



THE American Community Survey

Start Here

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

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/

	Please print today's date. Month Day Year	
5	Please print the name and telephone number of the pe filling out this form. We may contact you if there is a ques	
	Last Name	,
	First Name	MI
	Area Code + Number	
	000 000 - 0000	
	 How many people are living or staying at this address? INCLUDE everyone who is living or staying here for more INCLUDE yourself if you are living here for more than 2 m INCLUDE anyone else staying here who does not have an 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 someon Armed Forces on deployment. 	than 2 months. nonths. nother place to for more than
	Number of people	
	Fill out pages 2, 3, and 4 for everyone, including yours living or staying at this address for more than 2 month complete the rest of the form.	elf, who is is. Then
	FORM ACS-1(X)QD280	OMB No. 0607-0936

(02-05-2013)



Person 1	Person 2			
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such	1 What is Person 2's name? Last Name (Please print) First Name MI			
person, start with the name of any adult living or staying here.)	How is this person related to Person 1? Mark (X) ONE box. Husband or wife Son-in-law or daughter-in-law			
1 What is Person 1's name? Last Name (Please print) First Name MI 2 How is this person related to Person 1? X Person 1	Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative			
What is Person 1's sex? Mark (X) ONE box. Male Female	What is Person 2's sex? Mark (X) ONE box. Male Female			
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 old. Print numbers in boxes. Age (in years) NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. 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 example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Age (in years) Norte: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 1 of Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Age (in years)	What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Age (in years) Nonth Day Year of birth Print numbers in boxes. Bout Hispanic origin and Question 6 about Hispanic origin and Guestion 6 about race. Print numbers in boxes. Nonth Day Year of birth Print origin and Outer are 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 principal tribe.	What is Person 2's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.			
Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Cambodian, and so on.			
Some other race – <i>Print race.</i>	Some other race – Print race. 7			

Pers	son 3	Person 4
What is Person 3's name? Last Name (Please print)	First Name MI	1 What is Person 4's name? Last Name (Please print) First Name MI
Age (in years) Month NOTE: Please answer BOTH Que	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative ONE box.	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
Is Person 3 of Hispanic, Latino, of No, not of Hispanic, Latino, or Spa Yes, Mexican, Mexican Am., Chical Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or S Argentinean, Colombian, Dominic and so on.	anish origin	Serson 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) White Black, African Am., or Negro American Indian or Alaska Native	() one or more boxes. — Print name of enrolled or principal tribe.	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 trib
Chinese Ko	panese Native Hawaiian Guamanian or Chamorro etnamese Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	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 – <i>Print race.</i>		Some other race – <i>Print race.</i>

Pe	rson 5	If there are more than five peoprint their names in the spaces	ple living or staying here, for Person 6 through Person 12.
/hat is Person 5's name?	First Name W	We may call you for more informa	ntion about them. 📈
st Name (<i>Please print</i>)	First Name N	Person 6	
		Last Name (Please print)	First Name
ow is this person related to F	Person 1? Mark (X) ONE box.		
Husband or wife	Son-in-law or daughter-in-la	aw	
Biological son or daughter	Other relative		
Adopted son or daughter	Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdaughter	Housemate or roommate	Dorgan 7	
Brother or sister	Unmarried partner	Person 7	
Father or mother	Foster child	Last Name (Please print)	First Name
Grandchild	Other nonrelative		
Parent-in-law	care nemolative		
	VI ONE I		
hat is Person 5's sex? Mark ()	X) UNE DOX.	Sex Male Female	Age (in years)
Male Female		Person 8	
hat is Person 5's age and wh	at is Person 5's date of birth?		First Name
	en the child is less than 1 year old. mbers in boxes.	Last Name (Please print)	i iist ivailie
e (in years) Month	Day Year of birth		
		Sex Male Female	Age (in years)
NOTE: Please answer BOTH C	Question 5 about Hispanic origin and		Age (iii years)
	s survey, Hispanic origins are not race	Person 9	
Person 5 of Hispanic, Latino	o, or Spanish origin?	Last Name (Please print)	First Name
No, not of Hispanic, Latino, or S	Spanish origin		
Yes, Mexican, Mexican Am., Ch	icano		
Yes, Puerto Rican			
Yes, Cuban		Sex Male Female	Age (in years)
	r Spanish origin - Print origin, for example,		
Argentinean, Colombian, Domil and so on. $\overline{\mathcal{L}}$	nican, Nicaraguan, Salvadoran, Spaniard,	Person 10	
_		Last Name (Please print)	First Name
hat is Person 5's race? Mark	(X) one or more boxes.		
White			
Black, African Am., or Negro		Sex Male Female	Age (in years)
	ve — Print name of enrolled or principal trib	Person 11	
	,	T CISON TT	
		Last Name (Please print)	First Name
Asian Indian	Japanese Native Hawaiian		
	Korean Guamanian or Chamorr	70	
	Vietnamese Samoan		
		Sex Male Female	Age (in years)
Other Asian – Print race, for example, Hmong,	Other Pacific Islander – Print race, for example,	Person 12	
Laotian, Thai, Pakistani, Cambodian, and so on. ⊋	Fijian, Tongan, and so on. _ॡ		First No.
, and a com p	<u>k</u>	Last Name (Please print)	First Name
Some other race – Print race.	7		
<u> </u>		0 0 4 0 5 1	A 5
		Sex Male Female	Age (in years)

