



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

GQ INITIAL CONTACT CHECKLIST Special Census

SCID <input type="text"/>	State <input type="text"/>	County <input type="text"/>	Tract <input type="text"/>
Block <input type="text"/>	AA <input type="text"/>	Map Spot <input type="text"/>	
Unit ID <input type="text"/>	GQ Type <input type="text"/>		

NOTICE This form contains confidential information, including Title 13 and Personally Identifiable Information (PII), the release of which is protected by the Privacy Act of 1974.

Section 1 – INTRODUCTION

Hello. My name is *(Your name)*. I'm from the U.S. Census Bureau. We are conducting a special census in this area to update the housing and population count. I'd like to speak with someone who can verify the information we have about your facility and to set up an appointment for Census Bureau employees to enumerate the residents or clients at your facility.

We estimate that it will take approximately 10 minutes to collect this information. This census has been approved by the Office of Management and Budget under OMB No. 0607-0368. Your answers are confidential and protected by law. All U.S. Census Bureau employees have taken an oath and are subject to a jail term, a fine, or both if they disclose ANY information that could identify you, your facility, or its residents.

Section 2 – FACILITY NAME AND ADDRESS

**2.1 We have your facility listed as
Is this name correct?**

NAME OF FACILITY

- 1 Yes – *Go to Q2.2*
- 2 No – *Enter correct name* →

**2.2 We have your address listed as
Is this address correct?**

FACILITY ADDRESS

- 1 Yes – *Go to Q2.3*
- 2 No – *Enter correct address* →

**2.3 If the facility address does not include a house number/street name – ASK:
Please describe where your facility is located—for example, the intersection of two streets, or the approximate distance from intersecting road(s).**

Continue with Section 3

Section 3 – CONTACT INFORMATION

3.1 May I have your full name please, including your middle initial?

3.2 Do you have a job title that we can note for our records?

AREA CODE AND TELEPHONE NUMBER

3.3 I called you at _____ . Is this the best number to reach you?

- 1 Yes – *Go to Interviewer Instructions*
 2 No – *Enter area code, telephone number, and extension if applicable.*

AREA CODE	TELEPHONE NUMBER	EXTENSION
-----------	------------------	-----------

Go to the Interviewer Instructions section.

INTERVIEWER INSTRUCTIONS

- For added GQs – *Ask Q.4.1, then go to Q.4.2*
 If not a GQ add – *Go to Q.4.2*

Section 4 – TYPE OF FACILITY

4.1 What is the name of this facility?

4.2 Because the list is long – *Go to the section that best fits the category of the facility. Read the bolded titles first until respondent indicates which category best describes this facility then read the rest of the paragraph for that category.*

I am going to read a list of facilities where people live or stay. Please tell me which category BEST describes your facility.

Is this facility primarily a –

CORRECTIONAL FACILITY

- Correctional facility intended for adults?**
 This includes: A federal detention center such as a Metropolitan detention center, Metropolitan Correctional Center, Bureau of Indian Affairs detention center, Immigration and Customs Enforcement Service Processing Centers, and contract detention facilities **101**
- Federal prison **102**
- State prison **103**
- Local county jail or a correctional facility operated by the American Indian and Alaska Native (AIAN) tribal governments (also included are work farms and camps holding people awaiting trial or serving short sentences) **104**
- Correctional residential facility (including a halfway house, restitution center, prerelease center and work release center) **105**
- Correctional institution intended for adults 18 and over but may also include juveniles?** This group also includes halfway houses operated for correctional purposes **105**

Section 4 – TYPE OF FACILITY – Continued

- Correctional facilities intended for juveniles?**
 This includes specialized facilities that provide strict confinement for its residents and detain juveniles awaiting adjudication, commitment or placement, or those being held for diagnosis or classification. Also included are correctional facilities where residents are permitted contact with the community, for purposes such as attending school or holding a job. **203**

GROUP HOMES

- Group Homes for Juveniles?**
 Group living arrangements in residential settings that are able to accommodate three or more clients of a service provider that provides room and board and services, including behavioral, psychological, or social programs **201**

- Group Homes for Adults?**
 Community-based group living arrangements in residential settings that are able to accommodate three or more clients of a service provider. The group home provides room and board and services, including behavioral, psychological, or social programs **801**

MILITARY

- Military Quarters** – These facilities include military personnel living in barracks (including "open" barrack transient quarters) and dormitories and military ships.
- Military barrack or dormitory, non-disciplinary **601**
 - Military ships **602**
- Military disciplinary barracks?** **106**
- Military hospital for active duty personnel assigned to a bed?** **404**
- Military hospital or ward for the chronically ill?** **402**

HEALTH CARE FACILITY

- Skilled nursing facility, nursing facility or independent or assisted living facility?**
Mark (X) both choices if facility has both assisted living and nursing care – Includes facilities licensed to provide medical care with seven day, twenty-four hour coverage for people requiring long-term non-acute care. People in these facilities require nursing care, regardless of age. Either of these facilities may be referred to as a nursing home.
- Assisted living facility – Individual apartments with no nursing or medical care **HU**
Give this information to your Supervisor.
 - Skilled nursing facility or nursing facility (nursing home) **301**

- Non-military hospital, hospice, or institution or school for people with mental or physical impairment:**
- Mental (psychiatric) hospital and psychiatric units in other hospitals **401**
 - Hospital with patients who have no usual home elsewhere **402**
 - In-patient hospice facilities **403**
 - Residential schools for people with disabilities, including the physically or developmentally disabled **405**

