U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration



THE Puerto Rico 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.

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If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-800-814-8385.**

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

Start Here	
 Please print today's date. Month Day Year Please print the name and telephone number of the filling out this form. We may contact you if there is a clast Name 	e person who is question.
First Name	MI
Area Code + Number	
 How many people are living or staying at this addres INCLUDE everyone who is living or staying here for m INCLUDE yourself if you are living here for more than INCLUDE anyone else staying here who does not have stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere e 2 months, such as a college student living away or som Armed Forces on deployment. 	nore than 2 months. 2 months. e another place to else for more than
Number of people	
Fill out pages 2, 3, and 4 for everyone, including yo living or staying at this address for more than 2 more complete the rest of the form.	ourself, who is onths. Then
FORM ACS-1(2014)PR KFI Ver A w/HIE (02-28-2013) Draft 3	OMB No. 0607-0810

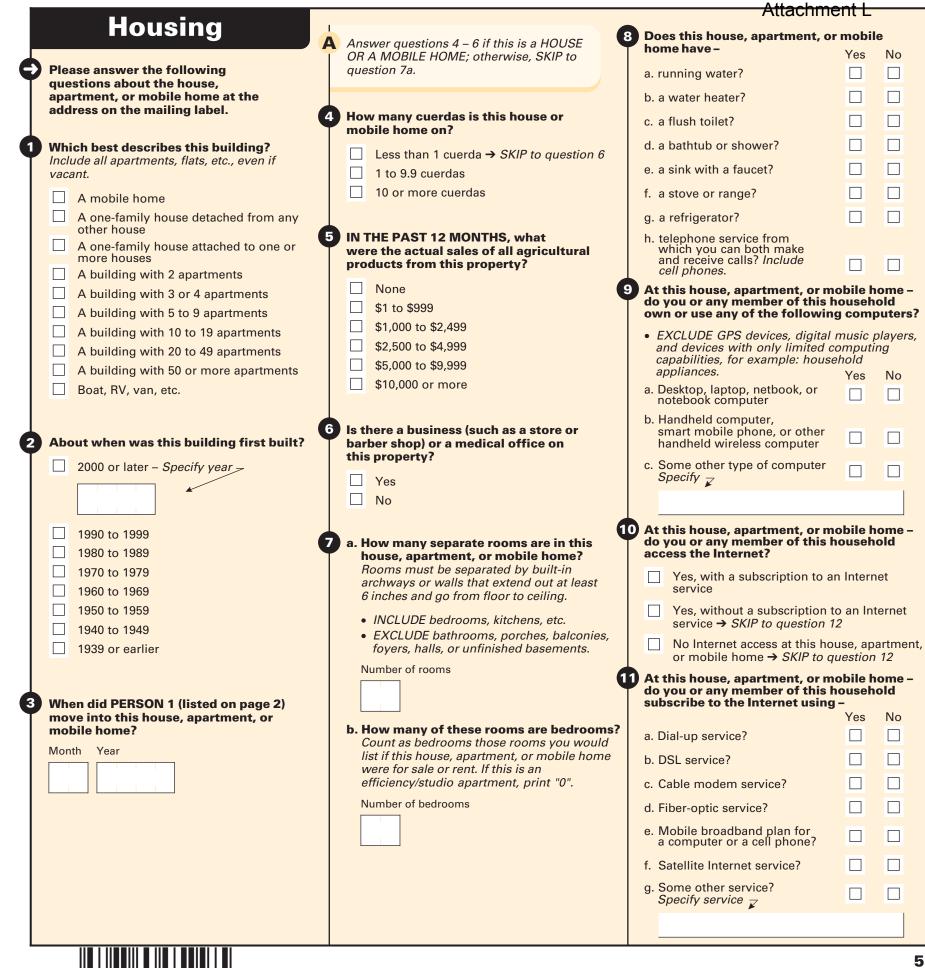


Person 1			Per	rson 2	
			hat is Person 2's name?		
(Person 1 is the person living or staying here in wh	nose name this house	Las	st Name (<i>Please print</i>)	First Name	9
or apartment is owned, being bought, or rented. If person, start with the name of any adult living or s					
person, start with the name of any adult living or s	taying here.)	2 H	ow is this person related to P	erson 1? Mark	k (X) ONE box.
		T	Husband or wife	_	Son-in-law or daughte
			Biological son or daughter	_	Other relative
What is Person 1's name?			Adopted son or daughter		Roomer or boarder
Last Name (Please print) First Name	MI		Stepson or stepdaughter	F	lousemate or roomm
			Brother or sister	_ ι	Jnmarried partner
			Father or mother	_	oster child
How is this person related to Person 1?			Grandchild		Other nonrelative
X Person 1			Parent-in-law		
What is Person 1's sex? Mark (X) ONE box.		3 W	hat is Person 2's sex? Mark (>	() ONE box	
Male Female				CONE DOX.	
What is Person 1's age and what is Person 1's Please report babies as age 0 when the child is less	s date of birth? s than 1 vear old.		hat is Person 2's age and whe ease report babies as age 0 whe	at is Person 2 In the child is le	's date of birth? ess than 1 vear old.
Print numbers in boxes.				bers in boxes.	,
Age (in years) Month Day Year of bir	th	Ag	je (in years) Month D	ay Year of b	pirth
 NOTE: Please answer BOTH Question 5 about Question 6 about race. For this survey, Hispan 	ic origins are not race	s. 7 ľ	NOTE: Please answer BOTH Q Question 6 about race. For this	survey, Hispa	inic origins are not
Is Person 1 of Hispanic, Latino, or Spanish ori	igin?	5 Is	Person 2 of Hispanic, Latino	, or Spanish o	origin?
No, not of Hispanic, Latino, or Spanish origin	-		No, not of Hispanic, Latino, or S	panish origin	-
Yes, Mexican, Mexican Am., Chicano			Yes, Mexican, Mexican Am., Chi		
Yes, Puerto Rican			Yes, Puerto Rican		
Yes, Cuban			Yes, Cuban		
	Print origin, for example,		Yes, another Hispanic, Latino, or	r Spanish origin -	– Print origin, for exa
Yes, another Hispanic, Latino, or Spanish origin – Argentinean, Colombian, Dominican, Nicaraguan, and so on. ∠	Salvadoran, Spaniard,		Argentinean, Colombian, Domin and so on. _✔	nican, Nicaraguar	n, Salvadoran, Spania
What is Person 1's race? Mark (X) one or more b	boxes.	6 W	hat is Person 2's race? Mark (X) one or more	e boxes.
White		T	White		
Black or African Am.			Black or African Am.		
American Indian or Alaska Native – Print name of	f enrolled or principal trib	e. –	American Indian or Alaska Nativ	e – Print name	of enrolled or princip
· · · · · · · · · · · · · · · · · · ·					
Asian Indian Japanese	Native Hawaiian		Asian Indian	Japanese	Native Hawaiian
Chinese Korean	Guamanian or Chamorro		Chinese	Korean	Guamanian or Cha
Filipino	Samoan		Filipino	/ietnamese	Samoan
Other Asian – Print race,	Other Pacific Islander –		Other Asian – Print race,		Other Pacific Islan
for example, Hmong, Laotian, Thai, Pakistani,	Print race, for example, Fijian, Tongan, and		for example, Hmong, Laotian, Thai, Pakistani,		Print race, for exa Fijian, Tongan, an
	so on.		Cambodian, and so on. \mathbf{k}		so on. 🖌
Cambodian, and so on. 📈			-		<i>c</i> '
Cambodian, and so on. 📈					
Cambodian, and so on. 🖌					
Cambodian, and so on. Some other race – Print race.] Some other race – Print race. _✔		