_	П			
	 U	ы		10
	-		_	

		Answer questions 4 – 6 if this is a HOUSE	Does this house, apartment, or	mobi	e
	Please answer the following	OR A MOBILE HOME; otherwise, SKIP to question 7a.	home have –	Yes	No
Y	questions about the house,	quodion rai	a. hot and cold running water?		
	apartment, or mobile home at the address on the mailing label.	How many games in this have a	b. a flush toilet?		
		How many acres is this house or mobile home on?	c. a bathtub or shower?		
q	Which best describes this building? Include all apartments, flats, etc., even if	Less than 1 acre → SKIP to question 6	d. a sink with a faucet?	Ш	Ш
	vacant.	1 to 9.9 acres	e. a stove or range?		
	A mobile home	10 or more acres	f. a refrigerator?		
	A one-family house detached from any other house		g. telephone service from which you can both make and receive calls? <i>Include</i>		
	A one-family house attached to one or more houses	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	g At this house, apartment, or m	obile h	ome –
	A building with 2 apartments	products from this property?	do you or any member of this hown or use any of the following	ouseh	old
	A building with 3 or 4 apartments	None	EXCLUDE GPS devices, digital	music	players,
	A building with 5 to 9 apartments	S1 to \$999	and devices with only limited c capabilities, for example: house	omputi	ing
	A building with 10 to 19 apartments	\$1,000 to \$2,499	appliances.	Yes	No
	A building with 20 to 49 apartments	\$2,500 to \$4,999	a. Desktop, laptop, netbook, or		
	A building with 50 or more apartments	\$5,000 to \$9,999	notebook computer		
	Boat, RV, van, etc.	\$10,000 or more	b. Handheld computer, smart mobile phone, or other handheld wireless computer		
2	About when was this building first built? 2000 or later – Specify year	6 Is there a business (such as a store or barber shop) or a medical office on this property? Yes No	c. Some other type of computer Specify At this house, apartment, or m do you or any member of this h access the Internet?		
	☐ 1990 to 1999 ☐ 1980 to 1989 ☐ 1970 to 1979	a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least	Yes, with a subscription to a service Yes, without a subscription t service → SKIP to question 1	o an In	
	1960 to 1969	6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc.	No Internet access at this ho or mobile home → SKIP to q	use, ap	
	1950 to 1959 1940 to 1949	 EXCLUDE bathrooms, porches, balconies foyers, halls, or unfinished basements. 	At this house, apartment, or m do you or any member of this h subscribe to the Internet using	ouseh	ome –
	1939 or earlier	Number of rooms	and the state of t	Yes	No
			a. Dial-up service?		
3	When did PERSON 1 (listed on page 2)	h II	b. DSL service?		
7	move into this house, apartment, or	b. How many of these rooms are bedroom Count as bedrooms those rooms you woul	d c. Cable modem service?		
	mobile home?	list if this house, apartment, or mobile hom were for sale or rent. If this is an	d. Fiber-optic service?		
	Month Year	efficiency/studio apartment, print "0". Number of bedrooms	e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service? Specify service		

Housing (continued)

12	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars \$ 1,000 OR	IN THE PAST 12 MONTHS, did you or 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. Yes No
	2 3 4 5 6 or more	Included in rent or condominium fee No charge or electricity not used b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars \$ 1.00	16 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.
	Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars \$	OR None No No Sthis house, apartment, or mobile home - Mark (X) ONE box. Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent? → SKIP to C on the next page

Housing	(continued)
Housing ((Oonthinaca,

	Housing (continued)	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar	3 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS
E	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase	property? Yes, home equity loan Yes, second mortgage
1	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars \$	D. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount − Dollars \$ 1,	Yes, second mortgage and home equity loan No → SKIP 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 – Dollars \$ 1,00
	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 E.	 No regular payment required → SKIP to question 23a c. Does the regular monthly mortgage payment include payments for real 	OR No regular payment required
1	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 \$ 1, 100,00	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?	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.
2	What are the annual real estate taxes on THIS property? Annual amount – Dollars \$ 0.00	Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Annual costs – <i>Dollars</i> \$.00
2	OR None What is the annual payment for fire, hazard, and flood insurance on THIS		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.
	property? Annual amount – Dollars \$ 0,000 OR		

	Person 1
•	Please copy the name of Person 1 fron then continue answering questions be Last Name
	First Name

Is this p	was this person born? the United States – Print name of state. utside the United States – Print name of reign country, or Puerto Rico, Guam, etc. person a citizen of the United States? es, born in the United States → SKIP to pestion 10a es, born in Puerto Rico, Guam, the
Is this p	the United States – Print name of state. utside the United States – Print name of reign country, or Puerto Rico, Guam, etc. person a citizen of the United States? es, born in the United States → SKIP to uestion 10a
Is this p	the United States – Print name of state. utside the United States – Print name of reign country, or Puerto Rico, Guam, etc. person a citizen of the United States? es, born in the United States → SKIP to uestion 10a
Is this p	utside the United States – Print name of reign country, or Puerto Rico, Guam, etc. Derson a citizen of the United States? es, born in the United States → SKIP to testion 10a
Is this p	person a citizen of the United States? es, born in the United States → SKIP to to testion 10a
Is this p	person a citizen of the United States? es, born in the United States → SKIP to to testion 10a
Is this p	person a citizen of the United States? es, born in the United States → SKIP to to testion 10a
Ye qu	es, born in the United States → SKIP to uestion 10a
Ye U.	uestion 10a
U.	es, born in Puerto Rico, Guam, the
□ Ye	S. Virgin Islands, or Northern Marianas
	es, born abroad of U.S. citizen parent parents
	es, U.S. citizen by naturalization – <i>Print year</i> insturalization —
01	Mataranzation
N.	and a H.C. sixtners
	o, not a U.S. citizen
	States? Print numbers in boxes.
لللا	ny time IN THE LAST 3 MONTHS, has

