



## THE American Community Survey

#### **Start Here**

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

OR

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

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



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

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

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

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

0	Please print today's date.  Month Day Year	
0	Please print the name and telephone number of the pe filling out this form. We may contact you if there is a quest Last Name	rson who is ition.
	First Name	MI
	Area Code + Number -	_
•	<ul> <li>How many people are living or staying at this address?</li> <li>INCLUDE everyone who is living or staying here for more INCLUDE yourself if you are living here for more than 2 m</li> <li>INCLUDE anyone else staying here who does not have an stay, even if they are here for 2 months or less.</li> <li>DO NOT INCLUDE anyone who is living somewhere else 2 months, such as a college student living away or someor Armed Forces on deployment.</li> </ul>	than 2 months. nonths. other place to for more than
0	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.  ORM ACS-1(X)QD36	OMB No. 0607-0936

Person 1			Person 2			
(Person 1 is the person living or stayin or apartment is owned, being bought,	or rented. If there is no such		nt is Person 2's name? Name (Please print)	First Nar	me MI	
person, start with the name of any adu		2 How	v is this person related to Husband or wife Biological son or daughter	Person 1? Ma	ark (X) ONE box.  Son-in-law or daughter-in-law Other relative	
What is Person 1's name?  Last Name (Please print)	First Name MI		Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother		Roomer or boarder Housemate or roommate Unmarried partner Foster child	
How is this person related to Person 1	on 1?		Grandchild Parent-in-law		Other nonrelative	
What is Person 1's sex? Mark (X) Of Building Male	NE box.		nt is Person 2's sex? Mark Male Female	k (X) ONE box.		
Solution I of Hispanic, Latino, or Solution III No, not of Hispanic, Latino, or Spanic Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban	e child is less than 1 year old. s in boxes.  Year of birth  tion 5 about Hispanic origin and vey, Hispanic origins are not races.  Spanish origin? sh origin	Age  → NC  Qu	(in years) Month  DTE: Please answer BOTh	H Question 5 abhis survey, Hispor Spanish origin	less than 1 year old.  5.  f birth  cout Hispanic origin and panic origins are not races.  origin?	
What is Person 1's race? Mark (X) of White Black, African Am., or Negro American Indian or Alaska Native —	one or more boxes.  Print name of enrolled or principal tribe. $_{m{k}}$		white Black, African Am., or Negro American Indian or Alaska N		ore boxes. ne of enrolled or principal tribe.	
Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.			Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	
Some other race – Print race.			Some other race – Print race.	· <b>F</b>		

	Person	3	Person 4
0	What is Person 3's name? Last Name (Please print) First	rst Name MI	What is Person 4's name? Last Name (Please print) First Name MI
3 4	→ NOTE: Please answer BOTH Question Question 6 about race. For this survey	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative  box.  arson 3's date of birth? hild is less than 1 year old. boxes. Year of birth  5 about Hispanic origin and Hispanic origins are not races.	How is this person related to Person 1? Mark (X) ONE box.    Husband or wife
5	Is Person 3 of Hispanic, Latino, or Spanish of No, not of Hispanic, Latino, or Spanish of Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Nicand so on.	origin h origin – <i>Print origin, for example,</i>	Is Person 4 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
6	What is Person 3's race? Mark (X) one of White  Black, African Am., or Negro  American Indian or Alaska Native — Prince		What is Person 4's race? Mark (X) one or more boxes.  White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
	Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   Japanese  Korean  Vietname	Guamanian or Chamorro	Asian Indian  Chinese  Korean  Guamanian or Chamorro  Filipino  Vietnamese  Samoan  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
	Some other race – <i>Print race.</i>		Some other race – Print race.