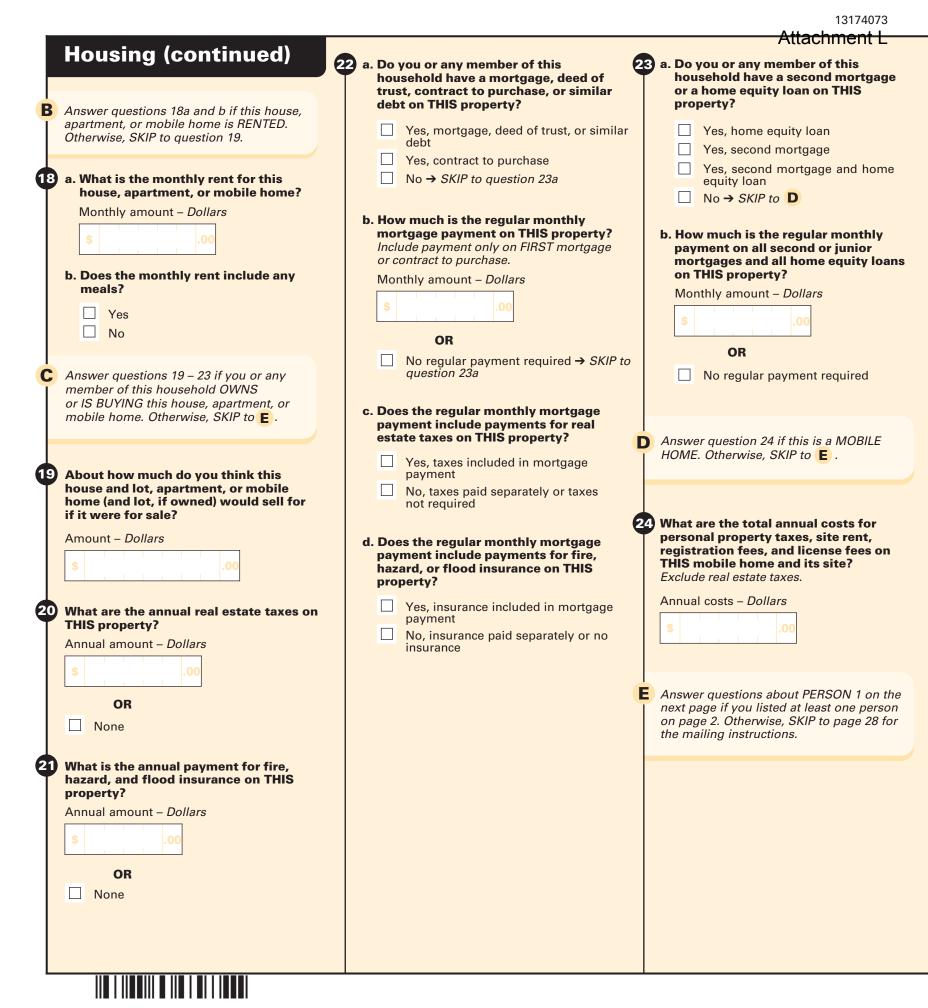
			13174032
Pers	ion 3	Person 4	Attachment L
What is Person 3's name?		1 What is Person 4's name?	
Last Name (<i>Please print</i>)	First Name	MI Last Name (<i>Please print</i>) First N	lame MI
llandia dhia manaan maladad da Dam			
How is this person related to Pers		2 How is this person related to Person 1? A	_
Husband or wife	Son-in-law or daug		Son-in-law or daughter-in-la
Biological son or daughter	Other relative	Biological son or daughter	Other relative
Adopted son or daughter	Roomer or boarder	Adopted son or daughter	Roomer or boarder
Stepson or stepdaughter	Housemate or roor		Housemate or roommate
Brother or sister	Unmarried partner	Brother or sister	Unmarried partner
Father or mother	Foster child	Father or mother	Foster child
Grandchild	Other nonrelative	Grandchild	Other nonrelative
Parent-in-law		Parent-in-law	
What is Person 3's sex? Mark (X) (ONE box.	What is Person 4's sex? Mark (X) ONE box.	
Male Female		Male Female	
What is Person 3's age and what			
Please report babies as age 0 when t Print numbe		d. Please report babies as age 0 when the child Print numbers in box	
Age (in years) Month Day	Year of birth	Age (in years) Month Day Year	of birth
NOTE: Please answer BOTH Que Question 6 about race. For this su	estion 5 about Hispanic orig urvey, Hispanic origins are i	n and ot races. A NOTE: Please answer BOTH Question 5 a Question 6 about race. For this survey, Hi	about Hispanic origin and spanic origins are not race
ls Person 3 of Hispanic, Latino, o	r Spanish origin?	5 Is Person 4 of Hispanic, Latino, or Spanis	sh origin?
No, not of Hispanic, Latino, or Spa	nish origin	No, not of Hispanic, Latino, or Spanish origin	n
Yes, Mexican, Mexican Am., Chicar	าด	Yes, Mexican, Mexican Am., Chicano	
Yes, Puerto Rican		Yes, Puerto Rican	
Yes, Cuban		Yes, Cuban	
Yes, another Hispanic, Latino, or Sp Argentinean, Colombian, Dominica and so on.	panish origin – Print origin, for e an, Nicaraguan, Salvadoran, Spa	xample, niard, Yes, another Hispanic, Latino, or Spanish ori Argentinean, Colombian, Dominican, Nicarag and so on. _↓	igin – Print origin, for example guan, Salvadoran, Spaniard,
	,		
What is Person 3's race? Mark (X)	one of more boxes.	6 What is Person 4's race? Mark (X) one or m	nore boxes.
White		White	
Black or African Am.		Black or African Am.	
American Indian or Alaska Native -	 Print name of enrolled or prin 	ipal tribe.	ame of enrolled or principal tri
	anese Native Hawaiia		Native Hawaiian
	ean Guamanian or		Guamanian or Chamor
	tnamese Samoan	Filipino Vietnamese	Samoan
Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ₽	Other Pacific Is Print race, for e Fijian, Tongan, so on. ₽	xample, for example, Hmong,	Other Pacific Islander – Print race, for example Fijian, Tongan, and so on. ₽
Some other race – Print race. 📈		Some other race – Print race.	



