.
hazard, or flood insurance on THIS property?	Annual costs – Dollars
Yes, insurance included in mortgage payment	\$ .00
No, insurance paid separately or no insurance	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

What is the annual payment for fire, hazard, and flood insurance on THIS

property?

None

Annual amount – *Dollars* 

OR

Person 1	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 1 from page 2, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12 –	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  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.	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 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	<ul> <li>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</li> <li>a. Does this person speak a language other than English at home?</li> <li>Yes</li> <li>No → SKIP to question 17a</li> <li>b. What is this language?</li> <li>For example: Korean, Italian, Spanish, Vietnamese</li> <li>c. How well does this person speak English?</li> </ul>
8 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	<ul> <li>Nursery school</li> <li>Kindergarten</li> <li>Grade 1 through 11 − Specify grade 1 − 11 −</li> </ul>	Very well  Well  Not well  Not at all
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	☐ 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)	a. Did this person live in this house or apartment 1 year ago?  ☐ Person is under 1 year old → SKIP to question 18 ☐ Yes, this house → SKIP to question 18 ☐ 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 18
In what country was this person's FATHER born? Print name of country, or Puerto Rico, Guam, etc.	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)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
In what country was this person's MOTHER born? Print name of country, or Puerto Rico, Guam, etc.	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.	Name of city, town, or post office
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 13  Yes, public school, public college Yes, private school, private college, home school	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)	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code

Person 1 (conti
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8	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 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	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.		
	a. Insurance through a current or	condition, does this person have difficulty doing errands alone such as visiting a doctor's	Less than 6 months  6 to 11 months		
ı	person or another family member)	office or shopping?	1 or 2 years		
ı	b. Insurance purchased directly from an insurance company (by this	Yes	3 or 4 years		
ı	person or another family member)	□ No	5 or more years		
	c. Medicare, for people 65 and older, or people with certain disabilities		8 Has this person ever served on active duty in the		
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.   ☐ Never served in the military → SKIP to		
ı	e. TRICARE or other military health care	Separated	question 31a		
	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 30a		
ı	g. Indian Health Service	In the PAST 12 MONTHS did this person get –  Yes No	Now on active duty		
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	On active duty in the past, but not now		
	or nealth coverage plan – Specify	b. Widowed?	9 When did this person serve on active duty in 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.		
	<ul> <li>Yes</li> <li>No</li> <li>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</li> <li>Yes</li> <li>No</li> </ul>	Year	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)		
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.	November 1941 or earlier  a. Does this person have a VA service-connected disability rating?		
0	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	Has this person given birth to any children in the past 12 months?  Yes 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 28  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 31a  b. What is this person's service-connected disability rating?  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		
	c. Does this person have difficulty dressing or bathing?  Yes  No	under the age of 18 who live in this house or apartment?  ☐ Yes ☐ No → SKIP to question 28			