hat is Person 5's n		n 5		print	their name	es in the space	ple living or staying s for Person 6 throu ation about them. 🏅	
st Name (Please print)	Fi	irst Name	N	Perso	on 6			
					Name (Please	nrint)	First Name	
ow is this person re	lated to Person	12 Mark	(X) ONE hox	Last i	Name (Flease	print)	First Name	
Husband or wife		_	on-in-law or daughter-in-l	law				
Biological son or da	wahter		her relative	Idvv				
	_		oomer or boarder	Sex	Male	Female	Age (in years)	
Adopted son or dat	•		ousemate or roommate			remale	Age (III years)	
Stepson or stepdau Brother or sister	gnter			Perso				
		_	nmarried partner	Last I	Name ( <i>Please</i>	print)	First Name	
Father or mother			ster child					
Grandchild		L Ot	her nonrelative					
Parent-in-law								
hat is Person 5's so	x? Mark (X) ONE	box.		Sex	Male	Female	Age (in years)	
Male	Female			Perso	on 8			
hat is Person 5's a	ge and what is Po	erson 5's	date of birth?		Name (Please	print)	First Name	
ease report babies a	s age 0 when the c Print numbers in		s than 1 year old.		1, 100,00	<b>,</b>		
e (in years)		Year of bi	rth					
				Sex	Male	Female		
NOTE: Please answ	er BOTH Questio	n 5 abou	t Hispanic origin and		Ividio		Age (in years)	
		-	ic origins are not rac	es. Perso	on 9			
Person 5 of Hispaı	nic Latino or Sn							
·	-		igin?	Last I	Name ( <i>Please</i>	print)	First Name	
No, not of Hispanio	, Latino, or Spanish		igin <i>?</i>	Last I	Name ( <i>Please</i>	print)	First Name	
No, not of Hispanio Yes, Mexican, Mexi	, Latino, or Spanish		igin <i>?</i>	Last I	Name ( <i>Please</i>	print)	First Name	
No, not of Hispanio	, Latino, or Spanish		igin <i>?</i>	Last I	Name ( <i>Please</i>	print)	First Name	
No, not of Hispanio Yes, Mexican, Mexi	, Latino, or Spanish		igin <i>:</i>	Last I		print)		
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan	, Latino, or Spanish can Am., Chicano	origin sh origin –	Print origin, for example	Sex	☐ Male		First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan	, Latino, or Spanish can Am., Chicano	origin sh origin –		Sex Perso	☐ Male	☐ Female	Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon	, Latino, or Spanish can Am., Chicano	origin sh origin –	Print origin, for example	Sex Perso	☐ Male	☐ Female		
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanis nic, Latino, or Spanis	origin sh origin – icaraguan,	Print origin, for example Salvadoran, Spaniard,	Sex Perso	☐ Male	☐ Female	Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanis nic, Latino, or Spanis	origin sh origin – icaraguan,	Print origin, for example Salvadoran, Spaniard,	Sex Perso	☐ Male	☐ Female	Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanis nic, Latino, or Spanis	origin sh origin – icaraguan,	Print origin, for example Salvadoran, Spaniard,	Sex Perso	Male on 10 Name (Please	Female	Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am.,	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish bian, Dominican, Ni nce? Mark (X) one or Negro	origin sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.	Sex Perso Last I	Male on 10 Name (Please	☐ Female	Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  hat is Person 5's ra White Black, African Am.,	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish bian, Dominican, Ni nce? Mark (X) one or Negro	origin sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard,	Sex Perso Last I	Male On 10 Name (Please	Female	Age (in years)  First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  hat is Person 5's ra White Black, African Am.,	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish bian, Dominican, Ni nce? Mark (X) one or Negro	origin sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.	Sex Perso Last I  Sex Perso	Male On 10 Name (Please	Female  print)  Female	Age (in years)  First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  hat is Person 5's ra White Black, African Am.,	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish bian, Dominican, Ni nce? Mark (X) one or Negro	origin sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.	Sex Perso Last I  Sex Perso	Male On 10 Name (Please  Male On 11	Female  print)  Female	Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  That is Person 5's ra White Black, African Am.,	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish bian, Dominican, Ni nce? Mark (X) one or Negro	sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.	Sex Perso Last I  Sex Perso	Male On 10 Name (Please  Male On 11	Female  print)  Female	Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  what is Person 5's ra White Black, African Am., American Indian or	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish chian, Dominican, Nice? Mark (X) one or Negro Alaska Native — Pri	sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes. f enrolled or principal trii	Sex Perso Last I  Sex Last I  Last I	Male On 10 Name (Please  Male On 11	Female  print)  Female	Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or	, Latino, or Spanish can Am., Chicano nic, Latino, or Spanish chica, Latino, or Spanish chican, Nice? Mark (X) one or Negro Alaska Native — Pri	sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes. f enrolled or principal tria Native Hawaiian	Sex  Perso  Last I  Sex  Last I	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  First Name  Age (in years)  First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print	, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chian, Dominican, Nice? Mark (X) one  or Negro  Alaska Native — Printle Common	sh origin – licaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial Native Hawaiian Guamanian or Chamor Samoan Other Pacific Islander –	Sex  Perso  Last I  Sex  Cro  Sex	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hmon Laotian, Thai, Pakis	, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chicano  nic, Latino, or Spanish chican, Nice? Mark (X) one  or Negro  Alaska Native — Printle Common Commo	sh origin – iicaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial Native Hawaiian Guamanian or Chamor Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Perso Last I  Sex Perso  Sex Perso Perso Perso Perso Perso Perso	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  First Name  Age (in years)  First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  White Black, African Am., American Indian or  Asian Indian Chinese Filipino Other Asian – Print for example, Hmon	, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chicano  nic, Latino, or Spanish chican, Nice? Mark (X) one  or Negro  Alaska Native — Printle Common Commo	sh origin – iicaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial  Native Hawaiian Guamanian or Chamor Samoan  Other Pacific Islander – Print race, for example	Sex Perso Last I  Sex Perso  Sex Perso Perso Perso Perso Perso Perso	Male  On 10  Name (Please  Male  On 11  Name (Please	Female  print)  Female  print)	Age (in years)  First Name  Age (in years)  First Name	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hmon Laotian, Thai, Pakis	, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chicano  nic, Latino, or Spanish chican, Nice? Mark (X) one  or Negro  Alaska Native — Printle Common Commo	sh origin – iicaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial Native Hawaiian Guamanian or Chamor Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Perso Last I  Sex Perso  Sex Perso Perso Perso Perso Perso Perso	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hmon Laotian, Thai, Pakis Cambodian, and so	Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chian, Dominican, Nice and Chican, Nice and Chican	sh origin – iicaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial Native Hawaiian Guamanian or Chamor Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Perso Last I  Sex Perso  Sex Perso Perso Perso Perso Perso Perso	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  Age (in years)  First Name  Age (in years)	
No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on. White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hmon Laotian, Thai, Pakis	Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish can Am., Chicano  nic, Latino, or Spanish chian, Dominican, Nice and Chican, Nice and Chican	sh origin – iicaraguan,	Print origin, for example Salvadoran, Spaniard, boxes.  f enrolled or principal trial Native Hawaiian Guamanian or Chamor Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Perso Last I  Sex Perso  Sex Perso Perso Perso Perso Perso Perso	Male On 10 Name (Please  Male On 11 Name (Please	Female  print)  Female  print)	Age (in years)  Age (in years)  First Name  Age (in years)	

_	пп	$oldsymbol{\circ}$		
		SI		
			ш	₩.