						Atta	chmont I
	Pers	son 5				Alla ople living or stayin thro for Person 6 thro	
	is Person 5's name?					nation about them. \mathbf{k}	-
_ast Na	ime (Please print)	First Name	MI	Person 6			
				Last Name (Plea	ise print)	First Name	
_	s this person related to Per						
	usband or wife	_	i-in-law or daughter-in-lav	N			
_	iological son or daughter		er relative		— — .		
_	dopted son or daughter		mer or boarder	Sex Male	e E Female	Age (in years)	
_	tepson or stepdaughter		isemate or roommate	Person 7			
_	rother or sister	_	narried partner	Last Name (Plea	ise print)	First Name	
	ather or mother		ter child				
G	randchild	Oth	er nonrelative				
L Pa	arent-in-law						
What i	is Person 5's sex? Mark (X)	ONE box.		Sex Male	e 🗌 Female	Age (in years)	
□ M	lale 🗌 Female			Person 8	<u> </u>		
Nhat i	is Person 5's age and what	is Person 5's	date of birth?				
	report babies as age 0 when a	the child is less		Last Name (Plea	ise print)	First Name	
Arra (in	Print numbe		F				
Age (in	years) Month Day	Year of birt	n T				
					_		
NOT	E: Please answer BOTH Que	estion 5 about	Hispanic origin and	Sex Male	e 🗌 Female	Age (in years)	
	stion 6 about race. For this s	urvev. Hispani	c origins are not races				
Ques				Person 9			
	son 5 of Hispanic, Latino, o		-	Person 9	se print)	First Name	
s Pers		or Spanish orig	-	Person 9 Last Name (Plea	se print)	First Name	
s Pers	son 5 of Hispanic, Latino, o	or Spanish origon	-	Person 9	se print)	First Name	
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	son 5 of Hispanic, Latino, o lo, not of Hispanic, Latino, or Spa es, Mexican, Mexican Am., Chica es, Puerto Rican es, Cuban es, another Hispanic, Latino, or S	o r Spanish orig anish origin no opanish origin – <i>P</i>	gin? Print origin, for example,	Last Name (Plea Sex Male		First Name	
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	son 5 of Hispanic, Latino, o lo, not of Hispanic, Latino, or Spa es, Mexican, Mexican Am., Chica es, Puerto Rican es, Cuban es, another Hispanic, Latino, or S	o r Spanish orig anish origin no opanish origin – <i>P</i>	gin? Print origin, for example,	Last Name (Plea Sex Male	e 🗌 Female		
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Image: second	son 5 of Hispanic, Latino, o lo, not of Hispanic, Latino, or Spa es, Mexican, Mexican Am., Chica es, Puerto Rican es, Cuban es, another Hispanic, Latino, or S rgentinean, Colombian, Dominican nd so on. is Person 5's race? Mark (X) /hite lack or African Am. merican Indian or Alaska Native - sian Indian Jap hinese Kon lipino Vie ther Asian – Print race, or example, Hmong, aotian, Thai, Pakistani, ambodian, and so on.	or Spanish origin anish origin no panish origin – P an, Nicaraguan, S 0 one or more b – Print name of panese	gin? Print origin, for example, Salvadoran, Spaniard, oxes. enrolled or principal tribe Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Last Name (Plea Sex Male Person 10 Last Name (Plea Sex Male Person 11 Last Name (Plea Sex Male Person 12	e Female se print) Female Se print) Female Se print)	Age (in years) First Name Age (in years) First Name Age (in years) Age (in years) Age (in years)	



- 1			Attachment L
٥		of electricity for this house, apartment, or mobile home? Last month's cost – Dollars S 00 OR Included in rent or condominium fee No charge or electricity not used	 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No Is this house, apartment, or mobile home part of a condominium? Yes → What is the monthly condominium fee? For renters, answer only if you pay the
	 Which FUEL is used MOST for heating this heighborhood Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used 	Included in rent or condominium fee Included in electricity payment Included in electricity payment No charge or gas not used Included in electricity payment, Included in rent or condominium fee Included in rent or condominium fee No charge OR Included in rent or condominium fee No charge OR Included in rent or condominium fee No charge OR Included in rent or condominium fee No charge or these fuels not used	<pre>condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount - Dollars S OR OR No S S S S S S S S S S S S S S S S S S</pre>



			13174081
	Person 1		Attachment L
E	Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED	(For example: Italian, Jamaican, African Am.,
	First Name MI	 No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten 	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) 4 a. Does this person speak a language other than
7	Where was this person born?	Grade 1 through 11 – Specify	English at home?
		×	□ No \rightarrow SKIP to question 15a
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma 	b. What is this language?
8	Is this person a citizen of the United States?	GED or alternative credential	c. How well does this person speak English?
9	 Yes, born in Puerto Rico → SKIP to question 10a Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization - Print year of naturalization No, not a U.S. citizen When did this person come to live in Puerto Rico? Print numbers in boxes. Year At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 	 Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	 Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside Puerto Rico and the United States - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16. No, different house in Puerto Rico or the United States b. Where did this person live 1 year ago? Address Development or condominium name
	 Yes, public school, public college Yes, private school, private college, home school What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 - College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD 	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office Name of municipio in Puerto Rico or U.S. county Enter Puerto Rico or name of U.S. state ZIP Code
L	bachelor's degree (for example: MA or PhD program, or medical or law school) 8		

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			Attachment L
Person 1 (continue 16 Is this person CURRENTLY covered by following types of health insurance of	y any of the rhealth	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
 following types of health insurance of coverage plans? Mark "Yes" or "No" for 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 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 g. Indian Health Service h. Any other type of health insurance. Otherwork SKIP to question 17a if this person is covered by health insurance. Otherwork SKIP to question 18a. 17 a. Is there a monthly premium for this A monthly premium is a fixed amount of people pay each month to have health it does not include copays or other exp as prescription costs. yes No → SKIP to question 18a b. Is the cost of the premium subsidiz on family income? Yes No a. Is this person deaf or does he/she h serious difficulty hearing? Yes No b. Is this person blind or does he/she h serious difficulty seeing even where glasses? Yes No 	r health EACH type Yes No Yes Yes Yes No Yes Yes Yes Yes <td> 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 c. Does this person have difficulty dressing or bathing? Yes No Because of a physical, mental, or emotional condition, does this person 2 on page 12. 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 What is this person's marital status? Now married Widowed Divorced Separated Never married + <i>SKIP</i> to J In the PAST 12 MONTHS did this person get - Yes No And this person is in this person get - Yes No Widowed? Divorced? Divorced? Divorced? </td> <td> 24 Has this person given birth to any children in the past 12 months? Yes No 25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is financially responsible for the grandparent been responsible for the longest period of time. </td>	 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 c. Does this person have difficulty dressing or bathing? Yes No Because of a physical, mental, or emotional condition, does this person 2 on page 12. 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 What is this person's marital status? Now married Widowed Divorced Separated Never married + <i>SKIP</i> to J In the PAST 12 MONTHS did this person get - Yes No And this person is in this person get - Yes No Widowed? Divorced? Divorced? Divorced? 	 24 Has this person given birth to any children in the past 12 months? Yes No 25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is financially responsible for the grandparent been responsible for the longest period of time.
			9

