



THE American Community Survey

Start Here

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

OR

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

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



If you need help or have questions about completing this form, please call 1-888-595-1327. The telephone call is free.

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

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-888-369-3615. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/qdt

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

0	Please print today's date. Month Day Year	
0	Please print the name and telephone number of the p filling out this form. We may contact you if there is a que Last Name	
	First Name	MI
	Area Code + Number	
•	 How many people are living or staying at this address INCLUDE everyone who is living or staying here for mor INCLUDE yourself if you are living here for more than 2 INCLUDE anyone else staying here who does not have a 	e than 2 months. months.
	 stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere else 2 months, such as a college student living away or some Armed Forces on deployment. 	
	Number of people	
0	Fill out pages 2, 3, and 4 for everyone, including your living or staying at this address for more than 2 mont complete the rest of the form.	self, who is ths. Then
-	ORM ACS-1/Y)OD28	OMB No. 0607-093

Person 1	Person 2	
(Person 1 is the person living or staying here in whose name this or apartment is owned, being bought, or rented. If there is no superson, start with the name of any adult living or staying here.)	ch	MI
What is Person 1's name? Last Name (Please print) How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female	How is this person related to Person 1? Mark (X) ONE by Son-in-law or side Son-in-law or side Other relative Adopted son or daughter Roomer or by Stepson or stepdaughter Housemate or Stepson or stepdaughter Unmarried programmer or sister Unmarried programmer or side Other nonrelative Other Nonrelati	r daughter-in-law e oarder or roommate artner
What is Person 1's age and what is Person 1's date of birth Please report babies as age 0 when the child is less than 1 year of Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin Question 6 about race. For this survey, Hispanic origins are Is Person 1 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish or on. And so on. Non to fine the print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish or on. Non to fine the print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish or on. Non to fine the print origin is the print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish or on. Non to fine the print origin is the print origin is the print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish or on. Non to fine the print origin is the print origin	What is Person 2's age and what is Person 2's date of Please report babies as age 0 when the child is less than 1 y Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic Question 6 about race. For this survey, Hispanic origins Is Person 2 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin	c origin and sare not races.
What is Person 1's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print White Black, African Am., or Negro Native Hawaiia Native	n Asian Indian Japanese Native Ha Chamorro Chinese Korean Guamani Filipino Vietnamese Samoan Iander – Other Asian – Print race, for example, Hmong, Print race	awaiian ian or Chamorro cific Islander – e, for example, angan, and
Some other race – Print race.	Some other race – Print race.	

Person	3	Person 4
What is Person 3's name? Last Name (Please print)	irst Name MI	What is Person 4's name? Last Name (Please print) First Name MI
How is this person related to Person Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 3's sex? Mark (X) ONE Male Female What is Person 3's age and what is Person 3's age a	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative box. erson 3's date of birth?	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
NOTE: Please answer BOTH Question Question 6 about race. For this surver Is Person 3 of Hispanic, Latino, or Spanish No, not of Hispanic, Latino, or Spanish Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Nand so on.	y, Hispanic origins are not races. vanish origin? origin sh origin – <i>Print origin, for example,</i>	 NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 4 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
What is Person 3's race? Mark (X) one White Black, African Am., or Negro American Indian or Alaska Native — Pri		What is Person 4's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Guamanian or Chamorro	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race.		Some other race – Print race.