	Person 1 (continued)				
	a. LAST WEEK, did this person work for pay	J	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
ץ	at a job (or business)?		okii to question os.		☐ Yes ☐ No OKID to the Company of t
	Yes → SKIP to question 32				No → SKIP to question 40
	No – Did not work (or retired)	34	How many people, including this person,		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		usually rode to work in the car, truck, or van LAST WEEK? Person(s)	39	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes				Yes, could have gone to work
	No → SKIP to question 37a				No, because of own temporary illness
		35	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
2	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		to go to work LAST WEEK?  Hour Minute	40	When did this person last work, even for a few
	last week.		a.m.		days?
	a. Address (Number and street name)		p.m.		Within the past 12 months
					1 to 5 years ago → SKIP to
	If the exact address is not known, give a description of the location such as the building	36	How many minutes did it usually take this person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
	name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did
	b. Name of city, town, or post office				this person work 50 or more weeks? Count paid time off as work.
					Yes → SKIP to question 42
		K	Answer questions 37 – 40 if this person		□ No
	c. Is the work location inside the limits of that city or town?	1	did NOT work last week. Otherwise,		h Harrisan and DID this management area
	Yes		SKIP to question 41a.		<ul> <li>How many weeks DID this person work, even for a few hours, including paid vacation, paid</li> </ul>
	No, outside the city/town limits				sick leave, and military service?
	d. Name of county	37	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
	•	ıT	a job?		48 to 49 weeks
			Yes → SKIP to question 37c		40 to 47 weeks
	e. Name of U.S. state or foreign country		No		27 to 39 weeks
			b. LAST WEEK, was this person TEMPORARILY		14 to 26 weeks
			absent from a job or business?		13 weeks or less
	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	Y	WORKED, how many hours did this person usually work each WEEK?
			question 40		Usual hours worked each WEEK
3	How did this person usually get to work LAST		No → SKIP to question 38		The state worked sasin Week
	<b>WEEK?</b> If this person usually used more than one method of transportation during the trip, mark (X)		c. Has this person been informed that he or she		
	the box of the one used for most of the distance.		will be recalled to work within the next 6 months OR been given a date to return to		
	☐ Car, truck, or van ☐ Motorcycle		work?		
	☐ Bus or trolley bus ☐ Bicycle		☐ Yes → SKIP to question 39		
	☐ Streetcar or trolley car ☐ Walked		□ No		
	☐ Subway or elevated ☐ Worked at				
		а			
	Ferryboat Other method				
	Taxicab				



Pe	rson 1 (continued)	What kind of work was this per (For example: registered nurse, pe	rsonnel manager,	d. Social	Security or Rail	road Retirement.	
	ver questions 43 – 48 if this person	supervisor of order department, se accountant)	cretary,	Y	es → \$	.00	
	ted in the past 5 years. Otherwise, to question 49.			□ N	TOTAL A	MOUNT for past months	
		8 What were this person's most in activities or duties? (For example	nportant	e. Supple	emental Security	Income (SSI).	
job ad had n which	VITY. Describe clearly this person's chief ctivity or business last week. If this person more than one job, describe the one at h this person worked the most hours. If this	directing hiring policies, supervisir typing and filing, reconciling financ	ng order clerks,	□ Y	es → \$	.00	
	on had no job or business last week, give mation for his/her last job or business.				101AL AI 12	MOUNT for past months	
Was t Mark	this person – (X) ONE box.	9 INCOME IN THE PAST 12 MONT	тнѕ	f. Any pu from tl	iblic assistance he state or local	or welfare paymer welfare office.	nts
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	Mark (X) the "Yes" box for each ty person received, and give your be TOTAL AMOUNT during the PAST	st estimate of the 12 MONTHS.	<ul><li>□ Y</li><li>□ N</li></ul>	es → S  TOTAL A	MOUNT for past	
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the today's date one year ago up thro	ugh today.)	a Potino	12	months or disability pensi	one
	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show type NOT received.	es of income	Do NO	Tinclude Social Se	ecurity.	ıons.
	a state GOVERNMENT employee? a Federal GOVERNMENT employee?	If net income was a loss, mark the the the right of the dollar amount.	"Loss" box to	□ Y	es → \$	.00	
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, repor share for each person – or, if that report the whole amount for only	s not possible,	_	TOTAL A	MOUNT for past 2 months	
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other p	erson.	regula	her sources of in rly such as Veten Bovment compe	ncome received rans' (VA) paymen nsation, child sup	its,
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, or tips from all jobs. Report a deductions for taxes, bonds, du	mount before	or alim	ony. Do NOT incl	lude lump sum payr nheritance or the sai	ments
4 For w	vhom did this person work?						1
the A	w on active duty in Armed Forces, mark (X) this box → Dorint the branch of the Armed Forces.	Yes → \$  No TOTAL AMOUNT  12 mounts		<ul><li>□ Y</li><li>□ N</li></ul>	IOIALA	MOUNT for past	
Name	e of company, business, or other employer	12 months			1	2 months	
		b. Self-employment income fro businesses or farm business proprietorships and partners NET income after business expe	es, including hips. Report	to 49h; sul	<b>WONTHS?</b> Add e btract any losses. amount and mark	otal income during entries in questions a If net income was a (X) the "Loss" box n	49a Ioss,
Descr (For e	t kind of business or industry was this? ribe the activity at the location where employed. example: hospital, newspaper publishing, mail	☐ Yes→	.00		\$	.00	
order	house, auto engine manufacturing, bank)	No TOTAL AMOUNT 12 months	ioi past	None OR	TOTAL AMO	UNT for past onths	Loss
.6 Is thi	is mainly – Mark (X) ONE box.	c. Interest, dividends, net renta royalty income, or income fr and trusts. Report even small a	om estates				
	manufacturing?	to an account.					
	wholesale trade? retail trade?	Yes→\$	.00				
	other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT	for past Loss				
			E	next page	e. If no one is list	ons for Person 2 o ted as Person 2 on or mailing instruc	1