Person 1 (continued) 31 c. Has this person been informed that he or she How did this person usually get to work LAST WEEK? If this person usually used more than one will be recalled to work within the next 6 months OR been given a date to return to method of transportation during the trip, mark (X) 28) a. Does this person have a VA service-connected the box of the one used for most of the distance. work? disability rating? Car, truck, or van Motorcycle Yes \rightarrow SKIP to question 37 Yes (such as 0%, 10%, 20%, ... , 100%) Bus or trolley bus Bicycle No \square No → SKIP to question 29a Carro público Walked b. What is this person's service-connected Subway or elevated Worked at 36 During the LAST 4 WEEKS, has this person been disability rating? home → SKIP **ACTIVELY** looking for work? Railroad to question 39a 0 percent Ferryboat Yes Other method 10 or 20 percent Taxicab No → SKIP to question 38 30 or 40 percent 50 or 60 percent LAST WEEK, could this person have started a Answer question 32 if you marked "Car, 70 percent or higher job if offered one, or returned to work if truck, or van" in question 31. Otherwise, recalled? 29 a. LAST WEEK, did this person work for pay SKIP to question 33. at a job (or business)? Yes, could have gone to work Yes \rightarrow SKIP to question 30 No, because of own temporary illness How many people, including this person, No – Did not work (or retired) No, because of all other reasons (in school, etc.) usually rode to work in the car, truck, or van LAST WEEK? b. LAST WEEK, did this person do ANY work Person(s) for pay, even for as little as one hour? 38 When did this person last work, even for a few days? Yes Within the past 12 months No → SKIP to question 35a 1 to 5 years ago \rightarrow SKIP to **M** 33 What time did this person usually leave home 30 At what location did this person work LAST \square Over 5 years ago or never worked \rightarrow SKIP to WEEK? If this person worked at more than one to go to work LAST WEEK? question 47 location, print where he or she worked most Hour Minute last week. a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did a. Address **Development or condominium name** this person work 50 or more weeks? Count p.m. paid time off as work. Number and street name Yes \rightarrow SKIP to question 40 34 How many minutes did it usually take this No person to get from home to work LAST WEEK? If the exact address is not known, give a description of the location such as the building Minutes b. How many weeks DID this person work, even name or the nearest street or intersection. for a few hours, including paid vacation, paid b. Name of city, town, or post office sick leave, and military service? 50 to 52 weeks 48 to 49 weeks Answer questions 35 – 38 if this person c. Is the work location inside the limits of that did NOT work last week. Otherwise, 40 to 47 weeks city or town? SKIP to question 39a. \square 27 to 39 weeks ____ Yes 14 to 26 weeks No, outside the city/town limits 13 weeks or less 35) a. LAST WEEK, was this person on layoff from d. Name of municipio in Puerto Rico a job? or U.S. county During the PAST 12 MONTHS, in the WEEKS 40 Yes \rightarrow SKIP to question 35c WORKED, how many hours did this person usually work each WEEK? No e. Enter Puerto Rico or name of U.S. state Usual hours worked each WEEK or foreign country b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal f. ZIP Code reasons, bad weather, etc. \rightarrow SKIP to question 38 No → SKIP to question 36

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			Attachment L
M	Answer questions 41 – 46 if this person	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	 d. Social Security or Railroad Retirement. Yes → \$.00
	worked in the past 5 years. Otherwise, SKIP to question 47.		No TOTAL AMOUNT for past 12 months
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	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 → No TOTAL AMOUNT for past 12 months
4	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 company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 	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
	a local GOVERNMENT employee (city, county, municipio, 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? SELF-EMPLOYED in own INCORPORATED business professional practice professional practices. 	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
	 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
42	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 	such as money from an inheritance or the sale of a home.
	Name of company, business, or other employer	12 months	No TOTAL AMOUNT for past 12 months
4	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)	NET income after business expenses. Yes → No TOTAL AMOUNT for past	 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR \$.00
	Is this mainly – Mark (X) ONE box.	12 months c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. <i>Report even small amounts credited</i>	None TOTAL AMOUNT for past 12 months
	 manufacturing? wholesale trade? retail trade? 	to an account. Yes → \$	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.

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		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	Attachment L 13 What is this person's ancestry or ethnic origin?
	Please copy the name of Person 2 from page 2, then continue answering questions below. Last Name	In currently enrolled, mark the previous grade of highest degree received. NO SCHOOLING COMPLETED No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten	 Cantoural, Cape Vertuean, Korean, Lebanese, Polish, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than
7	Where was this person born?	Grade 1 through 11 – Specify	English at home?
T	In the United States – Print name of state.	grade 1 – 11 –	 Yes No → SKIP to question 15a
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	b. What is this language?
		Regular high school diplomaGED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
8	Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	Very well
	 Yes, born in Puerto Rico → SKIP to question 10a Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas 	 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) 	Well Not well
	Yes, born abroad of U.S. citizen parent or parents	Bachelor's degree (for example: BA, BS)	Not at all
	Yes, U.S. citizen by naturalization – Print year of naturalization	 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) 	 a. Did this person live in this house or apartment 1 year ago? Person is under 1 year old → SKIP to question 16
9	No, not a U.S. citizen When did this person come to live in Puerto Rico? Print numbers in boxes. Year	(for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	 Yes, this house → SKIP to question 16 No, outside Puerto Rico and the United States - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
10	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in Puerto Rico or the
Ī	only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.		United States b. Where did this person live 1 year ago?
	No, has not attended in the last 3 months \rightarrow <i>SKIP to question 11</i>	2 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	Address Development or condominium name Number and street name
	 Yes, public school, public college Yes, private school, private college, home school 	engineering, elementary teacher education, organizational psychology)	
	b. What grade or level was this person attending? Mark (X) ONE box.		Name of city, town, or post office
	Nursery school, preschool Kindergarten		
	Grade 1 through 12 – Specify grade 1 – 12 –		Name of municipio in Puerto Rico or U.S. county
	College undergraduate years (freshman to senior)		Enter Puerto Rico or name of U.S. state ZIP Code
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		
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		Attachment L
16 Is this person CURRENTLY covered by any of the following types of health insurance or health	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
 following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type 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 g. Indian Health Service h. Any other type of health insurance. Otherwise, SKIP to question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a monthly premium for this plan? A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs. g. Yes No a. Is the person deaf or does he/she have serious difficulty seeing even when wearing glasses? g. Yes No 	 the questions for Person 3 on page 16. 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 c. Does this person have difficulty dressing or bathing? Yes No Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16. 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 What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No Married? Widowed? Divorced? In what year did this person last get married? Year Year 	 23 Has this person given birth to any children in the past 12 months? Yes No 23 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is financially responsible for more than one grandchild, answer the question for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years 24 Has this person serve are served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. New on active duty On active duty in the past, but not now 27 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. September 2001 or later August 1990 to August 2001 (including Persian Guff 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
		13