hat is Person 5's n	ame?	1 5		print	their name	s in the space	ople living or stayins for Person 6 thro ation about them.	
st Name (Please print)	Fi	irst Name	N	Perso	on 6			
					lame (Please	nrint)	First Name	
ow is this person re	alated to Person	12 Mark	X) ONE box	Last N	iaine (Fiease	print)	riist ivaille	
Husband or wife		_	n-in-law or daughter-in-la	214/				
Biological son or da	ughter	_	ner relative	avv				
	_		omer or boarder	Sex	Male	Female	Age (in years)	
Adopted son or dau	•		usemate or roommate			remaie	Age (in years)	
Stepson or stepdau Brother or sister	gnter			Perso				
		_	married partner	Last N	lame (<i>Please</i>	print)	First Name	
Father or mother			ster child					
Grandchild		L Ott	ner nonrelative					
Parent-in-law						_		
hat is Person 5's se	ex? Mark (X) ONE	box.		Sex	Male	Female	Age (in years)	
Male	Female			Perso	n 8			
hat is Person 5's a	ge and what is Po	erson 5's	date of birth?		lame (Please	nrint)	First Name	
ease report babies as	s age 0 when the c Print numbers in		s than 1 year old.		(, , , , , , , , , , , , , , , , , , ,	,		
e (in years)		Year of bir	th					
				Sex	Male	Female		
NOTE: Please ansv	ver BOTH Questio	n 5 about	Hispanic origin and		Ividic		Age (in years)	
		-	c origins are not race	es. Perso	on 9			
·	-		gin?		lame (Please	print)	First Name	
No, not of Hispanic	, Latino, or Spanish		gin?		lame (Please	print)	First Name	
No, not of Hispanic Yes, Mexican, Mexi	, Latino, or Spanish		gin?		lame (<i>Please</i>	print)	First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican	, Latino, or Spanish		gin?		lame (Please	print)	First Name	
No, not of Hispanic Yes, Mexican, Mexi	, Latino, or Spanish		gin?			print)		
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispar	, Latino, or Spanish can Am., Chicano	origin	Print origin, for example,	Last N Sex	☐ Male		First Name Age (in years)	
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No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispar Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish chian, Dominican, Nice? Mark (X) one or Negro Alaska Native — Printle Common	sh origin – sh origin – sicaraguan,	Print origin, for example, Salvadoran, Spaniard, Pooxes. Tenrolled or principal trib. Native Hawaiian Guamanian or Chamori Samoan Other Pacific Islander –	Sex Perso Last N Sex Perso Last N Sex Sex	Male n 10 lame (Please Male n 11 lame (Please	Female print) Female print)	Age (in years) First Name Age (in years)	
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No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hmon Laotian, Thai, Pakis Cambodian, and so	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish can an a	sh origin – hicaraguan,	Print origin, for example, Salvadoran, Spaniard, Soxes. Tenrolled or principal trib. Native Hawaiian Guamanian or Chamori Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Perso Last N Sex Perso Conclusion Sex Perso Perso	Male In 10 Iame (Please Male In 11 Iame (Please Male In 12	Female print) Female print)	Age (in years) Age (in years) First Name Age (in years)	
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١.		Answer questions 4 – 6 if this is a HOUSE	home have –		
E	Please answer the following	OR A MOBILE HOME; otherwise, SKIP to question 7a.		Yes	No
7	questions about the house,	queenen yu	a. hot and cold running water?		
-	apartment, or mobile home at the address on the mailing label.		b. a flush toilet?		
		How many acres is this house or mobile home on?	c. a bathtub or shower?		
(1	Which best describes this building?	Less than 1 acre → SKIP to question 6	d. a sink with a faucet?		
I	Include all apartments, flats, etc., even if vacant.	1 to 9.9 acres	e. a stove or range?		
-		10 or more acres	f. a refrigerator?		
-	☐ A mobile home☐ A one-family house detached from any		g. telephone service from		
-	other house	5 IN THE PAST 12 MONTHS, what	which you can both make and receive calls? <i>Include</i>		
-	A one-family house attached to one or more houses	were the actual sales of all agricultural	cell phones.		
-	A building with 2 apartments	products from this property?	9 At this house, apartment, or m		
-	☐ A building with 3 or 4 apartments	□ None	do you or any member of this hown or use any of the followin		
-	☐ A building with 5 to 9 apartments	□ \$1 to \$999	EXCLUDE GPS devices, digital	music	players,
-	☐ A building with 10 to 19 apartments	☐ \$1,000 to \$2,499	and devices with only limited c capabilities, for example: house	omput	ing
-	A building with 20 to 49 apartments	□ \$2,500 to \$4,999	appliances.		Na
-	A building with 50 or more apartments	□ \$5,000 to \$9,999	a. Desktop, laptop, netbook, or	Yes	No
-	Boat, RV, van, etc.	□ \$10,000 or more	notebook computer		
-			b. Handheld computer,		
1		6 Is there a business (such as a store or	smart mobile phone, or other handheld wireless computer		
2	About when was this building first built?	barber shop) or a medical office on			
-	2000 or later – Specify year –	this property?	c. Some other type of computer Specify ✓		
-		Yes			
-		□ No			
-	1990 to 1999		10 At this house, apartment, or m	obile l	nome –
-	1980 to 1989	a. How many separate rooms are in this	do you or any member of this haccess the Internet?	iousen	iola
-	1970 to 1979	house, apartment, or mobile home? Rooms must be separated by built-in	Yes, with a subscription to a	n Inter	net
-	1960 to 1969	archways or walls that extend out at least	service	ii iiitoii	101
-	1950 to 1959	6 inches and go from floor to ceiling.	Yes, without a subscription t	o an In	ternet
-	1940 to 1949	INCLUDE bedrooms, kitchens, etc.	service → SKIP to question 1	2	
١	1939 or earlier	 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 	No Internet access at this ho or mobile home → SKIP to q		
-		Number of rooms	11 At this house, apartment, or m		
1			do you or any member of this h	househ	
(3	When did PERSON 1 (listed on page 2)		subscribe to the Internet using	Yes	No
-	move into this house, apartment, or mobile home?	b. How many of these rooms are bedroom	s? a. Dial-up service?		
-	Month Year	Count as bedrooms those rooms you would list if this house, apartment, or mobile home	·		
-		were for sale or rent. If this is an			
-		efficiency/studio apartment, print "0".	c. Cable modem service?		
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service?		
			g. Some other service? Specify service ✓		
-					

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Housina (d	continued

Œ	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?	of electricity for this house, apartment, or mobile home? Last month's cost – Dollars \$.00	any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
1:	of one-ton capacity or less are kept at home for use by members of this household? None 1 2 3 4 5 6 or more	apartment, or mobile home? Last month's cost – Dollars S OR Included in rent or condominium fee No charge or electricity not used	benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes 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 condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars No OR None No
		OR Included in rent or condominium fee No charge or these fuels not used	

Housing (continued
	Continuou

		Tiousing (continued)
E	3	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
1	8	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals?
		☐ Yes☐ No Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to ■.
1	9	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars
2	0	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR
2	D	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR
		None

22 a.	Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
	 Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 23a
b.	How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars
c.	OR No regular payment required → SKIP to question 23a Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
	Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required
d.	Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage
	No, insurance paid separately or no insurance

2	3 a. Do you or any member of this household have a second mortgage
	or a home equity loan on THIS property?
	Yes, home equity loan
	Yes, second mortgage
	Yes, second mortgage and home
	equity loan No → SKIP to D
	INO 4 SKIF TO D
	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
	Monthly amount – <i>Dollars</i>
	\$.00
)	OR
	No regular payment required
	A
L	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E .
	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars Answer questions about PERSON 1 on the
	next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

	Person 1 Please copy the name of Person 1 from page 2,	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
	then continue answering questions below. Last Name	highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 NIGHT STREET CAMBODIAN, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
7	First Name MI Where was this person born? In the United States – Print name of state.	Nursery school Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 – Yes No → SKIP to question 15a
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	□ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential b. What is this language? For example: Korean, Italian, Spanish, Vietnamese
9	Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. c. How well does this person speak English? Very well Not well Not at all Did this person live in this house or apartment year ago? Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 No, different house in the United States or Puerto Rico
	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 b. What grade or level was this person attending Mark (X) ONE box.	D. Where did this person live 1 year ago? Address (Number and street name) 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) b. Where did this person live 1 year ago? Address (Number and street name)
	Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code

Person 1 (conti

6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. Because of a physical, mental, or emotional	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 29a
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes No	Now on active dutyOn active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	When did this person serve on active duty in the
		b. Widowed?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Once Two times Three or more times In what year did this person last get married? Year Answer question 24 if this person is	August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	a. Does this person have a VA service-connected disability rating?
8	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?	Has this person given birth to any children in the past 12 months? Yes No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 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 (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher
	☐ Yes ☐ No	YesNo → SKIP to question 26	