)	th	en d	e copy the name of Person 1 from p continue answering questions below ame	
	Fir	st N	ame	MI
	18/1		412]
,	IVV		e was this person born? n the United States – Print name of stat	tρ
			The Child Class Think hame of State	
			Dutside the United States – Print name foreign country, or Puerto Rico, Guam,	of etc.
)	ls '	'	s person a citizen of the United Stat Yes, born in the United States → SKIP to Question 10a	
] ;	Yes, born in Puerto Rico, Guam, the J.S. Virgin Islands, or Northern Mariana	as
		,	Yes, born abroad of U.S. citizen parent or parents	
	С	1	Yes, U.S. citizen by naturalization – <i>Prin</i> of naturalization —	t year
] [No, not a U.S. citizen	
)	Un	ite	did this person come to live in the d States? <i>Print numbers in boxes.</i>	
	Ye	ar		
)		this Incl eler wh	any time IN THE LAST 3 MONTHS, Is person attended school or college lude only nursery or preschool, kinderg mentary school, home school, and school leads to a high school diploma or a gree.	? arten, ooling
			No, has not attended in the last 3 months \rightarrow SKIP to question 11	
			Yes, public school, public college	1
			Yes, private school, private college, home school	
	b.	Wh Ma	at grade or level was this person at rk (X) ONE box.	ending?
			Nursery school, preschool	
			Kindergarten	
			Grade 1 through 12 – Specify grade 1 – 12 –	
			College undergraduate years (freshm	ian to
			senior) Graduate or professional school beyon bachelor's degree (for example: MA)	ond a or PhD
			program, or medical or law school)	

)	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.						
NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential							
	ů ,						
	Kindergarten						
	Grade 1 through 11 – Specify grade 1 – 11 –						
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 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma							
	12th grade – NO DIPLOMA						
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 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) 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.							
	GED or alternative credential						
	COLLEGE OR SOME COLLEGE						
	Some college credit, but less than 1 year of						
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)						
	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 Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) 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: PhD, EdD) Answer question 12 if this person has a bachelor's degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.						
	4						
2	This question focuses on this person's BACHELOR'S DEGREE. Please print below the						
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 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) 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.							
	engineering, elementary teacher education,						
	organizationai psychology)						
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 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education,							
	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 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.						
this 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 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) 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.							

1	3	WI	hat is	this person's ancesti	ry or ethnic origin?
		Ca Fre	mboo ench	nmple: Italian, Jamaican dian, Cape Verdean, Noi Canadian, Haitian, Kore n, Mexican, Taiwanese,	rwegian, Dominican, an, Lebanese, Polish,
1	4	a.	Does Engl	s this person speak a l ish at home?	anguage other than
				Yes	
				No → SKIP to question	15a
		b.	Wha	t is this language?	
			For e	xample: Korean, Italian,	Spanish, Vietnamese
		C.	How	well does this person	speak English?
				Very well	
				Well	
				Not well	
				Not at all	
1	5	a.	Did t	this person live in this ar ago?	house or apartment
				Person is under 1 year question 16	old → SKIP to
ż				Yes, this house → SKIF	to question 16
				No, outside the United Puerto Rico – Print nan or U.S. Virgin Islands, then SKIP to question	States and ne of foreign country, Guam, etc., below; 16
				No, different house in Puerto Rico	the United States or
		b.	Whe	re did this person live	1 year ago?
			Add	ress (Number and stre	eet name)
			Nam	e of city, town, or po	st office
				e of U.S. county or icipio in Puerto Rico	
				e of U.S. state or to Rico	ZIP Code
					00000

Person 1 (continued)

Is this person CURRENTLY covered by any of the following types of health insurance or health	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has		
coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Because of a physical, mental, or emotional	been responsible for the longest period of time.		
a. Insurance through a current or Yes No	19 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's	Less than 6 months		
former employer or union (of this person or another family member)	office or shopping?	6 to 11 months		
b. Insurance purchased directly from an insurance company (by this	Yes	1 or 2 years		
person or another family member)	No	3 or 4 years		
c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	5 or more years		
d. Medicaid, Medical Assistance, or any kind of government-assistance	□ Now married	A Han this never never covered on active duty in the		
plan for those with low incomes or a disability	VVIdowed	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?		
e. TRICARE or other military health care	☐ Divorced☐ Separated☐	Mark (X) ONE box.		
	Never married → SKIP to	Never served in the military → SKIP to question 29a		
f. VA (including those who have ever used or enrolled for VA health care)	21 In the PAST 12 MONTHS did this person get –	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a		
g. Indian Health Service	Yes No	Now on active duty		
h. Any other type of health insurance or health coverage plan – Specify	a. Married?	On active duty in the past, but not now		
¥	b. Widowed?	D William P. Left Co. and Co.		
	c. Divorced?	U.S. Armed Forces? Mark (X) a box for EACH period		
a. Is this person deaf or does he/she have	How many times has this person been married?	in which this person served, even if just for part of the period.		
serious difficulty hearing?	Once	September 2001 or later		
Yes No	Two times Three or more times	August 1990 to August 2001 (including Persian Gulf War)		
b. Is this person blind or does he/she have		May 1975 to July 1990		
serious difficulty seeing even when wearing glasses?	In what year did this person last get married? Year	Vietnam era (August 1964 to April 1975)		
Yes		February 1955 to July 1964		
No		Korean War (July 1950 to January 1955)		
Angular question 100 a if this navon is	Answer question 24 if this person is	January 1947 to June 1950		
Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	World War II (December 1941 to December 1946)		
the questions for Person 2 on page 12.		November 1941 or earlier		
B a. Because of a physical, mental, or emotional	Has this person given birth to any children in the past 12 months?	November 1941 of curren		
condition, does this person have serious difficulty concentrating, remembering, or		a. Does this person have a VA service-connected disability rating?		
making decisions?	No	Yes (such as 0%, 10%, 20%,, 100%)		
Yes	a. Does this person have any of his/her own	No \rightarrow SKIP to question 29a		
□ No	grandchildren under the age of 18 living in this house or apartment?			
 b. Does this person have serious difficulty walking or climbing stairs? 	Yes	b. What is this person's service-connected disability rating?		
Yes	No → SKIP to question 26	0 percent		
No	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	10 or 20 percent		
 Does this person have difficulty dressing or bathing? 	under the age of 18 who live in this house or apartment?	30 or 40 percent		
Yes	Yes	50 or 60 percent		
□ No	No → SKIP to question 26	70 percent or higher		