		Answer questions 4 – 6 if this is a HOUSE	home have –		ie
		OR A MOBILE HOME; otherwise, SKIP to		Yes	No
Ę	Please answer the following questions about the house,	question 7a.	a. hot and cold running water?		
-	apartment, or mobile home at the		b. a flush toilet?		
١	address on the mailing label.	How many acres is this house or mobile home on?	c. a bathtub or shower?		
1	Which best describes this building?	☐ Less than 1 acre → SKIP to question 6	d. a sink with a faucet?		
T	Include all apartments, flats, etc., even if vacant.	1 to 9.9 acres	e. a stove or range?		
-		10 or more acres			
-	☐ A mobile home	10 of filore acres	f. a refrigerator?	ш	Ш
-	A one-family house detached from any other house		g. telephone service from which you can both make		
-	A one-family house attached to one or	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	and receive calls? <i>Include</i> cell phones.		
-	more houses	products from this property?	9 At this house, apartment, or m	ohile l	nome –
-	A building with 2 apartments	None	do you or any member of this h	nouseh	nold
-	A building with 3 or 4 apartments	\$1 to \$999	own or use any of the followin	_	-
-	A building with 5 to 9 apartments	\$1,000 to \$2,499	EXCLUDE GPS devices, digital and devices with only limited c	music comput	players, ina
-	A building with 10 to 19 apartments	\$2,500 to \$4,999	capabilities, for example: house	ehold	J
-	A building with 20 to 49 apartments	\$5,000 to \$9,999	appliances.	Yes	No
-	A building with 50 or more apartments	\$10,000 or more	a. Desktop, laptop, netbook, or		
-	Boat, RV, van, etc.	\$10,000 of more	notebook computer		
2	About when was this building first built?	Is there a business (such as a store or barber shop) or a medical office on	b. Handheld computer, smart mobile phone, or other handheld wireless computer		
٦	2000 or later – Specify year >	this property?	c. Some other type of computer		
-	2000 of later – Opechy year	Yes	Specify 7		
-		□ No			
-			10 At this house, apartment, or m	obile l	nome –
-	1990 to 1999	a. How many separate rooms are in this	do you or any member of this h	nousel	ıold
-	1980 to 1989	house, apartment, or mobile home?	access the Internet?		
-	1970 to 1979	Rooms must be separated by built-in archways or walls that extend out at least	Yes, with a subscription to a service	n Inter	net
-	1960 to 1969	6 inches and go from floor to ceiling.			
-	1950 to 1959	INCLUDE bedrooms, kitchens, etc.	Yes, without a subscription t service → SKIP to question 1	o an In <i>2</i>	ternet
-	1940 to 1949	EXCLUDE bathrooms, porches, balconies	· ·		partmen
-	1939 or earlier	foyers, halls, or unfinished basements.	or mobile home $\rightarrow$ SKIP to q		
-		Number of rooms	11 At this house, apartment, or m		
			do you or any member of this h subscribe to the Internet using		iold
3	When did PERSON 1 (listed on page 2) move into this house, apartment, or			Yes	No
-	mobile home?	b. How many of these rooms are bedroom			
-	Month Year	Count as bedrooms those rooms you would list if this house, apartment, or mobile hom			
-		were for sale or rent. If this is an			
		efficiency/studio apartment, print "0".	c. Cable modem service?		
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service?		
			Specify service		

## Housing (continued)

How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?  None 1 2 3 4 5 6 or more	of electricity for this house, apartment, or mobile home?  Last month's cost – Dollars  OR  Included in rent or condominium fee  No charge or electricity not used	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  Is this house, apartment, or mobile home part of a condominium?  Yes → What is the monthly condominium fee? For renters,
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	OR 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,	answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.  Monthly amount - Dollars  Solution None  No  Is this house, apartment, or mobile home - Mark (X) ONE box.  Owned by you or someone in this household with a mortgage or loan? Include home equity loans.  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented?  Occupied without payment of rent? → SKIP to C on the next page

Housing (	continued
	COLLEGICA

Anguar questions 10s and hif this house	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	Yes, mortgage, deed of trust, or similar debt	Yes, home equity loan Yes, second mortgage
a. What is the monthly rent for this house, apartment, or mobile home?	<ul><li>Yes, contract to purchase</li><li>No → SKIP to question 23a</li></ul>	Yes, second mortgage and home equity loan  No → SKIP to   ■
Monthly amount – Dollars  \$ .00	b. How much is the regular monthly mortgage payment on THIS property?  Include payment only on FIRST mortgage or contract to purchase.	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans
b. Does the monthly rent include any meals?	Monthly amount – Dollars	on THIS property?  Monthly amount – Dollars
☐ Yes ☐ No	\$ .00 OR	\$ .00
Answer questions 19 – 23 if you or any member of this household OWNS	No regular payment required → SKIP to question 23a	OR  No regular payment required
About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage payment  No, taxes paid separately or taxes not required	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
if it were for sale?  Amount – Dollars  .00		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.
What are the annual real estate taxes on THIS property?  Annual amount – Dollars	Yes, insurance included in mortgage payment  No, insurance paid separately or no insurance	Annual costs – Dollars  \$ .00
OR None		Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 36 for the mailing instructions.
What is the annual payment for fire, hazard, and flood insurance on THIS property?		
Annual amount – Dollars		
OR		
None		

Please copy the name of Person 1 from page 2, then continue answering questions below.	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	No, has not attended in the last 3	This question focuses on this person's
Lust Nume	months → SKIP to question 11	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES
	Yes, public school, public college	this person has received. (For example: chemical
First Name MI	Yes, private school, private college, home school	engineering, elementary teacher education, organizational psychology)
	b. What grade or level was this person attending? Mark (X) ONE box.	
	Nursery school, preschool	
Where was this person born?	L Kindergarten	
In the United States – <i>Print name of state.</i>	Grade 1 through 12 – Specify grade 1 – 12 –	
		What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior)	
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish Nigerian, Mexican, Taiwanese, Ukrainian, and so ol
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	<ul> <li>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.</li> <li>NO SCHOOLING COMPLETED</li> <li>No schooling completed</li> <li>NURSERY OR PRESCHOOL THROUGH GRADE 12</li> </ul>	a. Does this person speak a language other that English at home?  ☐ Yes ☐ No → SKIP to question 15a
Yes, born abroad of U.S. citizen parent or parents	Nursery school	b. What is this language?
Yes, U.S. citizen by naturalization – <i>Print year</i>	Kindergarten	
of naturalization	Grade 1 through 11 – Specify	For example: Korean, Italian, Spanish, Vietnames
	grade 1 – 11 –	·
		c. How well does this person speak English?
No, not a U.S. citizen		☐ Very well
	12th grade – <b>NO DIPLOMA</b>	Well
When did this person come to live in the	HIGH SCHOOL GRADUATE	☐ Not well
Jnited States? Print numbers in boxes.	Regular high school diploma	☐ Not at all
Year	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)	