	Person 1 (continued)				
29	a. LAST WEEK, did this person work for pay	J	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes
Ī	at a job (or business)?				No → SKIP to question 38
ı	Yes → SKIP to question 30				
l	No – Did not work (or retired)	32	How many people, including this person, usually rode to work in the car, truck, or van	37	LAST WEEK, could this person have started a
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		LAST WEEK? Person(s)		job if offered one, or returned to work if recalled?
ı	Yes				Yes, could have gone to work
l	No → SKIP to question 35a				No, because of own temporary illness
ı		<i>a</i>	18/h-44 45		No, because of all other reasons (in school, etc.)
0	At what location did this person work LAST	38	What time did this person usually leave home to go to work LAST WEEK?		
	WEEK? If this person worked at more than one location, print where he or she worked most last week.		Hour Minute a.m.	38	When did this person last work, even for a few days?
ı	a. Address (Number and street name)		p.m.		☐ Within the past 12 months
ı					☐ 1 to 5 years ago → SKIP to L
	If the exact address is not known, give a description of the location such as the building	34	person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 47
ı	name or the nearest street or intersection.		Minutes	39	a. During the PAST 12 MONTHS (52 weeks), did
ı	b. Name of city, town, or post office				this person work 50 or more weeks? Count paid time off as work.
ı					☐ Yes → SKIP to question 40
ı			Anguar quartiana 25 29 if this paragn		□ No
	c. Is the work location inside the limits of that city or town?	·	Answer questions 35 – 38 if this person did NOT work last week. Otherwise,		
	Yes		SKIP to question 39a.		 How many weeks DID this person work, even for a few hours, including paid vacation, paid
ı	No, outside the city/town limits				sick leave, and military service?
	d. Name of county	25	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
ı	d. Name of County		a job?		48 to 49 weeks
ı			Yes → SKIP to question 35c		40 to 47 weeks
ı	e. Name of U.S. state or foreign country	1	No		27 to 39 weeks
ı	,				14 to 26 weeks
ı			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		13 weeks or less
	f. ZIP Code		Yes, on vacation, temporary illness,		A D DAGT 40 MONTHO : WEEKO
			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	40	WORKED, how many hours did this person
ı			question 38		usually work each WEEK?
7	.		No → SKIP to question 36		Usual hours worked each WEEK
لإ	How did this person usually get to work LAST WEEK? If this person usually used more than one		c. Has this person been informed that he or she		
ı	method of transportation during the trip, mark (X) the box of the one used for most of the distance.		will be recalled to work within the next		
			6 months OR been given a date to return to work?		
	☐ Car, truck, or van ☐ Motorcycle ☐ Bus or trolley bus ☐ Bicycle		Yes → SKIP to question 37		
	Streetcar or trolley car Walked		No		
	Subway or elevated Worked at		INO		
	Railroad home → SKIP				
	to question 398	а			
	☐ Taxicab ☐ Other method				



L	Pe	erson 1 (continued)	(
	wor	wer questions 41 – 46 if this person ked in the past 5 years. Otherwise, P to question 47.	
	job a had whice pers	-46 CURRENT OR MOST RECENT JOB FIVITY. Describe clearly this person's chief activity or business last week. If this person more than one job, describe the one at ch this person worked the most hours. If this son had no job or business last week, give rmation for his/her last job or business.	(
Þ		s this person – k (X) ONE box.	(
		an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	,
		an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	
		a local GOVERNMENT employee (city, county, etc.)?	
		a state GOVERNMENT employee?	
ı		a Federal GOVERNMENT employee?	
	Ш	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?)
		SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	
		working WITHOUT PAY in family business or farm?	
12	For	whom did this person work?	
	the .	ow on active duty in Armed Forces, mark (X) this box → print the branch of the Armed Forces.	
	Nan	ne of company, business, or other employer	
3	Des (For	at kind of business or industry was this? cribe the activity at the location where employed. example: hospital, newspaper publishing, mail er house, auto engine manufacturing, bank)	
4	ls th	nis mainly – Mark (X) ONE box.	
		manufacturing?	

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r a	oyalty i nd trus	ncome ts. Rep	e, or i	incon	ne fro	om e	state nts c	es	ted

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

Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 2, SKIP to page 28 for mailing instructions.



other (agriculture, construction, service,

wholesale trade? retail trade?

government, etc.)?

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

Person 2	(continued)
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6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	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?	Less than 6 months 6 to 11 months
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	1 or 2 years3 or 4 years5 or more years
ı	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowed□ Divorced	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
l	e. TRICARE or other military health care 🔲 🔲	Separated	question 29a
l	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
l	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes No	Now on active duty
l	h. Any other type of health insurance or health coverage plan - Specify	a. Married?	On active duty in the past, but not now
	of ficultificoverage plant opecally	b. Widowed?	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.
	☐ Yes ☐ No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? ☐ Yes ☐ No	Year	August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
G	Answer question 18a – 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.	
8	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?	Has this person given birth to any children in the past 12 months? Yes No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26	Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent
	No c. Does this person have difficulty dressing or bathing? Yes No	 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 	70 percent or higher