Person 2 (continued) 31 c. Has this person been informed that he or she How did this person usually get to work LAST WEEK? If this person usually used more than one will be recalled to work within the next 6 months OR been given a date to return to method of transportation during the trip, mark (X) 28) a. Does this person have a VA service-connected the box of the one used for most of the distance. work? disability rating? Car, truck, or van Motorcycle Yes \rightarrow SKIP to question 37 Yes (such as 0%, 10%, 20%, ..., 100%) Bus or trolley bus Bicycle No \square No → SKIP to question 29a Carro público Walked b. What is this person's service-connected Subway or elevated Worked at 36 During the LAST 4 WEEKS, has this person been disability rating? home → SKIP **ACTIVELY** looking for work? Railroad to question 39a 0 percent Ferryboat Yes Other method 10 or 20 percent \square Taxicab No → SKIP to question 38 30 or 40 percent 50 or 60 percent LAST WEEK, could this person have started a Answer question 32 if you marked "Car, 70 percent or higher job if offered one, or returned to work if truck, or van" in question 31. Otherwise, recalled? 29 a. LAST WEEK, did this person work for pay SKIP to question 33. at a job (or business)? Yes, could have gone to work Yes \rightarrow SKIP to question 30 No, because of own temporary illness How many people, including this person, No – Did not work (or retired) No, because of all other reasons (in school, etc.) usually rode to work in the car, truck, or van LAST WEEK? b. LAST WEEK, did this person do ANY work Person(s) for pay, even for as little as one hour? 38 When did this person last work, even for a few days? Yes Within the past 12 months No → SKIP to question 35a 1 to 5 years ago \rightarrow SKIP to **M** 33 What time did this person usually leave home 30 At what location did this person work LAST \square Over 5 years ago or never worked \rightarrow SKIP to WEEK? If this person worked at more than one to go to work LAST WEEK? question 47 location, print where he or she worked most Hour Minute last week. a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did a. Address **Development or condominium name** this person work 50 or more weeks? Count p.m. paid time off as work. Number and street name Yes \rightarrow SKIP to question 40 34 How many minutes did it usually take this No person to get from home to work LAST WEEK? If the exact address is not known, give a description of the location such as the building Minutes b. How many weeks DID this person work, even name or the nearest street or intersection. for a few hours, including paid vacation, paid b. Name of city, town, or post office sick leave, and military service? 50 to 52 weeks 48 to 49 weeks Answer questions 35 – 38 if this person c. Is the work location inside the limits of that did NOT work last week. Otherwise, 40 to 47 weeks city or town? SKIP to question 39a. \square 27 to 39 weeks ____ Yes 14 to 26 weeks No, outside the city/town limits 13 weeks or less 35) a. LAST WEEK, was this person on layoff from d. Name of municipio in Puerto Rico a job? or U.S. county During the PAST 12 MONTHS, in the WEEKS 40 Yes \rightarrow SKIP to question 35c WORKED, how many hours did this person usually work each WEEK? No e. Enter Puerto Rico or name of U.S. state Usual hours worked each WEEK or foreign country b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal f. ZIP Code reasons, bad weather, etc. \rightarrow SKIP to question 38 No → SKIP to question 36

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			Attachment L
	Person 2 (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.
	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	accountant)	Yes → \$.00 No TOTAL AMOUNT for past 12 months
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	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 → No TOTAL AMOUNT for past 12 months
41	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 company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 	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 → No TOTAL AMOUNT for past 12 months
	a local GOVERNMENT employee (city, county, municipio, 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? SELF-EMPLOYED in own INCORPORATED 	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
	 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
42	If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces.	Yes → S	Such as money from an inheritance or the sale of a home.
	Name of company, business, or other employer	b. Self-employment income from own nonfarm businesses or farm businesses, including	TOTAL AMOUNT for past 12 months
43	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	proprietorships and partnerships. Report NET income after business expenses. 4 Yes → \$.00 No TOTAL AMOUNT for past 12 months Loss	 8 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR \$.00
44	 manufacturing? wholesale trade? 	 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → \$.00 	None TOTAL AMOUNT for past 12 months
	 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.

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 Person 3 Please copy the name of Person 3 from page then continue answering questions below. Last Name 	 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 	Attachment L 13 What is this person's ancestry or ethnic origin?
First Name	MI Nursery school Kindergarten	 (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than
Where was this person born? In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11	English at home?
Outside the United States – Print Puerto R name of foreign country, or U.S. Virgin Isl Guam, etc.	ands, HIGH SCHOOL GRADUATE	 No → SKIP to question 15a b. What is this language?
8 Is this person a citizen of the United States \Box Yes, born in Puerto Rico \rightarrow SKIP to guestic		For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well
 Yes, born in a U.S. state, District of Colum Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent 	college credit	 Well Not well Not at all
 or parents Yes, U.S. citizen by naturalization – Print y of naturalization No, not a U.S. citizen 		Person is under 1 year old \rightarrow SKIP to
9 When did this person come to live in Puerto Rico? Print numbers in boxes. Year	 Doctorate degree (for example: PhD, EdD) F Answer question 12 if this person has a 	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
10 a. At any time IN THE LAST 3 MONTHS, has person attended school or college? Inclu only nursery or preschool, kindergarten, elementary school, home school, and school which leads to a high school diploma or a co	de	 No, different house in Puerto Rico or the United States b. Where did this person live 1 year ago?
 degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school 	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)	Address Development or condominium name Number and street name
b. What grade or level was this person atter Mark (X) ONE box. Nursery school, preschool	nding?	Name of city, town, or post office
 Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – 		Name of municipio in Puerto Rico or U.S. county
 College undergraduate years (freshman senior) Graduate or professional school beyond bachelor's degree (for example: MA or program or medical or law school) 	1a	Enter Puerto Rico or name of U.S. state ZIP Code
senior)	1a	name of U.S. state ZIP Cod

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			Attachment L
Person 3 (continue 16 Is this person CURRENTLY covered to following types of health insurance	by any of the or health	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
 Is this person CURRENTLY covered by following types of health insurance to coverage plans? Mark "Yes" or "No" for 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? g. Indian Health Service h. Any other type of health insurance. Otherw SKIP to question 17a if this person i covered by health insurance. Otherw SKIP to question 18a. a. Is there a monthly premium for thi A monthly premium is a fixed amount people pay each month to have health it does not include copays or other expas prescription costs. Yes No a. Is this person deaf or does he/she I serious difficulty hearing? Yes No b. Is this person blind or does he/she I serious difficulty seeing even whe glasses? Yes No 	or health Yes Yes Yes No I	 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 c. Does this person have difficulty dressing or bathing? Yes No Because of a physical, mental, or emotional condition, does this person 4 on page 20. Because of a physical, mental, or emotional condition, does this person have difficulty dressing or over. Otherwise, SKIP to the questions for Person 4 on page 20. Because of a physical, mental, or emotional condition, does this person have difficulty dress office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married -> SKIP to J In the PAST 12 MONTHS did this person get - Yes No Wearried? Divorced? Divorced? 	 24 Has this person given birth to any children in the past 12 months? Yes No 25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is financially responsible for more than one grandchild, answer the question for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years 26 Has this person sever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. New on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty in the past, but not now 27 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. September 2001 or later August 1990 to August 2001 (including Persian Guiff 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
			1