Person 2	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 2 from page 3, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  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.	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 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	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  a. Does this person speak a language other than English at home?  Yes No → SKIP to question 17a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese
8 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	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11	c. How well does this person speak English?  Very well  Well  Not well  Not at all
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	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	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born?  Print name of country, or Puerto Rico, Guam, etc.	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)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
In what country was this person's MOTHER born?  Print name of country, or Puerto Rico, Guam, etc.	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.	Name of LLS county or municipie in
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 13  Yes, public school, public college  Yes, private school, private college, home school	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)	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code

Person 2	(continued)
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8	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 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.  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.
	a. Insurance through a current or	condition, does this person have difficulty doing errands alone such as visiting a doctor's  Less than 6 months
ı	former employer or union (of this person or another family member)	office or shopping?
ı	b. Insurance purchased directly from an insurance company (by this	☐ Yes ☐ 3 or 4 years
ı	an insurance company (by this person or another family member)	□ No □ 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?  28 Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>U.S. Armed Forces, Reserves, or National Guard?         Mark (X) ONE box.</li> <li>Never served in the military → SKIP to</li> </ul>
ı	e. TRICARE or other military health care	Separated question 31a
	f. VA (including those who have ever used or enrolled for VA health care)	Only on active duty for training in the Reserves or National Guard → SKIP to question 30a
ı	g. Indian Health Service	
	h. Any other type of health insurance or health coverage plan – Specify	Yes No
	or health coverage plan – Specify	b. Widowed?  C. Divorced?  When did this person serve on active duty in 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.
	<ul> <li>Yes</li> <li>No</li> <li>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</li> <li>Yes</li> <li>No</li> </ul>	Year  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.  November 1941 or earlier  November 1941 or earlier  a. Does this person have a VA service-connected disability rating?
20	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	the past 12 months?  ☐ Yes ☐ 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 28  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren ☐ Yes ☐ 70 percent ☐ 70 percent or higher
	c. Does this person have difficulty dressing or bathing?  Yes No	under the age of 18 who live in this house or apartment?  ☐ Yes ☐ No → SKIP to question 28