	Person 2 (continued)	_	A	26	During the LAST 4 WEEKS, has this person been
		J	truck, or van" in question 31. Otherwise,		ACTIVELY looking for work?
49)	a. LAST WEEK, did this person work for pay at a job (or business)?		SKIP to question 33.		Yes
	Yes → SKIP to question 30				No → SKIP to question 38
	No – Did not work (or retired)	32	How many people, including this person, usually rode to work in the car, truck, or van		LACTIVEE CO. LIST CO. C. C.
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		LAST WEEK? Person(s)	37	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes				Yes, could have gone to work
	☐ No → SKIP to question 35a				No, because of own temporary illness
		33	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
30	At what location did this person work LAST WEEK? If this person worked at more than one	\forall	to go to work LAST WEEK?		
	location, print where he or she worked most last week.		Hour Minute a.m.	38	When did this person last work, even for a few days?
	a. Address (Number and street name)				Within the past 12 months
					☐ 1 to 5 years ago → SKIP to L
		34	How many minutes did it usually take this		Over 5 years ago or never worked → SKIP to
	If the exact address is not known, give a description of the location such as the building	9	person to get from home to work LAST WEEK?		question 47
	name or the nearest street or intersection.		Minutes	39	a. During the PAST 12 MONTHS (52 weeks), did
	b. Name of city, town, or post office			Ī	this person work 50 or more weeks? Count paid time off as work.
					Yes → SKIP to question 40
	c. Is the work location inside the limits of that	K	Answer questions 35 – 38 if this person		No
	city or town?	T	did NOT work last week. Otherwise,		b. How many weeks DID this person work, even
	Yes No, outside the city/town limits	ŀ	SKIP to question 39a.		for a few hours, including paid vacation, paid sick leave, and military service?
	d. Name of county	35	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
	u. Name of county		a job?		48 to 49 weeks
			☐ Yes → SKIP to question 35c		40 to 47 weeks
	e. Name of U.S. state or foreign country		No		27 to 39 weeks
			b. LAST WEEK, was this person TEMPORARILY		☐ 14 to 26 weeks☐ 13 weeks or less
			absent from a job or business?		LI 13 WEEKS OF IESS
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal	40	During the PAST 12 MONTHS, in the WEEKS
			reasons, bad weather, etc. → SKIP to question 38		WORKED, how many hours did this person usually work each WEEK?
			No → SKIP to question 36		Usual hours worked each WEEK
31	How did this person usually get to work LAST		, , , , , , , , , , , , , , , , , , ,		
	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)		c. Has this person been informed that he or she will be recalled to work within the next		
	the box of the one used for most of the distance.		6 months OR been given a date to return to work?		
	Car, truck, or van Motorcycle		_		
	□ Bus or trolley bus□ Streetcar or trolley car□ Walked		Yes → SKIP to question 37No		
	Subway or elevated Worked at		L. INO		
	Railroad home → SKIP to question 39a				
	Ferryboat Other method				
	☐ Taxicab				



		Pe	erson 2 (continued)	4
		wor	wer questions 41 – 46 if this person ked in the past 5 years. Otherwise, P to question 47.		
		job a had which pers	• 46 CURRENT OR MOST RECENT JOINTY. Describe clearly this person's chactivity or business last week. If this person worked the most hours. If son had no job or business last week, giver mation for his/her last job or business.	ief son this	4
4)		s this person – k (X) ONE box.		4
			an employee of a PRIVATE FOR-PROFI company or business, or of an individu wages, salary, or commissions?		
			an employee of a PRIVATE NOT-FOR-F tax-exempt, or charitable organization	PROFIT, ?	
			a local GOVERNMENT employee (city, county, etc.)?		
			a state GOVERNMENT employee?		
			a Federal GOVERNMENT employee?	DODATE	_
		Ш	SELF-EMPLOYED in own NOT INCORI business, professional practice, or farr		D
			SELF-EMPLOYED in own INCORPORA business, professional practice, or farm		
			working WITHOUT PAY in family busing or farm?	ness	
4	2	For	whom did this person work?		
		the .	ow on active duty in Armed Forces, mark (X) this box → print the branch of the Armed Forces.		
		Nam	ne of company, business, or other empl	oyer	1
4	3	Desi (For	at kind of business or industry was tl cribe the activity at the location where er example: hospital, newspaper publishin er house, auto engine manufacturing, ba	mployed. ig, mail	
4	4)	Is th	nis mainly – Mark (X) ONE box.		
			manufacturing?		

5	(For supe	example ervisor o	e: re	giste	rea	l nur	se,	per	sor	nel	ng? mana	ger,
	acco	untant)										
	_											
6	activ	at were vities of the citing hird and fi	r du ina i	ties	? (F ies.	or e sup	xan erv	nple isin	e: p. a o	atier rder	nt care	5,
D	INC	OME IN	THI	E PA	ST	12	MO	NT	ΉS			
	pers TOTA (NO	k (X) the on recei AL AMC TE: The y's date	ved DUN "pas	, and T du st 12	l gi ring mo	ve y g the onth:	our e PA s" is	be. AST s th	st e 12 e p	stim MO eriod	ate of NTHS d fron	f the S.
		k (X) the receive		o" bo	x t	o sh	ow	typ	es	of in	come)
		t income						the	"Lo	oss"	box t	0
	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.											
	0	lages, s r tips fr eduction	om	all jo	bs	. Re	por	t ar	ηοι	ınt b	efore	ems.
		Yes →	\$.00	
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	bı pı	elf-emp usiness roprieto ET incor	es d orsh	or fa nips a	rm anc	bus I pa	ine rtne	sse ers	es, i hip	inclu s. Re	uding	
	П	Yes →	\$							T	.00	
		No		TOT	AL	AM 12 r				past	:	Loss
	ro ai	iterest, byalty ii nd trust an acco	nco s. F	me, Repo	or i	nco	me	fro	m	esta	ites	ited
		Yes →	\$						T	T	.00	
		No		ТОТ	AL	AM 12 r				past	:	Loss

d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months 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 None Loss TOTAL AMOUNT for past 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.



other (agriculture, construction, service,

wholesale trade? retail trade?

government, etc.)?