- Residential Treatment Centers for Adults (non-correctional)?**
 Residential facilities that provide treatment on-site in a highly structured live-in environment for the treatment of drug or alcohol abuse, mental illness, and emotional or behavioral disorders. **802**

- Residential Treatment Centers for Juveniles (non-correctional)?**
 Includes facilities that primarily serve youth that provide services on-site in a highly structured live-in environment for treatment of drug, alcohol abuse, mental illness and emotional or behavioral disorders. These facilities are staffed 24 hours a day. These are not correctional facilities. **202**

Continue with Section 4

Section 4 – TYPE OF FACILITY – Continued

STUDENT, CLERGY AND WORKER DORMS

- Residence Hall, Dormitory, or Fraternity/Sorority House for College, University, or Seminary Students?**
Includes residence halls or dormitories which house college and university students in a group living arrangement. These facilities are owned, leased, or managed either by a college, university, or seminary, or by a private entity or organization. Fraternity and sorority housing recognized by the college or university are included as college student housing. **501**
- Workers' Group Living Quarters and Job Corps Center?**
Includes facilities such as dormitories, bunkhouses, and similar types of group living arrangements for agriculture and non-agriculture workers. This category also includes facilities that provide a full-time, year-round residential program offering a vocational training and employment program that helps young people aged 16 to 24 to learn a trade, earn a high school diploma or GED and get help finding a job. **901**
- Religious Group Quarters?**
These are living quarters owned or operated by religious organizations that are intended to house their members in a group living arrangement. This category includes convents, monasteries, and abbeys. **902**

LIVING QUARTERS FOR PEOPLE EXPERIENCING HOMELESSNESS

- Shelters – Emergency shelter and Transitional shelters (with Sleeping Facilities) for People Experiencing Homelessness?** **701**
- Domestic Violence Shelter?**
Includes community-based homes, shelters or crisis centers that provide housing for people who have sought shelter from household violence and may have been physically abused. **703**
- Targeted Nonsheltered Outdoor Locations?**
Outdoor locations where people experiencing homelessness live without paying to stay **706**
- Living Quarters for Victims of Natural Disasters?**
These are temporary group living arrangements established as a result of natural disasters **903**
- Hotel/Motel/Hostel, Single Room Occupancy Units, Inn, Resort, Lodge, or Bed & Breakfast:**
- Is this hotel used **entirely** to house people experiencing homelessness? If yes **701**
- Are there any rooms occupied by people who live or stay here most of the time (long-term occupants)? If yes **TL**
Give this information to your Supervisor.

If "No" to both questions, then say "Thank you very much for your time. This ends our interview," and end the interview.

Section 5 – METHOD OF ENUMERATION

Explain to the contact how the enumeration can be conducted.

If you have a roster or a listing of your clients we can enumerate through a method called "Administrative Records" – In this type of enumeration we would visit your facility and using your records, we would fill out a separate Census questionnaire for each person that stayed at your facility on the Special Census Date. These records need to give us information such as the name, age and date of birth, sex, Hispanic origin, and race of your clients. We will need a quiet space to work in, away from the general traffic at your facility.

If you have a small facility – We can visit your facility at a set date and time and interview each client separately. We will fill out a Census questionnaire for each person in your facility including children.

5.1 Does your facility keep records that provide information on age, race, and/or sex of your residents and/or clients?

- 1 Yes – Go to Q5.2
2 No – Go to Instruction Box below

5.2 Are these paper records, computer records, or both?

- 1 Paper
2 Computer
3 Both

5.3 If requested, could you make these records available to the Census Bureau?

- 1 Yes
2 No

5.4 What is the maximum number of persons your facility can accommodate?

Number of persons

Go to Instruction Box below

INSTRUCTION BOX

Go to the questions for the appropriate locations listed below:

- If a Shelter – Go to Q5.5
- If a Hotel/Motel – Go to Q5.7
- If a targeted nonsheltered outdoor location – Go to Q5.9
- If an added GQ – Go to Q5.10

Ask for SHELTERS only.

5.5 Are your clients male only, female only, or both?

- 1 Male only
2 Female only
3 Both male and female

5.6 What is the maximum number of persons your facility can accommodate?

Number of persons

SKIP to Q5.11

Section 5 – METHOD OF ENUMERATION – Continued

Ask for HOTELS/MOTELS

5.7 Do you have units where staff or guests live permanently?

- 1 Yes
2 No

5.8 If "Yes" – What is the maximum number of persons your facility can accommodate?

Number of persons

SKIP to Q5.11

5.9 Ask for TARGETED NONSHELTERED OUTDOOR LOCATIONS only
Approximately, how many people will be here on (Special Census Date) from 12:00 midnight to 6:00 a.m.?

Number of persons

SKIP to Q5.11

Ask for ADDED GQs only

5.10 What is the maximum number of residents/clients/units your facility/location can accommodate?

Maximum number

Go to Q5.11

5.11 Do you have any requirements or information that the enumerator will need when they conduct the enumeration?

- 1 Yes – Specify below ↘

- 2 No – Go to Section 6

Section 6 – APPOINTMENT INFORMATION

6.1 When can we conduct the enumeration at your facility?

Month Day Time
 : a.m.
 p.m.

6.2 When the enumerator comes to conduct the enumeration, are you the person they should speak with?

- 1 Yes – Go to Section 7
2 No – Specify name and title of person to contact ↘

NAME	TITLE
------	-------

Area Code	Telephone number	Extension
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 7 – CLOSING THE INTERVIEW

**Thank you very much for your time. We
have the enumeration of your facility
scheduled for
(Appointment date) **at** (Appointment time).**

**We will call you the day before to
remind you.**