	Person 2 (continued)		22 During the LAST 4 WEEVS has this narrow hear
		Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
31	a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 35.	Yes
	☐ Yes → SKIP to question 32		No → SKIP to question 40
l	No – Did not work (or retired)	How many people, including this person, usually rode to work in the car, truck, or van	39 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?	LAST WEEK? Person(s)	job if offered one, or returned to work if recalled?
l	Yes		Yes, could have gone to work
l	No → SKIP to question 37a		No, because of own temporary illness
		35 What time did this person usually leave home	No, because of all other reasons (in school, etc.)
32 	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	to go to work LAST WEEK?  Hour Minute	When did this person last work, even for a few days?
l	last week.  a. Address (Number and street name)	a.m.	Within the past 12 months
l	a. Address (Number and Street name)	p.m.	☐ 1 to 5 years ago → SKIP to L
l		36 How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK?  Minutes	question 49
	b. Name of city, town, or post office		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 42
l	c. Is the work location inside the limits of that	K Answer questions 37 – 40 if this person	□ No
	city or town?	did NOT work last week. Otherwise, SKIP to question 41a.	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	☐ No, outside the city/town limits		sick leave, and military service?
l	d. Name of county	a. LAST WEEK, was this person on layoff from a job?	50 to 52 weeks 48 to 49 weeks
l		Yes → SKIP to question 37c	40 to 47 weeks
l	a Name of II C state or fension country.	No	27 to 39 weeks
l	e. Name of U.S. state or foreign country		☐ 14 to 26 weeks
l		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
l	f. ZIP Code	Yes, on vacation, temporary illness,	42 During the PAST 12 MONTHS, in the WEEKS
		maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 40	WORKED, how many hours did this person usually work each WEEK?
		No → SKIP to question 38	Usual hours worked each WEEK
33	WEEK? If this person usually used more than one	c. Has this person been informed that he or she	
l	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	will be recalled to work within the next 6 months OR been given a date to return to	
l	☐ Car, truck, or van ☐ Motorcycle	work?	
l	☐ Bus or trolley bus ☐ Bicycle	☐ Yes → SKIP to question 39	
	Streetcar or trolley car Walked	□ No	
	Subway or elevated Worked at home → SKIP		
	to question 41a		
	☐ Perryboat ☐ Other method ☐ Taxicab		



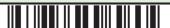
Person 2 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
Answer questions 43 – 48 if this person	supervisor of order department, secretary, accountant)	☐ Yes → \$ .00
worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
43 – 48 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.	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)	e. Supplemental Security Income (SSI).  ☐ Yes → \$ .00  ☐ No  TOTAL AMOUNT for past 12 months
Was this person – Mark (X) ONE box.	49 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
<ul> <li>an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?</li> <li>an employee of a PRIVATE NOT-FOR-PROFIT,</li> </ul>	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.)	☐ Yes → \$ .00 ☐ No  TOTAL AMOUNT for past 12 months
tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
a state GOVERNMENT employee?  a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$ .00
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	share for each person – or, if that's not possible, report the whole amount for only one person and	101AL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	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
4 For whom did this person work?		home.
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Yes → \$ .00  No TOTAL AMOUNT for past	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
Name of company, business, or other employer	12 months	12 months
What kind of business or industry was this?	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	Yes → S OOO Loss  TOTAL AMOUNT for past 12 months	None OR TOTAL AMOUNT for past 12 months
ls this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	
manufacturing?	to an account.	
wholesale trade?	☐ Yes → \$	
retail trade?  other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
		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 28 for mailing instructions.

Person 3	b. What grade or level was this person attending? Mark (X) ONE box.	15 What is this person's ancestry or ethnic origin?
Please copy the name of Person 3 from page 3, then continue answering questions below.  Last Name		(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  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.	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 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	An Does this person speak a language other than English at home?  Yes No → SKIP to question 17a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
S 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	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11	Very well  Well  Not well  Not at all
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	□ 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)	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	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)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	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)	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or
<ul> <li>No, has not attended in the last 3 months → SKIP to question 13</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> </ul>		Puerto Rico ZIP Code

Person 3	(continued)
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8	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 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.  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.
	a. Insurance through a current or	condition, does this person have difficulty doing errands alone such as visiting a doctor's  Less than 6 months 6 to 11 months
ı	person or another family member)	office or shopping?
ı	b. Insurance purchased directly from an insurance company (by this	☐ Yes ☐ 3 or 4 years
ı	person or another family member)	□ No □ 5 or more years
ı	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?  28 Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now married  U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.  □ Divorced  □ Never served in the military → SKIP to
ı	e. TRICARE or other military health care	Separated question 31a
ı	f. VA (including those who have ever used or enrolled for VA health care)	Only on active duty for training in the Reserves or National Guard → SKIP to understood 30a
ı	g. Indian Health Service	
ı		Yes No On active duty in the past, but not now a. Married?
ı	h. Any other type of health insurance or health coverage plan - Specify	
ı		U.S. Armed Forces? Mark (X) a box for EACH period
	2	period.
	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No	September 2001 or later  Once Two times Three or more times  In what year did this person last get married?  Year  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
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	female and 15 – 50 years old. Otherwise, SKIP to question 27a.  a. Does this person have a VA service-connected disability rating?
0	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	Has this person given birth to any children in the past 12 months?  Yes  No  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 28  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes  Yes  Yes  Yes  To percent  To percent or higher
	□ No	No → SKIP to question 28