Person 1 (continued)	16 Is this person CURRENTLY covered by any of
	the following types of health insurance or health coverage plans? Mark "Yes" or "No" for
. Diddhia waxaa liya iy dhia baxaa ay ay ay ay	2. territype or deverage in itemie a 'iii
<ul> <li>a. Did this person live in this house or apartmen 1 year ago?</li> <li>□ Person is under 1 year old → SKIP to</li> </ul>	a. Insurance through a current or former employer or union (of this person or another family member)  Yes No  Because of a physical, mental, or emotional condition, does this person have difficulty
question 16  Yes, this house → SKIP to question 16  No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member)  doing errands alone such as visiting a doctor's office or shopping?
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  What is this person's marital status?  Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care)  □ Separated □ Never married → SKIP to □ on the next page
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify
Name of city, town, or post office	Yes No
	a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  b. Widowed?  c. Divorced?
	No How many times has this person been married?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing
ruerto nico Zir Code	glasses? Two times
	☐ Yes ☐ Three or more times ☐ No
	Angular question 180 a if this person is
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to
	the questions for Person 2 on page 13.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?  Yes No  C. Does this person have difficulty dressing or bathing?
	☐ Yes ☐ No

	Daman de la continuit		
	Person 1 (continued)	26 Has this person ever served on active duty in	a. LAST WEEK, did this person work for pay
		the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	at a job (or business)?
			☐ Yes → SKIP to question 30
	Answer question 24 if this person is	Never served in the military → SKIP to question 29a	No – Did not work (or retired)
	female and 15 – 50 years old. Otherwise,	Only on active duty for training in the Reserves	I LACTIMETIC II LALI
	SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
		Now on active duty	Yes
4	Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	$\square$ No $\rightarrow$ SKIP to question 35a
			No 4 SKIr to question 35a
	Yes	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH	
	□ No	period in which this person served, even if just for	At what location did this person work LAST WEEK? If this person worked at more than one
		part of the period.	location, print where he or she worked most
5	a. Does this person have any of his/her own grandchildren under the age of 18 living in	September 2001 or later	last week.
	this house or apartment?	August 1990 to August 2001 (including	a. Address (Number and street name)
	Yes	Persian Gulf War)	
	<ul><li>No → SKIP to question 26</li></ul>	May 1975 to July 1990	If the exact address is not known, give a
		☐ Vietnam era (August 1964 to April 1975)	description of the location such as the building
	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964	name or the nearest street or intersection.
	under the age of 18 who live in this house or	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
	apartment?	January 1947 to June 1950	
	Yes	World War II (December 1941 to December 1946)	
	No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
	. He had a description of head		city or town?
	c. How long has this grandparent been responsible for these grandchildren?	28 a. Does this person have a VA service-connected	Yes
	If the grandparent is financially responsible for more than one grandchild, answer the question	disability rating?	☐ No, outside the city/town limits
	for the grandchild for whom the grandparent has	Yes (such as 0%, 10%, 20%,, 100%)	LN C
	been responsible for the longest period of time.	☐ No → SKIP to question 29a	d. Name of county
	Less than 6 months		
	6 to 11 months	b. What is this person's service-connected disability rating?	
	1 or 2 years		e. Name of U.S. state or foreign country
	3 or 4 years	0 percent	
	5 or more years	10 or 20 percent	
		30 or 40 percent	f. ZIP Code
		50 or 60 percent	
		70 percent or higher	

	Person 1 (conti	nuea)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	How did this person usually ge NEEK? If this person usually used method of transportation during to the box of the one used for most of	d more than one he trip, mark (X) of the distance.	5 a. LAST WEEK, was this person on layoff from a job?	<ul> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> </ul>
	☐ Car, truck, or van ☐ Bus or trolley bus ☐ Streetcar or trolley car ☐ Subway or elevated ☐	Motorcycle Bicycle Walked Worked at	∐ No	When did this person last work, even for a few days?  Within the past 12 months
	Railroad Ferryboat Taxicab	home → SKIP to question 39a  Other method	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	<ul> <li>1 to 5 years ago → SKIP to  on the next page</li> <li>Over 5 years ago or never worked → SKIP to question 47</li> </ul>
Ť	Answer question 32 if you ma truck, or van" in question 31. C SKIP to question 33.		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	<ul> <li>a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</li> <li></li></ul>
	How many people, including the usually rode to work in the cant LAST WEEK?  Person(s)	his person, r, truck, or van	work?  ☐ Yes → SKIP to question 37 ☐ No	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
			During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes	☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks
Τ.	What time did this person usual to go to work LAST WEEK?  Hour Minute a.m.	ally leave home	No → SKIP to question 38	☐ 14 to 26 weeks ☐ 13 weeks or less
	How many minutes did it usual person to get from home to wo			40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
	Minutes			

#### **Person 1 (continued)**

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 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 43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service,

45 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

13363122 d. Social Security or Railroad Retirement. \_\_ Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ \_\_ Yes → \_\_ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the **PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR None Loss

TOTAL AMOUNT for past 12 months

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 36 for mailing instructions.

Loss

TOTAL AMOUNT for past

12 months

government, etc.)?