	Person 1 (continued)	Answer question 32 if you marked "Car,	36 During the LAST 4 WEEKS, has this person been
9	a. LAST WEEK, did this person work for pay at a job (or business)?	truck, or van" in question 31. Otherwise, SKIP to question 33.	ACTIVELY looking for work? Yes
	Yes → SKIP to question 30	32 How many people, including this person,	No → SKIP to question 38
	No – Did not work (or retired)b. LAST WEEK, did this person do ANY work	usually rode to work in the car, truck, or van LAST WEEK?	37 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? Yes	Person(s)	Yes, could have gone to work
	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.	38 When did this person last work, even for a few days?
	a. Address (Number and street name)	p.m.	Within the past 12 months
	If the exact address is not known, give a	How many minutes did it usually take this person to get from home to work LAST WEEK?	 1 to 5 years ago → SKIP to Over 5 years ago or never worked → SKIP to
	description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	Minutes	question 47
	and the state of t		a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	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 40No
	Yes	SKIP to question 39a.	b. How many weeks DID this person work, even
	No, outside the city/town limits d. Name of county	a. LAST WEEK, was this person on layoff from	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
		a job?	50 to 52 weeks
	Name of H.O. at the office of the state of t	Yes → SKIP to question 35c	48 to 49 weeks
	e. Name of U.S. state or foreign country		40 to 47 weeks
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	27 to 39 weeks
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	13 weeks or less
		question 38 No → SKIP to question 36	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
ע	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) the box of the one used for most of the distance.	c. Has this person been informed that he or sho will be recalled to work within the next	usually work each WEEK?
	Car, truck, or van Motorcycle	6 months OR been given a date to return to work?	
	Bus or trolley bus Bicycle	Yes → SKIP to question 37	
	Streetcar or trolley car Walked	□ No	
	Subway or elevated Worked at		
	home → SKIP Railroad to question 39a		
	Ferryboat Other method	·	
	Taxicab		



Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

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.

Was this person – Mark (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?
	a Federal GOVERNMENT employee?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

44 Is this mainly – Mark (X) ONE box.

manufacturing?
wholesale trade

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →	\$,
No	TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$,00	
No	TOTAL AMOUNT for past	Loss
	12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes →	\$ _,00	
No	TOTAL AMOUNT for past	Loss
	12 months	

d. Social Security or Railroad Retirement.

	Yes →	\$.00
Ш	No _	ГОТА	L AMC 12 m	UNT onth	for s	past

e. Supplemental Security Income (SSI).

	Yes →	\$.00
Ш	No	ГОТ	AL AM 12 r	OUNT nonth	for s	past

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

Yes →	\$,	.00
No .	TOTAL AMOUNT	for pact
	12 months	ioi pasi

g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Yes →	\$
No	TOTAL AMOUNT for past

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 →	\$)0
Ш	No	TOTAL AMOUNT for pas	st

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

	mount and mark (X) the "Loss" box ne mount.	
☐ OR	\$	
None	TOTAL AMOUNT for past 12 months	Loss

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.



			13023122
	Please copy the name of Person 2 from page 2 then continue answering questions below. Last Name First Name MI	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
7	Where was this person born? In the United States – Print name of state. Outside the United States – Print name of	Grade 1 through 11 – Specify grade 1 – 11	 a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a b. What is this language?
8	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	□ 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ 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)	Very this has an X CIVID to a section 10
	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	Answer question 12 if 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?
	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 attendin Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12	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)	
	College undergraduate years (freshman to		Name of U.S. state or Puerto Rico ZIP Code

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 2	continued

Is this person CURRENTLY covered by any of the following types of health insurance or health	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
coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.		been responsible for the longest period of time.
a. Insurance through a current or Yes No	Because of a physical, mental, or emotional condition, does this person have difficulty	Less than 6 months
former employer or union (of this person or another family member)	doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
b. Insurance purchased directly from	Yes	1 or 2 years
an insurance company (by this person or another family member)	□ No	3 or 4 years
c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	5 or more years
d. Medicaid, Medical Assistance, or	Now married	
any kind of government-assistance plan for those with low incomes or a disability	Widowed	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
e. TRICARE or other military health care	☐ Divorced☐ Separated	Mark (X) ONE box.
	Never married → SKIP to	Never served in the military → SKIP to question 29a
f. VA (including those who have ever used or enrolled for VA health care)	21 In the PAST 12 MONTHS did this person get –	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
g. Indian Health Service	Yes No	Now on active duty
h. Any other type of health insurance or health coverage plan – Specify	a. Married?	On active duty in the past, but not now
<i>¥</i>	b. Widowed?	D w
	c. Divorced?	U.S. Armed Forces? Mark (X) a box for EACH period
a. Is this person deaf or does he/she have	How many times has this person been married?	in which this person served, even if just for part of the period.
serious difficulty hearing?	Once	September 2001 or later
Yes No	Two times Three or more times	August 1990 to August 2001 (including Persian Gulf War)
b. Is this person blind or does he/she have	In what year did this person last get married?	May 1975 to July 1990
serious difficulty seeing even when wearing glasses?	Year Year	Vietnam era (August 1964 to April 1975)
Yes		February 1955 to July 1964
No		Korean War (July 1950 to January 1955)
Answer question 18a – c if this person is	Answer question 24 if this person is	January 1947 to June 1950
5 years old or over. Otherwise, SKIP to	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	World War II (December 1941 to December 1946)
the questions for Person 3 on page 16.		November 1941 or earlier
3 a. Because of a physical, mental, or emotional	Has this person given birth to any children in the past 12 months?	
condition, does this person have serious difficulty concentrating, remembering, or		a. Does this person have a VA service-connected disability rating?
making decisions?	□ No	Yes (such as 0%, 10%, 20%,, 100%)
Yes	a. Does this person have any of his/her own	No → SKIP to question 29a
□ No	grandchildren under the age of 18 living in this house or apartment?	h Milestie this warranta comice converted
 b. Does this person have serious difficulty walking or climbing stairs? 	Yes	b. What is this person's service-connected disability rating?
Yes	No → SKIP to question 26	0 percent
No	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	10 or 20 percent
 c. Does this person have difficulty dressing or bathing? 	under the age of 18 who live in this house or apartment?	30 or 40 percent
Yes	Yes	50 or 60 percent
□ No	No → SKIP to question 26	70 percent or higher