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



Person 3 (continued
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6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20. Because of a physical, mental, or emotional	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	_
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 29a
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to Never married → S	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes No	Now on active duty☐ On active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	7 When did this person serve on active duty in the
		b. Widowed?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Once Two times Three or more times In what year did this person last get married? Year Answer question 24 if this person is	August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	a. Does this person have a VA service-connected disability rating?
8	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?	Has this person given birth to any children in the past 12 months? Yes No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 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 (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher
	☐ Yes ☐ No	YesNo → SKIP to question 26	

Person 3 (continued)		
29 a. LAST WEEK, did this person work for pay	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes
at a job (or business)?		☐ No → SKIP to question 38
☐ Yes → SKIP to question 30	.	
No – Did not work (or retired)b. LAST WEEK, did this person do ANY work	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	27 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
for pay, even for as little as one hour?	reison(s)	
Yes		Yes, could have gone to work
No → SKIP to question 35a		No, because of own temporary illness
At what location did this person work LAST	What time did this person usually leave home to go to work LAST WEEK?	No, because of all other reasons (in school, etc.)
WEEK? If this person worked at more than one location, print where he or she worked most last week.	Hour Minute a.m.	When did this person last work, even for a few days?
a. Address (Number and street name)	p.m.	Within the past 12 months
		1 to 5 years ago → SKIP to L
If the exact address is not known, give a description of the location such as the building	How many minutes did it usually take this person to get from home to work LAST WEEK?	Over 5 years ago or never worked → SKIP to question 47
name or the nearest street or intersection.	Minutes	39 a. During the PAST 12 MONTHS (52 weeks), did
b. Name of city, town, or post office		this person work 50 or more weeks? Count paid time off as work.
		Yes → SKIP to question 40 No
c. Is the work location inside the limits of that	Answer questions 35 – 38 if this person did NOT work last week. Otherwise,	I NO
city or town?	SKIP to question 39a.	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
No, outside the city/town limits		50 to 52 weeks
d. Name of county	a. LAST WEEK, was this person on layoff from a job?	48 to 49 weeks
		40 to 47 weeks
	Yes → SKIP to question 35c	27 to 39 weeks
e. Name of U.S. state or foreign country	L No	14 to 26 weeks
	b. LAST WEEK, was this person TEMPORARILY	13 weeks or less
	absent from a job or business?	10 WOOKS 01 1033
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
	′	Usual hours worked each WEEK
How did this person usually get to work LAST	No → SKIP to question 36	
WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	c. Has this person been informed that he or she	
the box of the one used for most of the distance.	will be recalled to work within the next 6 months OR been given a date to return to	
☐ Car, truck, or van ☐ Motorcycle	work?	
☐ Bus or trolley bus ☐ Bicycle	☐ Yes → SKIP to question 37	
Streetcar or trolley car Walked	□ No	
☐ Subway or elevated ☐ Worked at		
Railroad home → SKIP		
Townshoot — to question 39a		
Taxicab Uther method		



	Person 3 (continued)	5 What kind of w (For example: re supervisor of or
	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	accountant)
	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.	6 What were this activities or du directing hiring typing and filing
41	Maril (X) ONE have	7 INCOME IN TH
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	Mark (X) the "Ye person received TOTAL AMOUN
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "pas today's date on
	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "N NOT received.
	a state GOVERNMENT employee?	If net income we the right of the
	a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED	For income rece share for each p
	business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole mark the "No" b
	working WITHOUT PAY in family business or farm?	a. Wages, sala or tips from deductions fo
42	For whom did this person work?	
	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	☐ Yes → \$ ☐ No
	Name of company, business, or other employer	
		b. Self-employ businesses of proprietorsl NET income a
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)	Yes → \$
44	,	c. Interest, div royalty inco and trusts. I to an account
	manufacturing?	
	wholesale trade?	□ Vac → S

or example	f work was this person doing? : registered nurse, personnel manager,	d.	Social Secu
ipervisor of ecountant)	order department, secretary,		☐ Yes →
			No
ctivities or	his person's most important duties? (For example: patient care, ng policies, supervising order clerks,	e.	Supplemen
ping and fil	ing, reconciling financial records)		<pre> Yes →</pre> No
		f.	Any public
ICOME IN	THE PAST 12 MONTHS		from the st
erson receiv OTAL AMO VOTE: The '	"Yes" box for each type of income this ved, and give your best estimate of the UNT during the PAST 12 MONTHS. past 12 months" is the period from one year ago up through today.)		☐ Yes → No
lark (X) the OT received	"No" box to show types of income d.	g.	Retirement Do NOT incl
	was a loss, mark the "Loss" box to he dollar amount.		☐ Yes →
hare for eac eport the wi	eceived jointly, report the appropriate h person – or, if that's not possible, nole amount for only one person and		□ No
Wages, sa	alary, commissions, bonuses, om all jobs. Report amount before s for taxes, bonds, dues, or other items.	h.	Any other s regularly si unemployn or alimony. such as mor
Yes →	\$.00		home.
No	TOTAL AMOUNT for past 12 months		 Yes → No
businesse proprieto	loyment income from own nonfarmes or farm businesses, including rships and partnerships. Report ne after business expenses.	P/	hat was this AST 12 MON 47h; subtrac
Yes →	\$	en	ter the amou e dollar amou
No	TOTAL AMOUNT for past Loss 12 months	_ N=	OR \$
royalty in	dividends, net rental income, come, or income from estates s. Report even small amounts credited unt.	No	ne
Yes →	\$.00		
No	TOTAL AMOUNT for past Loss		

urity or Railroad Retirement. TOTAL AMOUNT for past 12 months tal Security Income (SSI). TOTAL AMOUNT for past 12 months assistance or welfare payments ate or local welfare officé. TOTAL AMOUNT for past 12 months , survivor, or disability pensions. ude Social Security. TOTAL AMOUNT for past 12 months sources of income received uch as Veterans' (VA) payments, nent compensation, child support Do NOT include lump sum payments ney from an inheritance or the sale of a TOTAL AMOUNT for past 12 months person's total income during the NTHS? Add entries in questions 47a t any losses. If net income was a loss, int and mark (X) the "Loss" box next to unt. Loss TOTAL AMOUNT for past 12 months

Continue with the questions for Person 4 on the next page. If no one is listed as person 4 on page 3, SKIP to page 28 for mailing instructions.



other (agriculture, construction, service,

retail trade?

government, etc.)?