13174180 **Person 3 (continued)** 31 c. Has this person been informed that he or she How did this person usually get to work LAST WEEK? If this person usually used more than one will be recalled to work within the next 6 months OR been given a date to return to method of transportation during the trip, mark (X) 28) a. Does this person have a VA service-connected the box of the one used for most of the distance. work? disability rating? Car, truck, or van Motorcycle Yes \rightarrow SKIP to question 37 Yes (such as 0%, 10%, 20%, ... , 100%) Bus or trolley bus Bicycle No \square No → SKIP to question 29a Carro público Walked b. What is this person's service-connected Subway or elevated Worked at 36 During the LAST 4 WEEKS, has this person been disability rating? home → SKIP **ACTIVELY** looking for work? Railroad to question 39a 0 percent Ferryboat Yes Other method 10 or 20 percent Taxicab No → SKIP to question 38 30 or 40 percent 50 or 60 percent LAST WEEK, could this person have started a Answer question 32 if you marked "Car, 70 percent or higher job if offered one, or returned to work if truck, or van" in question 31. Otherwise, recalled? 29 a. LAST WEEK, did this person work for pay SKIP to question 33. at a job (or business)? Yes, could have gone to work Yes \rightarrow SKIP to question 30 No, because of own temporary illness How many people, including this person, No – Did not work (or retired) No, because of all other reasons (in school, etc.) usually rode to work in the car, truck, or van LAST WEEK? b. LAST WEEK, did this person do ANY work Person(s) for pay, even for as little as one hour? 38 When did this person last work, even for a few days? Yes Within the past 12 months No → SKIP to question 35a 1 to 5 years ago \rightarrow SKIP to **M** 33 What time did this person usually leave home 30 At what location did this person work LAST \square Over 5 years ago or never worked \rightarrow SKIP to WEEK? If this person worked at more than one to go to work LAST WEEK? question 47 location, print where he or she worked most Hour Minute last week. a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did a. Address **Development or condominium name** this person work 50 or more weeks? Count p.m. paid time off as work. Number and street name Yes \rightarrow SKIP to question 40 34 How many minutes did it usually take this No person to get from home to work LAST WEEK? If the exact address is not known, give a description of the location such as the building Minutes b. How many weeks DID this person work, even name or the nearest street or intersection. for a few hours, including paid vacation, paid b. Name of city, town, or post office sick leave, and military service? 50 to 52 weeks 48 to 49 weeks Answer questions 35 – 38 if this person c. Is the work location inside the limits of that did NOT work last week. Otherwise, 40 to 47 weeks city or town? SKIP to question 39a. \square 27 to 39 weeks ____ Yes 14 to 26 weeks No, outside the city/town limits 13 weeks or less 35) a. LAST WEEK, was this person on layoff from d. Name of municipio in Puerto Rico a job? or U.S. county **During the PAST 12 MONTHS, in the WEEKS** 40 Yes \rightarrow SKIP to question 35c WORKED, how many hours did this person usually work each WEEK? No e. Enter Puerto Rico or name of U.S. state Usual hours worked each WEEK or foreign country b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal f. ZIP Code reasons, bad weather, etc. \rightarrow SKIP to question 38 No → SKIP to question 36

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Person 3 (continued)	5 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.
Answer questions 41 – 46 if this person	accountant)	Yes → \$.00
worked in the past 5 years. Otherwise,		
SKIP to question 47.		TOTAL AMOUNT for past 12 months
41 - 46 CURRENT OR MOST RECENT JOB	6 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	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	
had more than one job, describe the one at	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		No TOTAL AMOUNT for past
information for his/her last job or business.		12 months
Was this person – Mark (X) ONE box.	7 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	
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.	Yes → \$.00
an employee of a PRIVATE NOT-FOR-PROFIT,	(NOTE: The "past 12 months" is the period from	No TOTAL AMOUNT for past
tax-exempt, or charitable organization?	today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
a local GOVERNMENT employee	Mark (X) the "No" box to show types of income	g. Retirement, survivor, or disability pensions
(city, county, municipio, etc.)?	NOT received.	Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	
a Federal GOVERNMENT employee?	the right of the dollar amount.	Yes → S
SELF-EMPLOYED in own NOT INCORPORATED	For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past
business, professional practice, or farm?	report the whole amount for only one person and	12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	
	a. Wages, salary, commissions, bonuses,	h. Any other sources of income received regularly such as Veterans' (VA) payments,
working WITHOUT PAY in family business or farm?	or tips from all jobs. Report amount before	unemployment compensation, child suppor
	deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum paymen such as money from an inheritance or the sale o
For whom did this person work?	Yes → \$.00	home.
If now on active duty in the Armed Forces, mark (X) this box \rightarrow		
and print the branch of the Armed Forces.	TOTAL AMOUNT for past 12 months	Yes → \$.00
Name of company, business, or other employer	12 months	No TOTAL AMOUNT for past
	b. Self-employment income from own nonfarm	12 months
	businesses or farm businesses, including proprietorships and partnerships. Report	48 What was this person's total income during th
	NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 47a
What kind of business or industry was this? Describe the activity at the location where employed.		to 47h; subtract any losses. If net income was a loss enter the amount and mark (X) the "Loss" box next
(For example: hospital, newspaper publishing, mail	Yes → \$	the dollar amount.
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss	
	TOTAL AMOUNT for past Loss 12 months	OR \$
	a Internet dividende met met i l'annue	None TOTAL AMOUNT for past
	c. Interest, dividends, net rental income, royalty income, or income from estates	12 months
Is this mainly – <i>Mark (X) ONE box.</i>	and trusts. Report even small amounts credited to an account.	
manufacturing?		
wholesale trade?	Yes → \$.00	
retail trade?		
other (agriculture, construction, service,	TOTAL AMOUNT for past Loss 12 months	
government, etc.)?		
		• Continue with the questions for Person 3 on
		the next page. If no one is listed as Person 3 or page 3, SKIP to page 28 for mailing instructior
		page 3, Shir to page 20 for maning instruction