	Person 3 (continued)				
	a. LAST WEEK, did this person work for pay	J	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
יי	at a job (or business)?		okii to question os.		☐ Yes
	☐ Yes → SKIP to question 32				No → SKIP to question 40
	No – Did not work (or retired)	34	How many people, including this person,		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		usually rode to work in the car, truck, or van LAST WEEK? Person(s)	39	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes				Yes, could have gone to work
	No → SKIP to question 37a				No, because of own temporary illness
		35	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
2	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		to go to work LAST WEEK?  Hour Minute	40	When did this person last work, even for a few
	last week.		a.m.	T	days?
	a. Address (Number and street name)		p.m.		Within the past 12 months
					1 to 5 years ago → SKIP to L
	If the exact address is not known, give a description of the location such as the building	36	person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
	name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office				paid time off as work.
					☐ Yes → SKIP to question 42
	c. Is the work location inside the limits of that	K	Answer questions 37 – 40 if this person		□ No
	city or town?	7	did NOT work last week. Otherwise,		b. How many weeks DID this person work, even
	Yes		SKIP to question 41a.		for a few hours, including paid vacation, paid
	No, outside the city/town limits				sick leave, and military service?
	d. Name of county	37	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
		ΙŢ	a job?		48 to 49 weeks
			Yes → SKIP to question 37c		40 to 47 weeks
	e. Name of U.S. state or foreign country		∐ No		☐ 27 to 39 weeks☐ 14 to 26 weeks
			b. LAST WEEK, was this person TEMPORARILY		13 weeks or less
			absent from a job or business?		15 weeks of less
	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
			maternity leave, other family/personal reasons, and weather, etc. → SKIP to		WORKED, how many hours did this person usually work each WEEK?
			question 40		Usual hours worked each WEEK
3	How did this person usually get to work LAST		No → SKIP to question 38		
Ī	<b>WEEK?</b> If this person usually used more than one method of transportation during the trip, mark (X)		c. Has this person been informed that he or she		
	the box of the one used for most of the distance.		will be recalled to work within the next 6 months OR been given a date to return to		
	Car, truck, or van Motorcycle		work?		
	☐ Bus or trolley bus ☐ Bicycle		☐ Yes → SKIP to question 39		
	☐ Streetcar or trolley car ☐ Walked		□ No		
	Subway or elevated Worked at home → SKIP				
	to question 41a	а			
	Ferryboat Other method				
	Taxicab				



l	Person 3 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary,	d. Social Security or Railroad Retirement.
ă	Answer questions 43 – 48 if this person	accountant)	☐ Yes → \$ .00
ĺ	worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
	43 - 48 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief	8 What were this person's most important activities or duties? (For example: patient care,	e. Supplemental Security Income (SSI).
	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.	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months
15	Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	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	☐ Yes → \$ .00  No  TOTAL AMOUNT for past 12 months
	<ul><li>an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</li><li>a local GOVERNMENT employee</li></ul>	today's date one year ago up through today.)  Mark (X) the "No" box to show types of income	g. Retirement, survivor, or disability pensions.
	(city, county, etc.)?  a state GOVERNMENT employee?	NOT received.	Do NOT include Social Security.
	a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	Yes → \$ .00 No TOTAL AMOUNT (************************************
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	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	TOTAL AMOUNT for past 12 months
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
14	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.	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months	Yes → \$ .00  No TOTAL AMOUNT for past
ı	Name of company, business, or other employer	12 Hondis	12 months
		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	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)	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months	None OR TOTAL AMOUNT for past
1.6	Is this mainly – Mark (X) ONE box.  manufacturing?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	<ul><li>wholesale trade?</li><li>retail trade?</li></ul>	Yes → \$ .00	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 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 28 for mailing instructions.