Person 2	a. At any time IN THE LAST 3 MONTHS, has	Annual marking 10 if this games has
Please copy the name of Person 2 from page 2, then continue answering questions below.	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.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college	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
First Name MI	Yes, private school, private college, home school  b. What grade or level was this person attending?  Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)
Where was this person born?  In the United States – Print name of state.	<ul><li>Nursery school, preschool</li><li>☐ Kindergarten</li><li>☐ Grade 1 through 12 – Specify</li></ul>	
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 10a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in the United States? Print numbers in boxes.  Year		a. Does this person speak a language other than English at home?  Yes No → SKIP to question 15a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?  Very well Not well Not well Not at all

a. Did this person live in this house or apartment	
<ul> <li>1 year ago?</li> <li>Person is under 1 year old → SKIP to question 16</li> <li>Yes, this house → SKIP to question 16</li> <li>No, outside the United States and Puerto Rico – Print name of foreign country,</li> </ul>	a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  a. Madisare for rearls CF and older.
or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16  No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)	c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (including those who have ever used or enrolled for VA health care)  g. Indian Health Service  No  What is this person's marital status?  Now married  Widowed  Divorced  Separated  Never married → SKIP to 1 on the next page
Name of U.S. county or	h. Any other type of health insurance or health coverage plan – Specify   In the PAST 12 MONTHS did this person get – Yes No  a. Married?  b. Widowed?
Name of U.S. state or Puerto Rico  ZIP Code	Yes No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No  Three or more times
	Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.  18 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?  Yes No  c. Does this person have difficulty dressing or bathing?  Yes
Name of U.S. state or Puerto Rico  ZIP Code	serious difficulty hearing?  Yes No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No  G Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.  13 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?  Yes No  C. Divorced?  How many times has this person once I would this person last Year  In what year did this person last Year  Year  Year  Once In what year did this person last Year  Year  Once In what year did this person last Year  Year  Once In what year did this person last Year  Year

	Person 2 (continued)	<b>5</b>	• LACTIMETIC VILLI
ľ		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	a. LAST WEEK, did this person work for pay at a job (or business)?
l		Never served in the military → SKIP to	☐ Yes → SKIP to question 30
	Answer question 24 if this person is	question 29a	No – Did not work (or retired)
	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
l		Now on active duty	
24	Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	<ul><li>Yes</li><li>No → SKIP to question 35a</li></ul>
ı	☐ Yes	When did this person serve on active duty in	
l	□ No	the HO A consider and A A A A A A A A A A A A A A A A A A A	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
1	a. Does this person have any of his/her own	September 2001 or later	last week.
Ī	grandchildren under the age of 18 living in this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	a. Address (Number and street name)
ı	Yes		
ı	No → SKIP to question 26	May 1975 to July 1990	If the exact address is not known, give a
ı	h la this arrandon want arranauth, resonancible for	Vietnam era (August 1964 to April 1975)	description of the location such as the building name or the nearest street or intersection.
I	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964  Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
I	under the age of 18 who live in this house or apartment?	January 1947 to June 1950	b. Nume of only, town, or post office
I	Yes	World War II (December 1941 to December 1946)	
I	No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
I	c. How long has this grandparent been		city or town?
I	responsible for these grandchildren?	a. Does this person have a VA service-connected	
I	If the grandparent is financially responsible for more than one grandchild, answer the question	disability rating?	No, outside the city/town limits
I	for the grandchild for whom the grandparent has been responsible for the longest period of time.	Yes (such as 0%, 10%, 20%,, 100%)	d. Name of county
I	Less than 6 months	No → SKIP to question 29a	· ·
I	6 to 11 months	b. What is this person's service-connected	
I	1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
ı	3 or 4 years	0 percent	
ı	5 or more years	☐ 10 or 20 percent	
ı		30 or 40 percent	f. ZIP Code
ı		50 or 60 percent	
I		70 percent or higher	
ı			
ı			
I			
I			
ı			
ı			

## Person 2 (continued)

		did NOT work last week. Otherwise, SKIP to question 39a.
3	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.	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)
	Car, truck, or van Motorcycle   Bus or trolley bus Bicycle   Streetcar or trolley car Walked   Subway or elevated Worked at home → SKIP to question 39a   Ferryboat Other method   Taxicab	a job?  Yes → SKIP to question 35c  No  B. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  When did this person last work, even for a few days?  Within the past 12 months  1 to 5 years ago → SKIP to L on the next page  Over 5 years ago or never worked → SKIP to question 47
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	<ul> <li>No → SKIP to question 36</li> <li>this person work 50 or more weeks? Count paid time off as work.</li> <li>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</li> </ul>
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	work?  ☐ Yes → SKIP to question 37 ☐ No  During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  During the LAST 4 WEEKS, has this person been 48 to 49 weeks ☐ 40 to 47 weeks
3	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.	Yes  □ 27 to 39 weeks □ 14 to 26 weeks □ 13 weeks or less  40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes	Usual hours worked each WEEK

Person 2	(continued)
----------	-------------

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?
--	--------------------	-----------

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

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

working WITHO	OUT PAY in	family	business

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.)?

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

4	6	What were this person's most important
		activities or duties? (For example: patient cardirecting hiring policies, supervising order clerk 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.

No	,		,		
Yes →	\$				.00

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.

☐ Yes →	\$					.00	
No	TOTAL	AM(	OUNT nonth	foi	r past		Loss

d. Social Security or Railroad Retirement.

☐ Yes →	45						.00
∐ No	ТО	TAL	AM 12	IOU mor	NT i	for p	oast

e. Supplemental Security Income (SSI).

☐ Yes →	\$						.00
No	ТО	TAL	AN 12	IOU	NT i	for p	oast

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

☐ Yes →	\$						.00
No	то	TAL	AM 12	IOU mor	NT ths	for p	oast

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

☐ Yes →	\$		.00

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.