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1	Deve en 4		Attachment L
E	Person 4 Please copy the name of Person 4 from page 3, then continue answering questions below. Last Name	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	13 What is this person's ancestry or ethnic origin?
	First Name MI	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
		 Kindergarten Grade 1 through 11 – Specify 	14 a. Does this person speak a language other than English at home?
ĺ	Where was this person born?	grade 1 – 11 –	 Yes No → SKIP to question 15a
		12th grade – NO DIPLOMA	b. What is this language?
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	HIGH SCHOOL GRADUATE Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
8	Is this person a citizen of the United States?	GED or alternative credential	c. How well does this person speak English?
9	 Yes, born in Puerto Rico → SKIP to question 10a Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization - Print year of naturalization No, not a U.S. citizen When did this person come to live in Puerto Rico? Print numbers in boxes. Year a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 	 Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	 No, outside Puerto Rico and the United States - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16. No, different house in Puerto Rico or the United States b. Where did this person live 1 year ago? Address Development or condominium name
	 Yes, public school, public college Yes, private school, private college, home school What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD 	this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office Name of municipio in Puerto Rico or U.S. county Enter Puerto Rico or name of U.S. state ZIP Code
	20		

			13174214
	-		Attachment L
Person 4 (continued 16 Is this person CURRENTLY covered by following types of health insurance or	any of the health	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
 following types of health insurance or coverage plans? Mark "Yes" or "No" for E 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 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. Otherwiss SKIP to question 17a if this person is covered by health insurance. Otherwiss SKIP to question 18a. 17 a. Is there a monthly premium for this person is covered by health insurance. Otherwiss SKIP to question 18a. 17 a. Is there a monthly premium for this person or structure plan or other experience or health coverage plan - Specify person costs. yes No → SKIP to question 18a b. Is the cost of the premium subsidize on family income? Yes No a. Is this person deaf or does he/she har serious difficulty hearing? Yes No b. Is this person blind or does he/she har serious difficulty seeing even when or glasses? Yes No 	health ACH type Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	 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 c. Does this person have difficulty dressing or bathing? Yes No Because of a physical, mental, or emotional condition, does this person have difficulty dressing or over. Otherwise, SKIP to the questions for Person 5 on page 24. 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 What is this person's marital status? Now married Widowed Divorced Separated Never married <i>SKIP to</i> In the PAST 12 MONTHS did this person get - Yes No Widowed? Divorced? Divorced? 	 24 Has this person given birth to any children in the past 12 months? Yes No 25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is financially responsible for more than one grandchild. answer the question for the grandparent is financially responsible for more than one grandchild. answer the question for the grandparent is financially responsible for more than one grandchild. answer the question for the grandparent is financially responsible for more than one grandchild. answer the question for the grandparent is financially responsible for more than one grandchild. answer the question for the grandparent is financially responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years 20 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 28a Now on active duty in the past, but not now 20 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. September 2001 or later August 1990 to August 2001 (including Perisian 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 195
			2

Person 4 (continued) 31 c. Has this person been informed that he or she How did this person usually get to work LAST WEEK? If this person usually used more than one will be recalled to work within the next 6 months OR been given a date to return to method of transportation during the trip, mark (X) 28) a. Does this person have a VA service-connected the box of the one used for most of the distance. work? disability rating? Car, truck, or van Motorcycle Yes \rightarrow SKIP to question 37 Yes (such as 0%, 10%, 20%, ... , 100%) Bus or trolley bus Bicycle No \square No → SKIP to question 29a Carro público Walked b. What is this person's service-connected Subway or elevated Worked at 36 During the LAST 4 WEEKS, has this person been disability rating? home → SKIP **ACTIVELY** looking for work? Railroad to question 39a 0 percent Ferryboat Yes Other method 10 or 20 percent \square Taxicab No → SKIP to question 38 30 or 40 percent 50 or 60 percent LAST WEEK, could this person have started a Answer question 32 if you marked "Car, 70 percent or higher job if offered one, or returned to work if truck, or van" in question 31. Otherwise, recalled? 29 a. LAST WEEK, did this person work for pay SKIP to question 33. at a job (or business)? Yes, could have gone to work Yes \rightarrow SKIP to question 30 No, because of own temporary illness How many people, including this person, No – Did not work (or retired) No, because of all other reasons (in school, etc.) usually rode to work in the car, truck, or van LAST WEEK? b. LAST WEEK, did this person do ANY work Person(s) for pay, even for as little as one hour? 38 When did this person last work, even for a few days? Yes Within the past 12 months No → SKIP to question 35a 1 to 5 years ago \rightarrow SKIP to **M** 33 What time did this person usually leave home 30 At what location did this person work LAST \square Over 5 years ago or never worked \rightarrow SKIP to WEEK? If this person worked at more than one to go to work LAST WEEK? question 47 location, print where he or she worked most Hour Minute last week. a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did a. Address **Development or condominium name** this person work 50 or more weeks? Count p.m. paid time off as work. Number and street name Yes \rightarrow SKIP to question 40 34 How many minutes did it usually take this No person to get from home to work LAST WEEK? If the exact address is not known, give a description of the location such as the building Minutes b. How many weeks DID this person work, even name or the nearest street or intersection. for a few hours, including paid vacation, paid b. Name of city, town, or post office sick leave, and military service? 50 to 52 weeks 48 to 49 weeks Answer questions 35 – 38 if this person c. Is the work location inside the limits of that did NOT work last week. Otherwise, 40 to 47 weeks city or town? SKIP to question 39a. \square 27 to 39 weeks ____ Yes 14 to 26 weeks No, outside the city/town limits 13 weeks or less 35) a. LAST WEEK, was this person on layoff from d. Name of municipio in Puerto Rico a job? or U.S. county **During the PAST 12 MONTHS, in the WEEKS** 40 Yes \rightarrow SKIP to question 35c WORKED, how many hours did this person usually work each WEEK? No e. Enter Puerto Rico or name of U.S. state Usual hours worked each WEEK or foreign country b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal f. ZIP Code reasons, bad weather, etc. \rightarrow SKIP to question 38 No → SKIP to question 36 22

			Attachment L
	Person 4 (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.
M	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	accountant)	Yes → \$.00 No TOTAL AMOUNT for past 12 months
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	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 → No TOTAL AMOUNT for past 12 months
4	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 company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 	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
	a local GOVERNMENT employee (city, county, municipio, 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? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	Yes → \$.00 No 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
	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.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments
42	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 	such as money from an inheritance or the sale of a home.
	Name of company, business, or other employer	b. Self-employment income from own nonfarm	No TOTAL AMOUNT for past 12 months
4	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)	businesses or farm businesses, including	 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR
4	manufacturing?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. <i>Report even small amounts credited</i> to an account.	TOTAL AMOUNT for past 12 months
	 wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)? 	Yes → S .00 □ No TOTAL AMOUNT for past 12 months Loss	
			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.