Person 4	What is the highest degree or level of school	13 What is this person's ancestry or ethnic origin?
Please copy the name of Person 4 from page 3, then continue answering questions below. Last Name First Name MI Where was this person born?	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 –	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) 14 a. Does this person speak a language other than English at home?
☐ In the United States – Print name of state.		YesNo → SKIP to question 15ab. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese
S Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes.	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign country.
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	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	or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
Yes, public school, public college Yes, private school, private college, home school b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 Specific	this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico
Grade 1 through 12 – Specify grade 1 – 12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		Name of U.S. state or Puerto Rico ZIP Code

Person 4	(continued)
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6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24. Because of a physical, mental, or emotional	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 29a
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes No	Now on active duty☐ On active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	7 When did this person serve on active duty in the
		b. Widowed?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	☐ Once ☐ Two times ☐ Three or more times In what year did this person last get married? Year Answer question 24 if this person is	August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	a. Does this person have a VA service-connected disability rating?
8	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?	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 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 (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher
	☐ Yes ☐ No	YesNo → SKIP to question 26	

	Person 4 (continued)	,	
29	a. LAST WEEK, did this person work for pay	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
Γ	at a job (or business)?		□ No → SKIP to question 38
ı	Yes → SKIP to question 30		
	No – Did not work (or retired)b. LAST WEEK, did this person do ANY work	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
l	for pay, even for as little as one hour?	1 613011(3)	
l	Yes		Yes, could have gone to work
l	No → SKIP to question 35a		No, because of own temporary illness
30	At what location did this person work LAST	What time did this person usually leave home to go to work LAST WEEK?	No, because of all other reasons (in school, etc.)
	WEEK? If this person worked at more than one location, print where he or she worked most last week.	Hour Minute a.m.	When did this person last work, even for a few days?
ı	a. Address (Number and street name)	p.m.	☐ Within the past 12 months
ı			1 to 5 years ago → SKIP to L
	If the exact address is not known, give a description of the location such as the building	How many minutes did it usually take this person to get from home to work LAST WEEK	Over 5 years ago or never worked → SKIP to question 47
ı	name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
ı	b. Name of city, town, or post office	_	paid time off as work.
ı			Yes → SKIP to question 40
ı	c. Is the work location inside the limits of that	Answer questions 35 – 38 if this person	□ No
l	city or town?	did NOT work last week. Otherwise,	b. How many weeks DID this person work, even
	☐ Yes☐ No, outside the city/town limits	SKIP to question 39a.	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
ı	d. Name of county	35 a. LAST WEEK, was this person on layoff fron	50 to 52 weeks
ı	· ·	a job?	48 to 49 weeks
ı		Yes → SKIP to question 35c	40 to 47 weeks
ı	e. Name of U.S. state or foreign country	□ No	☐ 27 to 39 weeks
ı		h I ACT WEEK was this names TEMPORADII	14 to 26 weeks
ı		b. LAST WEEK, was this person TEMPORARIL absent from a job or business?	13 weeks or less
l	f. ZIP Code	Yes, on vacation, temporary illness,	During the PAST 12 MONTHS, in the WEEKS
		maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	WORKED, how many hours did this person usually work each WEEK?
		No → SKIP to question 36	Usual hours worked each WEEK
Į	How did this person usually get to work LAST WEEK? If this person usually used more than one	c. Has this person been informed that he or sl	
ı	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	will be recalled to work within the next 6 months OR been given a date to return to	
	☐ Car, truck, or van ☐ Motorcycle	work?	
	☐ Bus or trolley bus ☐ Bicycle	☐ Yes → SKIP to question 37	
	☐ Streetcar or trolley car ☐ Walked	□ No	
	☐ Subway or elevated ☐ Worked at		
	Railroad home → SKIP		
	Ferryboat to question 396		
	Taxicab		



Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	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 ☐ No ☐ 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 → \$.00 ☐ No TOTAL AMOUNT for past 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 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, 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?	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	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
For whom did this person work?	☐ Yes → \$.00	such as money from an inheritance or the sale of a home.
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	No TOTAL AMOUNT for past 12 months	☐ Yes → \$.00
Name of company, business, or other employer		TOTAL AMOUNT for past 12 months
What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. ☐ Yes → \$.00	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.
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	OR \$.00
Is this mainly – Mark (X) ONE box. manufacturing?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	None TOTAL AMOUNT for past 12 months
wholesale trade?retail trade?other (agriculture, construction, service,	Yes → \$.00 □ No TOTAL AMOUNT for past Loss 12 months	
other (agriculture, construction, service, government, etc.)?	12 months	Continue with the questions for Person 5 on the next page. If no one is listed as person 5 on page 4, SKIP to page 28 for mailing instruction

Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name Miles Mark Mark	Person 5	1 What is the highest degree or level of school	13 What is this person's ancestry or ethnic origin?
Last Name No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed NURSERY OR PRESCHOOL THROUGH GRADE 12 No Schooling Completed Nursery school Frint number of the United States - Print number of state. No Schooling Completed Nursery school Print part of continue of the United States - Print number of state. No Schooling Completed Nursery school Print part of continue of the United States of the Nursery School Print part of continue of the United States of the Nursery School Print part of continue of the United States of the Nursery School Print part of continue of the United States of the Nursery School Print part of the United States of the Nursery School Print part of continue of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of the United States of Nursery School Print part of Trint part of Nursery School Print part of	Please copy the name of Person 5 from page 4, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or	
Where was this person born? In the United States - Print name of state.		NO SCHOOLING COMPLETED	
Windows Wind		☐ No schooling completed	(For example: Italian, Jamaican, African Am.,
Where was this person born? Grade 1 through 11 - Specify grade 1 - 11		NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish,
Where was this person born? Grado I through 11 - Spacify growth 1-17 Grado I through 11 - Spacify growth 1-18 Grado I through 12 - Spacify growt	First Name MI	Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Where was this person born? Grade 1 through 11 - Specify grade 1 - 11		Kindergarten	a Does this person speak a language other than
In the United States - Print name of state Yes No → SKIP to question 15a			English at home?
In the United States – Print name of state.	7 Where was this person born?		□ Voo
Outside the United States − Print name of foreign country, or Puerto Rico, Guam, etc. 12th grade − NO DIPLOMA HIGH SCHOOL GRADUATE	In the United States – Print name of state.		
Outside the United States - Print name of fereign country, or Puerto Rico, Guam, etc. Statis person a citizen of the United States? Yes, born in the United States > SKIP to question 10 Yes, born in the United States > SKIP to question 10 Yes, born in the United States > SKIP to question 10 Yes, born abroad of U.S. citizen parent or parents Yes, Dorn abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization - Print year of forexample: MA, AS, MEng, Professional dagree lefor example: AA, AS, MEng, Professional dagree for example: AB, MS, MEng, Professional dagree for example: AB, MS, MEng, Professional dagree lefor example: AB, MS, MEng, Professional dagree lefor example: AB, MS, MEng, Professional dagree for example: PhD, EdD) Doctorate degree (for example: PhD, EdD) Doctorate degree or higher. Otherwise, SKIP to question 13. Yes, private school, whickle gate (for example: AB, SS) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. Yes, public school, public college, home school Print que of foreign country, or U.S. Virgin Islands, Guam, etc., below; for the print had been degree. Professional degree print below the specific major(s) of any BACHELOR'S DEGREE (heave) Print print of foreign country, or U.S. Virgin Islands, Guam, etc., below; for the print p			□ No → SNP to question 15a
Outside the United States – Print name of foreign country, or Puerto Rico. Guam, etc. foreign country, or Puerto Rico. Guam, the Use States → SKIP to question 10a (GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit, or degree Use. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Vys. U.S. citizen by naturalization – Print year of naturalization – Print year of naturalization – Print year of naturalization — Print year of naturali		12th grade – NO DIPLOMA	b. What is this language?
Regular high school diploma GED or alternative credential	Outside the United States – Print name of	HIGH SCHOOL GRADUATE	
GED or alternative credential COLLEGE OR SOME COLLEGE Yes, born in the United States + SKIP to question 10a Yes, born in the United States + SKIP to question 10a Yes, born in the United States + SKIP to question 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, Dorn abroad of U.S. citizen parent or parents Yes, U.S. citizen yn naturalization - Print year of naturalization Yes, U.S. citizen yn naturalization - Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year Answer question 12 if this person has a bachelor's degree (for example: PhD, EdD) Doctorate degree or higher. Otherwise, SKIP to question 16 No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 17 Yes, public school, public college No, has not attended in the last 3 months - SKIP to question 18 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not attended in the last 3 months - SKIP to question 19 No, has not	To leight country, of 1 derito flico, dualif, etc.	Regular high school diploma	
Set this person a citizen of the United States? Yes, born in the United States > SKIP to question 10			For example: Korean, Italian, Spanish, Vietnamese
Ves. born in the United States → SKIP to question 10a Ves. born in Puerto Rico, Guam, the U.S. Vrigin Islands, or Northern Marianas Ves. born in Puerto Rico, Guam, the U.S. citizen parent or parents Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Mstd's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Dectorate degree (for example: PhD, EdD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Dectorate degree (for example: PhD, EdD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Dectorate degree (for example: PhD, EdD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Dectorate degree (for example: PhD, EdD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a bachelor's degree (for example: MD, DCS, DVM, LEE, JD) Professional degree beyond a	Is this person a citizen of the United States?		c. How well does this person speak English?
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marians Yes, U.S. citizen parent or parents Yes, U.S. citizen by naturalization − Print year of naturalization			Very well
Yes, born in Puerto Rico, Guam, the U.S. virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization − Print year of naturalization − Print year ago? When did this person come to live in the United States? Print numbers in boxes. Year		college credit	
Yes, born abroad of U.S. citizen parent or parents	Yes, born in Puerto Rico, Guam, the	1 or more years of college credit, no degree	
Bachelor's degree (for example: BA, BS) Graduralization	· · · · · · · · · · · · · · · · · · ·	Associate's degree (for example: AA, AS)	
Yes, U.S. citizen by naturalization	or parents		INOT at all
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) Doct	Yes, U.S. citizen by naturalization – <i>Print year</i>		a. Did this person live in this house or apartment
Mcd. MSW, MBAI Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Professional degree beyond a bachelor's degree (for example: MD, Edb, JD) Professional degree beyond a bachelor's degree (for example: MD, Edb, JD) Professional degree beyond a bachelor's degree (for example: MD, Edb, JD) Pr	of naturalization —		
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		MEd, MSW, MBA)	Person is under 1 year old → SKIP to
Doctorate degree (for example: PhD, EdD) Doctorate degree or higher. Otherwise, SKIP to question 13.		Professional degree beyond a bachelor's degre	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
United States? Print numbers in boxes. Year Answer question 12 if this person has a backelor's degree or higher. Otherwise, SKIP to question 13. Answer question 13.	No, not a U.S. citizen		Yes, this house → SKIP to question 16
Year Year Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. Answer question 13. Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. Answer question 13. Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. 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 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) Name of U.S. state or Puerto Rico	9 When did this person come to live in the	Doctorate degree (for example: PhD, EdD)	No, outside the United States and
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. □ No, has not attended in the last 3 months → SKIP to question 11 □ Yes, public school, public college empired in this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) b. What grade or level was this person attending? Mark (X) ONE box. □ Nursery school, preschool □ Grade 1 through 12 - Specify grade 1 - 12 □ College undergraduate years (freshman to senior) Frank any time IN THE LAST 3 MONTHS, has this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name) b. Where did this person live 1 year ago? Address (Number and street name) Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico			or U.S. Virgin Islands, Guam, etc., below;
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, hom schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1 − 12 College undergraduate years (freshman to senior) Dachelor's degree or higher. Otherwise, SKIP to question 13. Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13. No, different house in the United States or Puerto Rico Dachelor's degree or higher. Otherwise, SKIP to question 13.	Year		then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months -> SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school Nursery school, private college, home school Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 College undergraduate years (freshman to senior) College undergraduate years (freshman to senior) SKIP to question 13. No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico No, different house in the United States or Puerto Rico			
person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, private college Yes, private school, private college, home school Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1 − 12 College undergraduate years (freshman to senior) This question focuses on this person's BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) Name of City, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	At any time IN THE LAST 2 MONTHS has this		
only hisely of pleashool, kindergarten, integrated, which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, private college Yes, private school, private college, home school Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1 − 12 − College undergraduate years (freshman to senior) College undergraduate years (freshman to senior) This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) Name of city, town, or post office Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico	person attended school or college? Include	SKII to question 15.	No, different house in the United States or
which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SK/P to question 11 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) This question focuses on this person's BACHELOR'S DEGREES the please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	only nursery or preschool, kindergarten, elementary school, home school, and schooling		
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 b. 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) No, has not attended in the last 3 months person s BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico	which leads to a high school diploma or a college		
months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school b. 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) College undergraduate years (freshman to senior) specific major(s) of any BACHÉLOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology) Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico			Address (Number and street name)
Yes, public school, public college Yes, private school, private college, home school Name of city, town, or post office	months \rightarrow SKIP to question 11	specific major(s) of any BACHELOR'S DEGREES	
Yes, private school, private college, home school b. 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) Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	Yes, public school, public college	this person has received. (For example: chemical	
home school b. 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) Name of City, town, or post office Name of City, town, or post office Name of U.S. county or municipio in Puerto Rico ZIP Code	Yes, private school, private college,		
Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico College undergraduate years (freshman to senior) Name of U.S. state or Puerto Rico ZIP Code	home school		Name of city, town, or post office
Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code College undergraduate years (freshman to senior)	b. What grade or level was this person attending? Mark (X) ONF hox		
Kindergarten Grade 1 through 12 – Specify grade 1 – 12 Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code			
Grade 1 through 12 – Specify grade 1 – 12 Name of U.S. state or Puerto Rico ZIP Code College undergraduate years (freshman to senior)			
Name of U.S. state or Puerto Rico College undergraduate years (freshman to senior) Name of U.S. state or Puerto Rico			indinoipio in Fuerto nico
College undergraduate years (freshman to senior)			
College undergraduate years (freshman to senior)			Name of II S state or
senior)			
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD		