29	a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 30 No - Did not work (or retired)	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33. How many people, including this person, usually rode to work in the car, truck, or van	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38
	 b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 35a 	Person(s) What time did this person usually leave home	AST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness 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 location, print where he or she worked most last week. a. Address (Number and street name)	to go to work LAST WEEK? Hour Minute a.m. p.m.	When did this person last work, even for a few days? ☐ 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 name or the nearest street or intersection. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes	Over 5 years ago or never worked → SKIP to question 47 39 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	did NOT work last week. Otherwise, SKIP to question 39a. 35 a. LAST WEEK, was this person on layoff from a job?	 Yes → SKIP to question 40 No b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks
	e. Name of U.S. state or foreign country f. ZIP Code	 Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, 	48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks
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) the box of the one used for most of the distance.	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 395 Railroad Other method	Yes → SKIP to question 37No	

Taxicab

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

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.

Was this person – Mark (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.)?
	Late COVEDNIMENT 1

ш	a state GOVERNIVIENT employee?
	a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED
business, professional practice, or farm?
business, professional prusines, or furni.

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

working WITHOUT PAY in family business
or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

44 Is this mainly – Mark (X) ONE box.

manufacturing?
wholesale trade

retail trade?	
---------------	--

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →	\$,	00
No	TOTAL AMOUNT for past	

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$	
No	TOTAL AMOUNT for past	Loss
	12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Los

d. Social Security or Railroad Retirement.

Yes →	\$),		.00
No .	ГОТ	AL AN 12	MOUI mor	NT for	past

e. Supplemental Security Income (SSI).

Yes →	\$.00
No .	ГОТ	AL AM 12 r	OUNT nonth	for	past

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

Yes →	\$.00
No	ТОТ	AL AMOL	JNT for	past

g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

☐ Yes →	\$.00
No	TOTAL AMOUNT for past

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 →	\$,	.00
Ш	No	TOTAL AMOUNT for	past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to

enter the ai the dollar a	mount and mark (X) the "Loss" box ne. mount. 	xt to
OR	\$,00	
None	TOTAL AMOUNT for past 12 months	Loss

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.



		Pe	rson 3	
		then	se copy the name of Person 3 from pag continue answering questions below. Name	je 3,
		First	Name	MI
E		Whe	re was this person born? In the United States – Print name of state.	
			Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	
(•	ls thi	is person a citizen of the United States Yes, born in the United States → SKIP to auestion 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 – <i>Print y</i> of naturalization	ear
			No, not a U.S. citizen	

Ì	United States	? Print numbers in boxes.
	Year	
1	a. At any time	IN THE LAST 3 MONTHS, has attended school or college?
	Include only	nursery or preschool, kindergarten,

9 When did this person come to live in the

	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				
b.	 What grade or level was this person atten Mark (X) ONE box. 					
		Nursery school, preschool				
		Kindergarten				
		Grade 1 through 12 – Specify grade 1 – 12				
		College undergraduate years (freshman to senior)				

Ū	est degree received. SCHOOLING COMPLETED
	No schooling completed
NUR	SERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
	Kindergarten
	Grade 1 through 11 – Specify grade 1 – 11
	12th grade – NO DIPLOMA
HIGH	SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
COL	LEGE OR SOME COLLEGE
Ш	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)
AFTI	ER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng. MEd, MSW, MBA)
Ш	Professional degree beyond a bachelor's degr (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)
bac	swer question 12 if this person has a chelor's degree or higher. Otherwise, IP to question 13.
spec this engi	question focuses on this person's CHELOR'S DEGREE. Please print below the cific major(s) of any BACHELOR'S DEGREES person has received. (For example: chemical ineering, elementary teacher education, anizational psychology)

1	3	W	hat is	this person's ancestry	or ethnic origin?
		Ca	mbod	mple: Italian, Jamaican, i lian, Cape Verdean, Nore Canadian, Haitian, Korean n, Mexican, Taiwanese, U	vegian, Dominican,
1	4	a.	Does Engl	this person speak a la ish at home?	nguage other than
				Yes	
				No → SKIP to question 1	15a
		b.	Wha	t is this language?	
			For e	xample: Korean, Italian, S	Spanish, Vietnamese
		C.	How	well does this person	speak English?
				Very well	
				Well	
			Ш	Not well	
			Ш	Not at all	
1	5	a.	Did t	his person live in this h ar ago?	nouse or apartment
				Person is under 1 year of question 16	ld → SKIP to
ee				Yes, this house → SKIP	to question 16
				No, outside the United S Puerto Rico – Print name or U.S. Virgin Islands, G then SKIP to question 18	States and e of foreign country, uam, etc., below; S
				No, different house in th Puerto Rico	e United States or
		b.		e did this person live 1	,
			Addi	ess (Number and stree	rt name)
			Nam	e of city, town, or pos	t office
			Ivaiii	e or city, town, or pos	l office
				e of U.S. county or icipio in Puerto Rico	
				e of U.S. state or to Rico	ZIP Code
					00000