Person 4	b. What grade or level was this person attending? Mark (X) ONE box.	15 What is this person's ancestry or ethnic origin?
Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name		(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  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.	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 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	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  a. Does this person speak a language other than English at home?  ☐ Yes ☐ No → SKIP to question 17a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese
8 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	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11	c. How well does this person speak English?  Very well  Well  Not well  Not at all
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	□ 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)	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	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)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	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)	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or
<ul> <li>No, has not attended in the last 3 months → SKIP to question 13</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> </ul>		Puerto Rico ZIP Code

8	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	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.  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.
	of coverage in items a – h.  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  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	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  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years
	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	
9	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No	Once Two times Three or more times  In what year did this person last get married? Year  World War II (December 1941 to December 1946)
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.  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	Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.    Answer question 27a.

	Person 4 (continued)	١.			
		j	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise,	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
31	a. LAST WEEK, did this person work for pay at a job (or business)?		SKIP to question 35.		<ul><li>Yes</li><li>No → SKIP to question 40</li></ul>
ı	Yes → SKIP to question 32				No 7 okii to question 40
	□ No – Did not work (or retired)	34	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	39	LAST WEEK, could this person have started a job if offered one, or returned to work if
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		Person(s)		recalled?
ı	Yes				Yes, could have gone to work
ı					No, because of own temporary illness
32	At what location did this person work LAST	35	What time did this person usually leave home to go to work LAST WEEK?		No, because of all other reasons (in school, etc.)
Ī	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most last week.		Hour Minute a.m.	40	When did this person last work, even for a few days?
ı	a. Address (Number and street name)		:           p.m.		Within the past 12 months
ı					1 to 5 years ago → SKIP to
	If the exact address is not known, give a	36	How many minutes did it usually take this person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
ı	description of the location such as the building name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did
l	b. Name of city, town, or post office				this person work 50 or more weeks? Count paid time off as work.
l					Yes → SKIP to question 42
ı	c. Is the work location inside the limits of that	t K	Answer questions 37 – 40 if this person		No
ı	city or town?		did NOT work last week. Otherwise, SKIP to question 41a.		b. How many weeks DID this person work, even
	<ul><li>☐ Yes</li><li>☐ No, outside the city/town limits</li></ul>		SKIF to question 41a.		for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
ı	d. Name of county	37	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
ı	,	īĬ	a job?		48 to 49 weeks
ı			Yes → SKIP to question 37c		40 to 47 weeks
ı	e. Name of U.S. state or foreign country		□ No		27 to 39 weeks
ı			b. LAST WEEK, was this person TEMPORARILY		14 to 26 weeks
ı			absent from a job or business?		13 weeks or less
ı	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 40	Ÿ	WORKED, how many hours did this person usually work each WEEK?
			No → SKIP to question 38		Usual hours worked each WEEK
33	How did this person usually get to work LAST WEEK? If this person usually used more than one				
ı	method of transportation during the trip, mark (X) the box of the one used for most of the distance.		<ul> <li>Has this person been informed that he or she will be recalled to work within the next</li> </ul>		
ı			6 months OR been given a date to return to work?		
ı	Car, truck, or van Motorcycle				
	<ul><li>☐ Bus or trolley bus</li><li>☐ Streetcar or trolley car</li><li>☐ Walked</li></ul>		Yes → SKIP to question 39 No		
	Subway or elevated Worked at		∐ No		
	Poilroad home → SKIP				
	Townshoot				
	Taxicab Other method				