6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28. Because of a physical, mental, or emotional	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 29a
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes No	Now on active dutyOn active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	When did this person serve on active duty in the
		b. Widowed?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Once Two times Three or more times In what year did this person last get married? Year Answer question 24 if this person is	August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	a. Does this person have a VA service-connected disability rating?
8	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	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 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes	Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? □ 0 percent □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent □ 70 percent or higher
	□ No	No → SKIP to question 26	

Person 5 (continued)		
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 33.	☐ Yes
Yes → SKIP to question 30		No → SKIP to question 38
No – Did not work (or retired)	How many people, including this person,	
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK? Person(s)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
Yes		Yes, could have gone to work
No → SKIP to question 35a		No, because of own temporary illness
	63 What Care Pildian are all large large	No, because of all other reasons (in school, etc.)
At what location did this person work LAST	What time did this person usually leave home to go to work LAST WEEK?	
WEEK? If this person worked at more than one location, print where he or she worked most last week.	Hour Minute a.m.	When did this person last work, even for a few days?
a. Address (Number and street name)	p.m.	Within the past 12 months
		☐ 1 to 5 years ago → SKIP to L
If the exact address is not known, give a description of the location such as the building	How many minutes did it usually take this person to get from home to work LAST WEEK?	Over 5 years ago or never worked → SKIP to question 47
name or the nearest street or intersection.	Minutes	39 a. During the PAST 12 MONTHS (52 weeks), did
b. Name of city, town, or post office	. ' '	this person work 50 or more weeks? Count paid time off as work.
		☐ Yes → SKIP to question 40
c. Is the work location inside the limits of that	K Answer questions 35 – 38 if this person	□ No
c. is the work location inside the limits of that city or town?	did NOT work last week. Otherwise,	b. How many weeks DID this person work, even
Yes	SKIP to question 39a.	for a few hours, including paid vacation, paid sick leave, and military service?
No, outside the city/town limits		50 to 52 weeks
d. Name of county	35 a. LAST WEEK, was this person on layoff from a job?	48 to 49 weeks
	Yes → SKIP to question 35c	40 to 47 weeks
e. Name of U.S. state or foreign country	No	27 to 39 weeks
e. Name of 0.5. state or foreign country		14 to 26 weeks
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
f. ZIP Code	Yes, on vacation, temporary illness,	
	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
	No → SKIP to question 36	Usual hours worked each WEEK
How did this person usually get to work LAST	- No 7 SKII to question 30	
WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	c. Has this person been informed that he or she will be recalled to work within the next	
the box of the one used for most of the distance.	6 months OR been given a date to return to	
Car, truck, or van Motorcycle	work?	
Bus or trolley bus Bicycle	☐ Yes → SKIP to question 37	
Streetcar or trolley car Walked	□ No	
U Subway or elevated U Worked at home → SKIP		
Townshoot To question 396	а	
Taxicab Other method		



l	Person 5 (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.
Ê	Answer questions 41 – 46 if this person	accountant)	☐ 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 → \$.00 ☐ No TOTAL AMOUNT for past 12 months
1	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 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, 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.	
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	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
12 	For whom did this person work? If now on active duty in	☐ Yes → \$.00	such as money from an inheritance or the sale of a home.
	the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	No TOTAL AMOUNT for past 12 months	☐ Yes → \$.00
	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
18	What kind of business or industry was this? Describe the activity at the location where employed.	proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to
	(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	Yes → S .000 □ No TOTAL AMOUNT for past 12 months	the dollar amount.
	Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	None TOTAL AMOUNT for past 12 months
	manufacturing?wholesale trade?		
	retail trade? other (agriculture, construction, service,	No TOTAL AMOUNT for past Loss 12 months	
	government, etc.)?	12 monus	Now continue with the mailing instructions
			on page 28.

Mailing Instructions

Please make sure you have...

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

Then...

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

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

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

Thank you for participating in the American Community Survey.

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

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(X)QD28 (02-05-2013)