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 3 (con	IIIIIUGU
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	Is this person CURRENTLY covered by any of the following types of health insurance or health	H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.		Barran of a decidad and the constituted		been responsible for the longest period of time.
	a. Insurance through a current or	19	Because of a physical, mental, or emotional condition, does this person have difficulty		Less than 6 months
	former employer or union (of this person or another family member)		doing errands alone such as visiting a doctor's office or shopping?		6 to 11 months
	b. Insurance purchased directly from		Yes		1 or 2 years
	an insurance company (by this person or another family member)		No		3 or 4 years
	c. Medicare, for people 65 and older, or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or		Now married	20	
	any kind of government-assistance plan for those with low incomes or a disability		Widowed		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	e. TRICARE or other military health care		□ Divorced□ Separated		Mark (X) ONE box.
	· ·		Never married → SKIP to		Never served in the military → SKIP to question 29a
	f. VA (including those who have ever used or enrolled for VA health care)	2	In the PAST 12 MONTHS did this person get –		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	$oldsymbol{ au}$	Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
	¥		b. Widowed?		
			c. Divorced?		When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
	a. Is this person deaf or does he/she have	22	How many times has this person been married?		in which this person served, even if just for part of the period.
	serious difficulty hearing?		Once		September 2001 or later
	Yes No		Two times Three or more times		August 1990 to August 2001 (including Persian Gulf War)
	b. Is this person blind or does he/she have	2	In what year did this person last get married?		May 1975 to July 1990
	serious difficulty seeing even when wearing glasses?	8	Year		Vietnam era (August 1964 to April 1975)
	Yes				February 1955 to July 1964
	No				Korean War (July 1950 to January 1955)
	Answer question 18a – c if this person is		Answer question 24 if this person is		January 1947 to June 1950
	5 years old or over. Otherwise, SKIP to		female and 15 – 50 years old. Otherwise, SKIP to question 25a.		World War II (December 1941 to December 1946)
	the questions for Person 4 on page 20.				November 1941 or earlier
8	a. Because of a physical, mental, or emotional	24	Has this person given birth to any children in the past 12 months?		
	condition, does this person have serious difficulty concentrating, remembering, or		Yes	28	a. Does this person have a VA service-connected disability rating?
	making decisions?		□ No		Yes (such as 0%, 10%, 20%,, 100%)
	Yes	25	a. Does this person have any of his/her own grandchildren under the age of 18 living in		No → SKIP to question 29a
	No Doos this power have sevious difficulty.		this house or apartment?		h What is this parson's convice connected
	b. Does this person have serious difficulty walking or climbing stairs?		Yes		 b. What is this person's service-connected disability rating?
	Yes		No → SKIP to question 26		0 percent
	No		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren		10 or 20 percent
	c. Does this person have difficulty dressing or bathing?		under the age of 18 who live in this house or apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	No		No → SKIP to question 26		70 percent or higher

	Person 3 (continued)	Answer question 32 if you marked "Car,	36 During the LAST 4 WEEKS, has this person been
9	a. LAST WEEK, did this person work for pay	truck, or van" in question 31. Otherwise, SKIP to question 33.	ACTIVELY looking for work?
	at a job (or business)?		✓ Yes✓ No → SKIP to question 38
	Yes → SKIP to question 30		No y okii to quosiion oo
	No – Did not work (or retired)	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?	job if offered one, or returned to work if recalled?
		Person(s)	Yes, could have gone to work
	YesNo → SKIP to question 35a		No, because of own temporary illness
	140 5 okt. to question oou	23 Whatain didabis	No, because of all other reasons (in school, etc.)
30	At what location did this person work LAST	What time did this person usually leave home to go to work LAST WEEK?	ivo, 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	Hour Minute	38 When did this person last work, even for a few
	last week. a. Address (Number and street name)	□ a.m. □ p.m.	days?
	a. Address (ramper and street name)	, p	Within the past 12 months
		34 How many minutes did it usually take this	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	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	
	b. Name of city, town, or post office		a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
		K Answer questions 35 – 38 if this person	Yes → SKIP to question 40
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise,	□ No
	Yes	SKIP to question 39a.	b. How many weeks DID this person work, even
	No, outside the city/town limits		for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	d. Name of county	a. LAST WEEK, was this person on layoff from a job?	50 to 52 weeks
		Yes → SKIP to question 35c	48 to 49 weeks
	a Name of II C atota as fassian accentus	No	
	e. Name of U.S. state or foreign country		40 to 47 weeks
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	f. ZIP Code	Yes, on vacation, temporary illness,	14 to 26 weeks
	00000	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	13 weeks or less
		No → SKIP to question 36	40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
ע	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	usually work each WEEK?
	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	Usual hours worked each WEEK
	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		
	home \rightarrow SKIP to question 39a		
	Ferryboat Other method		
	☐ Taxicab		



Person 3	(continued)
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Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 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. Was this person -Mark (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? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces. Name of company, business, or other employer

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)

Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service,

government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → No Loss TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → No Loss TOTAL AMOUNT for past 12 months

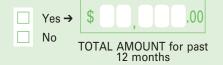
d. Social Security or Railroad Retirement.

	Yes →	\$.00
Ш	No .	TOTAL AMOUN	T for past

e. Supplemental Security Income (SSI).