			13174248
	Person 5		Attachment L What is this person's ancestry or ethnic origin?
E	Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED	
	First Name MI	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
		 Kindergarten Grade 1 through 11 – Specify 	14 a. Does this person speak a language other than English at home?
	Where was this person born? In the United States – Print name of state.	grade 1 – 11 – Spechy	 Yes No → SKIP to question 15a
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	b. What is this language?
	Guam, etc.	Regular high school diploma GED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese
8	Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	c. How well does this person speak English?
I	Yes, born in Puerto Rico \rightarrow <i>SKIP to question 10a</i>	Some college credit, but less than 1 year of college credit	Very well
	Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or	1 or more years of college credit, no degree	Not well
	Northern Marianas Yes, born abroad of U.S. citizen parent or parents	 Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 	Not at all
	Yes, U.S. citizen by naturalization – Print year	AFTER BACHELOR'S DEGREE	15 a. Did this person live in this house or apartment
	of naturalization	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago? □ Person is under 1 year old \rightarrow <i>SKIP to</i>
	No, not a U.S. citizen	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	e question 16 Yes, this house \rightarrow SKIP to question 16
9	When did this person come to live in Puerto Rico? Print numbers in boxes. Year	Doctorate degree (for example: PhD, EdD)	 No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
	F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	
10	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten,	SKIP to question 13.	No, different house in Puerto Rico or the United States
	elementary school, home school, and schooling which leads to a high school diploma or a college degree.		b. Where did this person live 1 year ago?
	No, has not attended in the last 3 months \rightarrow <i>SKIP to question 11</i>	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	Address Development or condominium name Number and street name
	 Yes, public school, public college Yes, private school, private college, 	this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	
	home school b. What grade or level was this person attending? Mark (X) ONE box.		Name of city, town, or post office
	Nursery school, preschool		
	Kindergarten		
	Grade 1 through 12 – <i>Specify</i>		Name of municipio in Puerto Rico or U.S. county
	¥		
	College undergraduate years (freshman to senior)		Enter Puerto Rico or name of U.S. state ZIP Code
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		
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			Attachment L
Person 5 (continue 16 Is this person CURRENTLY covered by following types of health insurance of	y any of the br health	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
 Is this person CURRENTLY covered by following types of health insurance or coverage plans? Mark "Yes" or "No" for 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 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 g. Indian Health Service h. Any other type of health insurance. Otherwork SKIP to question 17a if this person is covered by health insurance. Otherwork SKIP to question 18a. a. Is there a monthly premium for this A monthly premium is a fixed amount people pay each month to have health it does not include copays or other explas prescription costs. i Yes i No → SKIP to question 18a b. Is the cost of the premium subsidiation family income? i Yes i No b. Is this person blind or does he/she I serious difficulty hearing? i Yes i No 	Pres No Yes No Yes No Image: I	<pre>the mailing instructions on page 28. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</pre>	 SKIP to question 25a. As 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 26 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 No → SKIP to question 26 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 No → SKIP to question 26 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 grandparent is financially responsible for these nees ponsible for the longest period of time. Less than 6 months
			2

Person 5 (continued) 31 c. Has this person been informed that he or she How did this person usually get to work LAST WEEK? If this person usually used more than one will be recalled to work within the next 6 months OR been given a date to return to method of transportation during the trip, mark (X) 28) a. Does this person have a VA service-connected the box of the one used for most of the distance. work? disability rating? Car, truck, or van Motorcycle Yes \rightarrow SKIP to question 37 Yes (such as 0%, 10%, 20%, ... , 100%) Bus or trolley bus Bicycle No \square No → SKIP to question 29a Carro público Walked b. What is this person's service-connected Subway or elevated Worked at 36 During the LAST 4 WEEKS, has this person been disability rating? home → SKIP **ACTIVELY** looking for work? Railroad to question 39a 0 percent Ferryboat Yes Other method 10 or 20 percent Taxicab No → SKIP to question 38 30 or 40 percent 50 or 60 percent LAST WEEK, could this person have started a Answer question 32 if you marked "Car, 70 percent or higher job if offered one, or returned to work if truck, or van" in question 31. Otherwise, recalled? 29 a. LAST WEEK, did this person work for pay SKIP to question 33. at a job (or business)? Yes, could have gone to work Yes \rightarrow SKIP to question 30 No, because of own temporary illness How many people, including this person, No – Did not work (or retired) No, because of all other reasons (in school, etc.) usually rode to work in the car, truck, or van LAST WEEK? b. LAST WEEK, did this person do ANY work Person(s) for pay, even for as little as one hour? 38 When did this person last work, even for a few days? Yes Within the past 12 months No → SKIP to question 35a 1 to 5 years ago \rightarrow SKIP to **M** 33 What time did this person usually leave home 30 At what location did this person work LAST \square Over 5 years ago or never worked \rightarrow SKIP to WEEK? If this person worked at more than one to go to work LAST WEEK? question 47 location, print where he or she worked most Hour Minute last week. a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did a. Address **Development or condominium name** this person work 50 or more weeks? Count p.m. paid time off as work. Number and street name Yes \rightarrow SKIP to question 40 34 How many minutes did it usually take this No person to get from home to work LAST WEEK? If the exact address is not known, give a description of the location such as the building Minutes b. How many weeks DID this person work, even name or the nearest street or intersection. for a few hours, including paid vacation, paid b. Name of city, town, or post office sick leave, and military service? 50 to 52 weeks 48 to 49 weeks Answer questions 35 – 38 if this person c. Is the work location inside the limits of that did NOT work last week. Otherwise, 40 to 47 weeks city or town? SKIP to question 39a. \square 27 to 39 weeks ____ Yes 14 to 26 weeks No, outside the city/town limits 13 weeks or less 35) a. LAST WEEK, was this person on layoff from d. Name of municipio in Puerto Rico a job? or U.S. county **During the PAST 12 MONTHS, in the WEEKS** 40 Yes \rightarrow SKIP to question 35c WORKED, how many hours did this person usually work each WEEK? No e. Enter Puerto Rico or name of U.S. state Usual hours worked each WEEK or foreign country b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal f. ZIP Code reasons, bad weather, etc. \rightarrow SKIP to question 38 No → SKIP to question 36 26

			Attachment L
IV		What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement.
	worked in the past 5 years. Otherwise, SKIP to question 47.		No TOTAL AMOUNT for past 12 months
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	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 → No TOTAL AMOUNT for past 12 months
41	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 company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 	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
	a local GOVERNMENT employee (city, county, municipio, 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? SELF-EMPLOYED in own 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 mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
	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
4	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 	such as money from an inheritance or the sale of a home.
	Name of company, business, or other employer	b. Self-employment income from own nonfarm	TOTAL AMOUNT for past 12 months
43	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Yes → \$	 8 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR Source Content of the Loss
44	 Is this mainly - Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)? 	 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → \$ 000 □ Loss No TOTAL AMOUNT for past 12 months 	TOTAL AMOUNT for past 12 months
			Now continue with the mailing instructions on page 28.

Attachment

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 Puerto Rico Community Survey.

For Census Bureau Use						
POP EDIT	PHONE	JIC1	JIC2			
EDIT 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.

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