∕es →	\$				,			.00
No	Т	OT/	ΔI.	ΔΝΛ	או וכ	NΤ f	ar na	et

TOTAL AMOUNT for past 12 months

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

☐ OR	\$							.00	
None	TC	TAL	AM 12	IOUI mor	NT f	or p	ast		Los

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 36 for mailing instructions.



Person 3	10 a. At any time IN THE LAST 3 MONTHS, has	
Please copy the name of Person 3 from page 3, then continue answering questions below.	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.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	No, has not attended in the last 3 months → SKIP to question 11	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES
First Name MI	Yes, public school, public college Yes, private school, private college, home school	this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)
	<b>b. What grade or level was this person attending?</b> <i>Mark (X) ONE box.</i>	
Where was this person born?	<ul><li>Nursery school, preschool</li><li>Kindergarten</li></ul>	
☐ In the United States – Print name of state.	Grade 1 through 12 – Specify grade 1 – 12 –	2) What is this name of an acctual or athuis arisin?
		What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior)	
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 10a	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.	a. Does this person speak a language other than English at home?
Yes, born in Puerto Rico, Guam, the	NO SCHOOLING COMPLETED	Yes
U.S. Virgin Islands, or Northern Marianas	No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12	No → SKIP to question 15a
Yes, born abroad of U.S. citizen parent or parents	Nursery school	b. What is this language?
Yes, U.S. citizen by naturalization – <i>Print year</i>	☐ Kindergarten	
of naturalization	Grade 1 through 11 – Specify grade 1 – 11 –	For example: Korean, Italian, Spanish, Vietnamese
		c. How well does this person speak English?
No, not a U.S. citizen		☐ Very well
	L 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	Well
When did this person come to live in the United States? Print numbers in boxes.	Regular high school diploma	Not well
Year	GED or alternative credential	Not at all
	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)	

Person 3 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
a. Did this person live in this house or apartment 1 year ago?  ☐ Person is under 1 year old → SKIP to question 16	a. Insurance through a current or former employer or union (of this person or another family member)  Yes No  Because of a physical, mental, or emotional condition, does this person have difficulty
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	b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  doing errands alone such as visiting a doctor's office or shopping?  Yes  No
No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  What is this person's marital status?  Now married  Widowed  Divorced
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care)  g. Indian Health Service  G. Indian Health Service  □ Separated □ Never married → SKIP to □ on the next page
Name of city, town, or post office	h. Any other type of health insurance or health coverage plan – Specify  a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No  No  No  No  No  No  No  No  No  N
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?  Yes No  c. Does this person have difficulty dressing or hathing?
	bathing?  Yes  No

Por	son 3 (continued)				
I GIS	Son 5 (continueu)	26	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	29	a. LAST WEEK, did this person work for pay at a job (or business)?
			Guard? Mark (X) ONE box.		
Δηςινών	question 24 if this person is		Never served in the military → SKIP to		<ul><li>Yes → SKIP to question 30</li><li>No – Did not work (or retired)</li></ul>
	and 15 – 50 years old. Otherwise,		question 29a  Only on active duty for training in the Reserves		
SKIP to	question 25a.		or National Guard → SKIP to question 28a	'	<ul> <li>LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> </ul>
			Now on active duty		☐ Yes
4 Has this	s person given birth to any children in t 12 months?		On active duty in the past, but not now		$\Box$ No → SKIP to question 35a
Yes					
☐ No			When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH	30	At what location did this person work LAST
			period in which this person served, even if just for part of the period.		<b>NEEK?</b> If this person worked at more than one ocation, print where he or she worked most
	this person have any of his/her own		September 2001 or later		ast week.
grand this h	dchildren under the age of 18 living in nouse or apartment?		August 1990 to August 2001 (including	1	a. Address (Number and street name)
	•		Persian Gulf War)		
	No → SKIP to question 26		May 1975 to July 1990		If the exact address is not known, give a
	·		Vietnam era (August 1964 to April 1975)		description of the location such as the building name or the nearest street or intersection.
most	is grandparent currently responsible for t of the basic needs of any grandchildre	1	February 1955 to July 1964	Ι.	
unde apar	er the age of 18 who live in this house or tment?		<ul><li>✓ Korean War (July 1950 to January 1955)</li><li>✓ January 1947 to June 1950</li></ul>	'	o. Name of city, town, or post office
	⁄es		World War II (December 1941 to December 1946	)	
	No → SKIP to question 26		November 1941 or earlier		c. Is the work location inside the limits of that
	la color de la col				city or town?
respo	long has this grandparent been onsible for these grandchildren?	28	a. Does this person have a VA service-connected	d	Yes
more	grandparent is financially responsible for than one grandchild, answer the question	T	disability rating?		No, outside the city/town limits
for th been	e grandchild for whom the grandparent has responsible for the longest period of time.		Yes (such as 0%, 10%, 20%,, 100%)		d. Name of county
	Less than 6 months		No → SKIP to question 29a		
	6 to 11 months		b. What is this person's service-connected		
1	I or 2 years		disability rating?		e. Name of U.S. state or foreign country
□ 3	3 or 4 years		0 percent		
	or more years		10 or 20 percent		
			<ul><li>30 or 40 percent</li><li>50 or 60 percent</li></ul>	1	. ZIP Code
			70 percent or higher		

3	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.  Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39 at the property of the pr	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 35c  No  b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	AST WEEK, could this person have started a ob if offered one, or returned to work if ecalled?  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 lays?  Within the past 12 months  1 to 5 years ago → SKIP to L on the next page  Over 5 years ago or never worked → SKIP to question 47  During the PAST 12 MONTHS (52 weeks), did
j	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	<ul> <li>No → SKIP to question 36</li> <li>c. Has this person been informed that he or she will be recalled to work within the next</li> <li>6 months OR been given a date to return to</li> </ul>	this person work 50 or more weeks? Count paid time off as work.  ☐ Yes → SKIP to question 40 ☐ No
3	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.  p.m.  How many minutes did it usually take this person to get from home to work LAST WEEK?	No  During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes No → SKIP to question 38	D. 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
	Minutes		

#### **Person 3 (continued)**

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 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 43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade?