Yes →	\$.00
No .	ТОТ	AL AM 12 r	OUNT nonth	for s	past

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



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

	Yes →	\$
Ш	No	TOTAL AMOUNT for past

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 →	\$.00
Ш	No	TOTAL AMOUNT for p	ast

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 ai the dollar a	mount and mark (X) the "Loss" box ne. mount.	xt to
OR	\$,00	
None	TOTAL AMOUNT for past 12 months	Loss

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



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

Person 4 (co	ntinued
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	Is this person CURRENTLY covered by any of the following types of health insurance or health	H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.		c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	coverage plans? <i>Mark</i> "Yes" or "No" for EACH type of coverage in items a – h.		December of a physical property or an existing t		been responsible for the longest period of time.
	a. Insurance through a current or Yes No	19	Because of a physical, mental, or emotional condition, does this person have difficulty		Less than 6 months
	former employer or union (of this person or another family member)		doing errands alone such as visiting a doctor's office or shopping?		6 to 11 months
	b. Insurance purchased directly from		Yes		1 or 2 years
	an insurance company (by this person or another family member)		No		3 or 4 years
	c. Medicare, for people 65 and older, or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or		Now married		
	any kind of government-assistance plan for those with low incomes or a disability		Widowed		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	or a disability		Divorced		Mark (X) ONE box.
	e. TRICARE or other military health care		SeparatedNever married → SKIP to ■		Never served in the military → SKIP to question 29a
	f. VA (including those who have ever used or enrolled for VA health care)		In the PAST 12 MONTHS did this person get -		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	4	Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
	or meaning plant opening		b. Widowed?		
			c. Divorced?	27	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
	a. Is this person deaf or does he/she have	22	How many times has this person been married?		in which this person served, even if just for part of the period.
	serious difficulty hearing?		Once		September 2001 or later
	Yes		Two times		August 1990 to August 2001 (including
	No	\perp	Three or more times		Persian Gulf War)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	23	In what year did this person last get married? Year		May 1975 to July 1990
	glasses?		Teur		Vietnam era (August 1964 to April 1975)
	☐ Yes				February 1955 to July 1964
	No		Answer question 24 if this person is		Korean War (July 1950 to January 1955)
ì	Answer question 18a – c if this person is	Y	female and 15 – 50 years old. Otherwise,		January 1947 to June 1950
	5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.		SKIP to question 25a.		World War II (December 1941 to December 1946)
		24	Has this person given birth to any children in		November 1941 or earlier
8	a. Because of a physical, mental, or emotional condition, does this person have serious	$oldsymbol{\top}$	the past 12 months?	28	a. Does this person have a VA service-connected
	difficulty concentrating, remembering, or making decisions?		Yes		disability rating?
	Yes		No		Yes (such as 0%, 10%, 20%,, 100%)
	□ No	थ	a. Does this person have any of his/her own grandchildren under the age of 18 living in		No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?		b. What is this person's service-connected disability rating?
	Yes				0 percent
	□ No		b. Is this grandparent currently responsible for		10 or 20 percent
	c. Does this person have difficulty dressing or		most of the basic needs of any grandchildren under the age of 18 who live in this house or		
	bathing?		apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	No		No → SKIP to question 26		70 percent or higher

	Person 4 (continued)	Answer question 32 if you marked "Car,	36 During the LAST 4 WEEKS, has this person been
9	a. LAST WEEK, did this person work for pay	truck, or van" in question 31. Otherwise, SKIP to question 33.	ACTIVELY looking for work? Yes
	at a job (or business)?		No → SKIP to question 38
	Yes → SKIP to question 30	32 How many people, including this person,	
	No – Did not work (or retired)	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?	Person(s)	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
10	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.)
٦	WEEK? If this person worked at more than one location, print where he or she worked most	Hour Minute	
	last week.	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	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
	description of the location such as the building name or the nearest street or intersection.	Minutes	question 47
	b. Name of city, town, or post office		a. During the PAST 12 MONTHS (52 weeks), did
			this person work 50 or more weeks? Count paid time off as work.
	a la dia consile la cadioni incide dia limita of diada	K Answer questions 35 – 38 if this person	Yes → SKIP to question 40
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise,	□ No
	Yes	SKIP to question 39a.	b. How many weeks DID this person work, even
	No, outside the city/town limits		for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	d. Name of county	a. LAST WEEK, was this person on layoff from a job?	50 to 52 weeks
		Yes → SKIP to question 35c	48 to 49 weeks
	e. Name of U.S. state or foreign country	□ No	40 to 47 weeks
	,	h I ACT WEEV was this payon TEMPODADII V	
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	14 to 26 weeks
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal	13 weeks or less
	00000	reasons, bad weather, etc. → SKIP to question 38	
2	How did this person usually get to work LAST	No → SKIP to question 36	40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
ע	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	usually work each WEEK?
	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	Usual hours worked each WEEK
	Car, truck, or van Motorcycle	work?	
	☐ Bus or trolley bus ☐ Bicycle	Yes → SKIP to question 37	
	Streetcar or trolley car Walked		
	Subway or elevated Worked at		
	home → SKIP to question 39a		
	Ferryboat Other method		
	Taxicab		



Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

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.

Was this person – Mark (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?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

4.4 Is this mainly – Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → \$, .00

No

TOTAL AMOUNT for past
12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

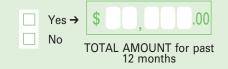
d. Social Security or Railroad Retirement.

Yes → \$..00

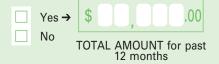
No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).



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



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

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 →	\$	0
Ш	No	TOTAL AMOUNT for pas	t

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

None TOTAL AMOUNT for past 12 months

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 28 for mailing instructions.