Person 4 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
	supervisor of order department, secretary, accountant)	Yes → \$ .00
Answer questions 43 – 48 if this person		
worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
43 – 48 CURRENT OR MOST RECENT JOB 4	What were this person's most important	e. Supplemental Security Income (SSI).
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	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$ .00
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.	typing and iming, reconciling imanolar records,	No TOTAL AMOUNT for past 12 months
3 Was this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$ .00
company or business, or of an individual, for wages, salary, or commissions?	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	Yes → \$ .00
a Federal GOVERNMENT employee?	the right of the dollar amount.	No TOTAL AMOUNT for root
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
4 For whom did this person work?		
If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces.	Yes → \$ .00  No  TOTAL AMOUNT for past	☐ Yes → \$ .00 ☐ No ☐ TOTAL AMOUNT for past
Name of company, business, or other employer	12 months	12 months
What hind of business on industry was this?	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
What kind of business or industry was this?  Describe the activity at the location where employed.	Yes → \$ .00	
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months  Loss	None OR TOTAL AMOUNT for past
	c. Interest, dividends, net rental income,	12 months
6 Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
manufacturing?	to all account.	
wholesale trade?	☐ Yes→ \$ .00	
retail trade?	□ No	
other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
		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 28 for mailing instructions

Person 5	b. What grade or level was this person attending? Mark (X) ONE box.	15 What is this person's ancestry or ethnic origin?
Please copy the name of Person 5 from page 4, then continue answering questions below.  Last Name		(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  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.	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 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	<ul> <li>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</li> <li>a. Does this person speak a language other than English at home?</li> <li>Yes</li> <li>No → SKIP to question 17a</li> <li>b. What is this language?</li> </ul>
8 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	□ Nursery school □ Kindergarten □ Grade 1 through 11 − Specify grade 1 − 11 −	c. How well does this person speak English?  Very well  Well  Not well  Not at all
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	□ 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)	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	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)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	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)	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or
<ul> <li>No, has not attended in the last 3 months → SKIP to question 13</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> </ul>		Puerto Rico ZIP Code

Person 5 (c	continued
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8	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 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.  c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsion more than one grandchild, answer the question for the grandchild for whom the grandparent been responsible for the longest period of	ble for uestion arent has
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ 3 or 4 years ☐ 5 or more years	
	c. Medicare, for people 65 and older, or people with certain disabilities		uty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>U.S. Armed Forces, Reserves, or Nation Mark (X) ONE box.</li> <li>Never served in the military → SKIP to</li> </ul>	nal Guard?
	e. TRICARE or other military health care	Separated question 31a	Reserves
	f. VA (including those who have ever used or enrolled for VA health care)	Only on active duty for training in the or National Guard → SKIP to question  In the PAST 12 MONTHS did this person get —  Now on active duty	30a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get –  Yes No  On active duty in the past, but not no	w
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	
		b. Widowed?  c. Divorced?  When did this person serve on active du U.S. Armed Forces? Mark (X) a box for EA in which this person served, even if just for period.	ACH period
	<ul> <li>Yes</li> <li>No</li> <li>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</li> <li>Yes</li> <li>No</li> </ul>	Year  Korean War (July 1950 to January 1950  January 1947 to June 1950  World War II (December 1941 to December 1941)	75) 55)
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.  30 a. Does this person have a VA service-odisability rating?	onnected
20	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?	<ul> <li>Has this person given birth to any children in the past 12 months?</li> <li>Yes</li> <li>No</li> <li>Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</li> <li>Yes</li> <li>No → SKIP to question 31a</li> <li>What is this person's service-connect disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> <li>70 percent or higher</li> </ul>	
	☐ Yes ☐ No	☐ Yes☐ No → SKIP to question 28	