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

Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 36 for mailing instructions.

other (agriculture, construction, service,

government, etc.)?

Person 4	0 a. At any time IN THE LAST 3 MONTHS, has	A
Please copy the name of Person 4 from page 3, then continue answering questions below.	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.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college	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
First Name MI	Yes, private school, private college, home school  b. What grade or level was this person attending?  Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)
Where was this person born?	Nursery school, preschool Kindergarten	
☐ In the United States – Print name of state.	Grade 1 through 12 – Specify grade 1 – 12	13 What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
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	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  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)	a. Does this person speak a language other than English at home?  Yes No → SKIP to question 15a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?  Very well Well Not well Not at all

Person 4 (continued)  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	<ul> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li> <li>c. Medicare, for people 65 and older, or people with certain disabilities</li> </ul>
No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (including those who have ever used or enrolled for VA health care)  g. Indian Health Service  h. Any other type of health insurance  d. What is this person's marital status?  Now married  Widowed  Divorced  Separated  Never married → SKIP to 1 on the next page
Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code	In the PAST 12 MONTHS did this person get -  Yes No  a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes  No  17 a. Is this person deaf or does he/she have serious difficulty hearing?  Donce  Two times  Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.  13 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?    Yes

Person 4 (continued)	26 Has this person ever served on active duty in 29 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	<ul> <li>Never served in the military → SKIP to question 29a</li> <li>Only on active duty for training in the Reserves or National Guard → SKIP to question 28a</li> <li>LAST WEEK, did this person do ANY work</li> </ul>
4 Has this person given birth to any children in	☐ Now on active duty ☐ On active duty in the past, but not now ☐ Yes ☐ Yes ☐ Yes
Has this person given birth to any children in the past 12 months?  Yes No  a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes No → SKIP to question 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes No → SKIP to question 26  c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	Now on active duty  On active duty in the past, but not now  When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.  September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  May 1975 to July 1990  Vietnam era (August 1964 to April 1975)  February 1955 to July 1964  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)  If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

Person 4 (continued)
----------------------

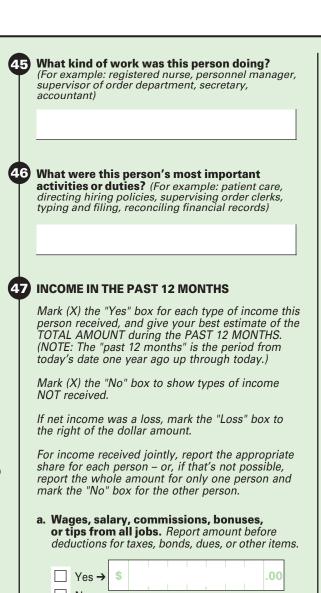
3	How did this person usually get to work LAST	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	job if offered one, or returned to work if recalled?  Yes, could have gone to work
۲	<b>WEEK?</b> If this person usually used more than one		_
	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	35 a. LAST WEEK, was this person on layoff from	No, because of own temporary illness
	Car, truck, or van Motorcycle	a job?	No, because of all other reasons (in school, etc.)
	<ul><li>☐ Bus or trolley bus</li><li>☐ Streetcar or trolley car</li><li>☐ Walked</li></ul>	<ul><li>Yes → SKIP to question 35c</li><li>No</li></ul>	When did this person last work, even for a few days?
	<ul> <li>Subway or elevated</li> <li>Railroad</li> <li>Worked at home → SKIP to question 39a</li> </ul>	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	<ul> <li>Within the past 12 months</li> <li>1 to 5 years ago → SKIP to L on the next page</li> </ul>
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	Over 5 years ago or never worked → SKIP to question 47
	Answer question 32 if you marked "Car,	No → SKIP to question 36	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	truck, or van" in question 31. Otherwise, SKIP to question 33.	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?	☐ Yes → SKIP to question 40 ☐ No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	<ul><li>Yes → SKIP to question 37</li><li>No</li></ul>	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	Person(s)		50 to 52 weeks
		36 During the LAST 4 WEEKS, has this person been	48 to 49 weeks
		ACTIVELY looking for work?	40 to 47 weeks
		Yes	27 to 39 weeks
3		<ul><li>No → SKIP to question 38</li></ul>	
	to go to work LAST WEEK?	The Form to question of	14 to 26 weeks
	Hour Minute		13 weeks or less
	a.m.		
	• p.m.		During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
3	4 How many minutes did it usually take this		Usual hours worked each WEEK
	person to get from home to work LAST WEEK?  Minutes		
	Williams		

Person 4 (continue
Answer questions 41 – 46 if this perso worked in the past 5 years. Otherwise SKIP to question 47.
41 – 46 CURRENT OR MOST RECENT JO

**ACTIVITY.** Describe clearly this person's chief

		had whi pers	activity or business last week. If this person and the control of the control of the control of the control of this person worked the most hours. If this son had no job or business last week, give the control of this her last job or business.
4	0		s this person – rk (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?
4	2	For	whom did this person work?
		the	ow on active duty in Armed Forces, mark (X) this box →  I print the branch of the Armed Forces.
		Nan	ne 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 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 → \$ .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 → \$ .00
	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 → \$ .00 ☐
	No TOTAL AMOUNT for past
	12 months

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

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 36 for mailing instructions.