		13023247
Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name First Name MI Where was this person born? In the United States – Print name of state.	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 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? ☐ 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	b. What is this language? For example: Korean, Italian, Spanish, Vietnamese
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	 □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ 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) 	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
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.	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 – Specify grade 1 – 12	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. county or municipio in Puerto Rico
College undergraduate years (freshman to senior)		Name of U.S. state or Puerto Rico ZIP Code

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 5 (coi

	Is this person CURRENTLY covered by any of the following types of health insurance or health	T	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.		c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has			
	coverage plans? <i>Mark</i> "Yes" or "No" for EACH type of coverage in items a – h.		Barran of a decidad according		been responsible for the longest period of time.			
	a. Insurance through a current or Yes No	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			
	former employer or union (of this person or another family member)				6 to 11 months			
	b. Insurance purchased directly from		Yes		1 or 2 years			
	an insurance company (by this person or another family member)		No		3 or 4 years			
	c. Medicare, for people 65 and older, or people with certain disabilities	20	What is this person's marital status?		5 or more years			
	d. Medicaid, Medical Assistance, or		Now married					
	any kind of government-assistance plan for those with low incomes or a disability		☐ Widowed ☐ Divorced		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? <i>Mark (X) ONE box.</i>			
	e. TRICARE or other military health care		Separated					
	f. VA (including those who have ever used or enrolled for VA health care)		Never married → SKIP to		Never served in the military → SKIP to question 29a			
		21	In the PAST 12 MONTHS did this person get –		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a			
	g. Indian Health Service		Yes No		Now on active duty			
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now			
			b. Widowed?		, i i			
			c. Divorced?	27	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period			
	a. Is this person deaf or does he/she have	22	How many times has this person been married?		in which this person served, even if just for part of the period.			
	serious difficulty hearing?		Once					
	Yes		Two times		September 2001 or later			
	□ No		Three or more times		August 1990 to August 2001 (including Persian Gulf War)			
	b. Is this person blind or does he/she have	23	In what year did this person last get married?		May 1975 to July 1990			
	serious difficulty seeing even when wearing glasses?		Year		Vietnam era (August 1964 to April 1975)			
	Yes				February 1955 to July 1964			
	□ No				Korean War (July 1950 to January 1955)			
	Answer question 18a – c if this person is	•	Answer question 24 if this person is female and 15 – 50 years old. Otherwise,		January 1947 to June 1950			
	5 years old or over. Otherwise, SKIP to		SKIP to question 25a.		World War II (December 1941 to December 1946)			
	the mailing instructions on page 28.				November 1941 or earlier			
3	a. Because of a physical, mental, or emotional	24	Has this person given birth to any children in the past 12 months?					
	condition, does this person have serious difficulty concentrating, remembering, or			28	a. Does this person have a VA service-connected			
	making decisions?		☐ Yes ☐ No		disability rating?			
	Yes	23	a. Does this person have any of his/her own		Yes (such as 0%, 10%, 20%,, 100%)			
	No	4	grandchildren under the age of 18 living in		No → SKIP to question 29a			
	b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment? Yes		b. What is this person's service-connected disability rating?			
	Yes		No → SKIP to question 26		0 percent			
	□ No		b. Is this grandparent currently responsible for		10 or 20 percent			
	c. Does this person have difficulty dressing or		most of the basic needs of any grandchildren under the age of 18 who live in this house or					
	bathing?		apartment?		30 or 40 percent			
	Yes		Yes		50 or 60 percent			
	No		No → SKIP to question 26		70 percent or higher			

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

Taxicab

Person 5	(continued)
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		Pe	erson 5 (continued)
		worl	wer questions 41 – 46 if this person ked in the past 5 years. Otherwise, P to question 47.
		job a had i whice perse	46 CURRENT OR MOST RECENT JOB IVITY. Describe clearly this person's chief activity or business last week. If this person more than one job, describe the one at the this person worked the most hours. If this on had no job or business last week, give remation for his/her last job or business.
4)	Was Mark	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?
			a Federal GOVERNMENT employee?
			SELF-EMPLOYED in own NOT INCORPORATE business, professional practice, or farm?
			SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
			working WITHOUT PAY in family business or farm?
4	2	Forv	whom did this person work?
		the A	w on active duty in Armed Forces, mark (X) this box → print the branch of the Armed Forces.
		Nam	e of company, business, or other employer
4	3	Desc (For	It kind of business or industry was this? Extribe the activity at the location where employed example: hospital, newspaper publishing, mail or house, auto engine manufacturing, bank)

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4	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
4	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)
4	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the
	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income
	NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount.
)	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
	Yes → \$.00 No TOTAL AMOUNT for past 12 months

b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	(

Yes →	\$	
No	TOTAL AMOUNT for past 12 months	Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$,00	
Ш	No	TOTAL AMOUNT for past 12 months	Loss

d. Social Security or Railroad Retirement.

Yes →	\$.00
No .	ГОТ	AL AM 12 r	OUNT nonth	for	past

e. Supplemental Security Income (SSI).

	Yes →	\$),00	.00
Ш	No .	TOTAL A	MOUNT for months	or past

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

	Yes →	\$.00
Ш	No .	ТОТ	AL AMO	OUNT	for	past

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

	Yes →	\$
No	No	TOTAL AMOUNT for past

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 →	\$.00
No	TOTAL AMOUNT for past	

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a

enter the amount and mark (X) the "Loss" box next to the dollar amount.						
OR	\$					
None	TOTAL AMOUNT for past 12 months	Loss				

Now continue with the mailing instructions on page 28.



other (agriculture, construction, service, government, etc.)?

Is this mainly – *Mark (X) ONE box.*

manufacturing? wholesale trade?

retail trade?

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 E	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)QD280 (02-05-2013)