	Person 5 (continued)				
	a. LAST WEEK, did this person work for pay	J	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
۲	at a job (or business)?		okii to question os.		☐ Yes
l	Yes → SKIP to question 32				No → SKIP to question 40
l	No – Did not work (or retired)	34	How many people, including this person,		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		usually rode to work in the car, truck, or van LAST WEEK? Person(s)	39	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
l	Yes				Yes, could have gone to work
l	No → SKIP to question 37a				No, because of own temporary illness
		35	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
2	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		to go to work LAST WEEK?  Hour Minute	40	When did this person last work, even for a few
l	last week.		a.m.		days?
l	a. Address (Number and street name)		p.m.		Within the past 12 months
l					1 to 5 years ago → SKIP to L
	If the exact address is not known, give a description of the location such as the building	36	person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
l	name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
l	b. Name of city, town, or post office				paid time off as work.
l					☐ Yes → SKIP to question 42
l	c. Is the work location inside the limits of that	K	Answer questions 37 – 40 if this person		□ No
l	city or town?	7	did NOT work last week. Otherwise,		b. How many weeks DID this person work, even
l	Yes		SKIP to question 41a.		for a few hours, including paid vacation, paid
l	No, outside the city/town limits				sick leave, and military service?
l	d. Name of county	37	a. LAST WEEK, was this person on layoff from		☐ 50 to 52 weeks
l			a job?		48 to 49 weeks
l			Yes → SKIP to question 37c		40 to 47 weeks
l	e. Name of U.S. state or foreign country		L No		☐ 27 to 39 weeks☐ 14 to 26 weeks
l			b. LAST WEEK, was this person TEMPORARILY		13 weeks or less
l		]	absent from a job or business?		15 Weeks of less
	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
l			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to		WORKED, how many hours did this person usually work each WEEK?
l			question 40		Usual hours worked each WEEK
3	How did this person usually get to work LAST		No → SKIP to question 38		
T	<b>WEEK?</b> If this person usually used more than one method of transportation during the trip, mark (X)		c. Has this person been informed that he or she		
l	the box of the one used for most of the distance.		will be recalled to work within the next 6 months OR been given a date to return to		
	☐ Car, truck, or van ☐ Motorcycle		work?		
	☐ Bus or trolley bus ☐ Bicycle		☐ Yes → SKIP to question 39		
	☐ Streetcar or trolley car ☐ Walked		□ No		
	☐ Subway or elevated ☐ Worked at				
	Railroad home $\rightarrow$ SKIP to question 41a	а			
	Ferryboat Other method				
	Taxicab				



L	Person 5 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
I		supervisor of order department, secretary, accountant)	Ves → \$ .00
Ļ	Answer questions 43 – 48 if this person	decountants	
	worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
		8 What were this person's most important	e. Supplemental Security Income (SSI).
ı	<b>ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	☐ Yes → \$ .00
	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.	typing and filing, reconciling financial records)	No TOTAL AMOUNT for past 12 months
	,		f. Any public assistance or welfare payments
Ť	Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
ı	an employee of a PRIVATE FOR-PROFIT	Mark (X) the "Yes" box for each type of income this	Yes → \$ .00
ı	company or business, or of an individual, for wages, salary, or commissions?	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for root
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
ı	a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	☐ Yes → \$ .00
ı	a Federal GOVERNMENT employee?	the right of the dollar amount.	No TOTAL AMOUNT for past
ı	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	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	TOTAL AMOUNT for past 12 months
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
14	For whom did this person work?		nome.
T	If now on active duty in the Armed Forces, mark (X) this box →	Yes → \$ .00	☐ Yes → \$ .00
ı	and print the branch of the Armed Forces.	No TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past 12 months
ı	Name of company, business, or other employer	b. Self-employment income from own nonfarm	What was this person's total income during the
		businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to
15	What kind of business or industry was this? Describe the activity at the location where employed.		the dollar amount.
ı	(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	☐ Yes → \$ .00	\$ .00
	order nouse, auto engine manufacturing, banky	No TOTAL AMOUNT for past Loss 12 months	None OR TOTAL AMOUNT for past 12 months
ı		c. Interest, dividends, net rental income,	
16	Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited	
T	manufacturing?	to an account.	
	wholesale trade?	☐ Yes → \$	
	retail trade?	No TOTAL AMOUNT for past Loss	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
			Now continue with the mailing instructions on page 28.

# 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 40 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 0607-0810, 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 0607-0810" 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(2013) (03-15-2012)