Person 5	At any since IN THE LACT 2 MONTHS has
Please copy the name of Person 5 from page 4, then continue answering questions below.	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name	
Last Nume	No, has not attended in the last 3 months → SKIP to question 11  This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES
	Yes, public school, public college   this person has received. (For example: chemical
First Name MI	Yes, private school, private college, home school  Yes, private school engineering, elementary teacher education, organizational psychology)
	b. What grade or level was this person attending?  Mark (X) ONE box.
	Nursery school, preschool
Where was this person born?	L Kindergarten
In the United States – <i>Print name of state.</i>	Grade 1 through 12 – Specify grade 1 – 12 – 7
	What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior)
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
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	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 beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PAD, EdD)

Person 5 (continued)	6 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for the moiling instructions on page 26.
a. Did this person live in this house or apartment	EACH type of coverage in items a – h. the mailing instructions on page 36.  Yes No
1 year ago?  ☐ Person is under 1 year old → SKIP to	a. Insurance through a current or former employer or union (of this person or another family member)  Because of a physical, mental, or emotional condition, does this person have difficulty
question 16  Yes, this house → SKIP to question 16  No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member)  doing errands alone such as visiting a doctor's office or shopping?  Yes
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  What is this person's marital status?  Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military Widowed health care Divorced
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) ☐ Separated ☐ Never married → SKIP to ■ on the next page
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify   In the PAST 12 MONTHS did this person get –
Name of city, town, or post office	Yes No
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No  How many times has this person been married?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 36.  In what year did this person last get married?  Year
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No
	b. Does this person have serious difficulty walking or climbing stairs?  Yes No
	c. Does this person have difficulty dressing or bathing?  Yes No

Person 5 (continued)		•
Terson 5 (continued)	6 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	a. LAST WEEK, did this person work for pay at a job (or business)?
	Guard? Mark (X) ONE box.	
Answer question 24 if this person is	Never served in the military → SKIP to	Yes → SKIP to question 30  No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	question 29a  Only on active duty for training in the Reserves	
SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	Now on active duty	Yes
4 Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	
Yes		_ no remite question occ
No	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH	At what location did this person work LAST
	period in which this person served, even if just for part of the period.	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most
a. Does this person have any of his/her own	September 2001 or later	last week.
grandchildren under the áge of 18 living in this house or apartment?	☐ August 1990 to August 2001 (including	a. Address (Number and street name)
Yes	Persian Gulf War)	
No → SKIP to question 26	May 1975 to July 1990	If the exact address is not known, give a
	☐ Vietnam era (August 1964 to April 1975)	description of the location such as the building name or the nearest street or intersection.
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964	
under the age of 18 who live in this house or apartment?	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
Yes	January 1947 to June 1950 World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
		city or town?
c. How long has this grandparent been responsible for these grandchildren?	8 a. Does this person have a VA service-connected	☐ Yes
If the grandparent is financially responsible for more than one grandchild, answer the question	disability rating?	☐ No, outside the city/town limits
for the grandchild for whom the grandparent has been responsible for the longest period of time.	Yes (such as 0%, 10%, 20%, , 100%)	d. Name of county
Less than 6 months	No → SKIP to question 29a	an realist of scalinty
6 to 11 months	b. What is this person's service-connected	
1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
☐ 3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
	30 or 40 percent	f. ZIP Code
	50 or 60 percent	
	70 percent or higher	

			_
	Person 5 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise,  37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	
		SKIP to question 39a.	
3	How did this person usually get to work LAST	Yes, could have gone to work	
	WEEK? If this person usually used more than one	No, because of own temporary illness	
	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	a. LAST WEEK, was this person on layoff from	
		a job?	
	☐ Car, truck, or van ☐ Motorcycle	Voc > CVID to question 2Fo	
	☐ Bus or trolley bus ☐ Bicycle	Yes → SKIP to question 35c  38 When did this person last work, even for a few	
	Streetcar or trolley car Walked	□ No days?	
	☐ Subway or elevated ☐ Worked at	Within the past 12 months	
	home → SKIP  Railroad to question 39a	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?   □ 1 to 5 years ago → SKIP to L on the next page	
	Ferryboat Other method	Constitution of the second of	
		Yes, on vacation, temporary illness, maternity leave, other family/personal	
	☐ Taxicab	reasons, bad weather, etc. $\rightarrow$ SKIP to	
		question 38  39 a. During the PAST 12 MONTHS (52 weeks), did	
		No $\rightarrow$ SKIP to question 36 <b>this person work 50 or more weeks? Count</b>	
•	Answer question 32 if you marked "Car,	paid time off as work.	
	truck, or van" in question 31. Otherwise, SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next  □ Yes → SKIP to question 40	
	eran to question ee.	6 months OR been given a date to return to	
		work?	
3	2 How many people, including this person,	<ul> <li>Yes → SKIP to question 37</li> <li>b. How many weeks DID this person work, even</li> </ul>	
	usually rode to work in the car, truck, or van LAST WEEK?	for a few hours, including paid vacation, paid sick leave, and military service?	
	Person(s)		
	1 613011(3)	50 to 52 weeks	
		36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	
		40 to 47 weeks	
		Yes 27 to 39 weeks	
3	What time did this person usually leave home	No → SKIP to question 38      14 to 26 weeks	
	to go to work LAST WEEK?	13 weeks or less	
	Hour Minute	10 Weeks of less	
	a.m.		
	p.m.	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	
		usually work each WEEK?	
3	4 How many minutes did it usually take this	Usual hours worked each WEEK	
	person to get from home to work LAST WEEK?		
	Minutes		

### Person 5 (continued)

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 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 43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

45 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 royalty income, or income from estates and trusts. Report even small amounts credited to an account.

c. Interest, dividends, net rental income, Yes → No Loss

TOTAL AMOUNT for past

12 months

d. Social Security or Railroad Retirement. \_\_ Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ \_\_ Yes → \_\_ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No

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

TOTAL AMOUNT for past

12 months

	Yes →	\$			,			.00
Ш	No	Т	ОТА	L AN	10U	NT t	for p	ast

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	T	OTAL	AM 12	IOU mor	NT fo	or pa	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.

None	 TO	TAL	AM	OU	NT f	for i	oast	1.00	Loss
□ OR	\$							.00	

Now continue with the mailing instructions on page 36.

other (agriculture, construction, service,

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

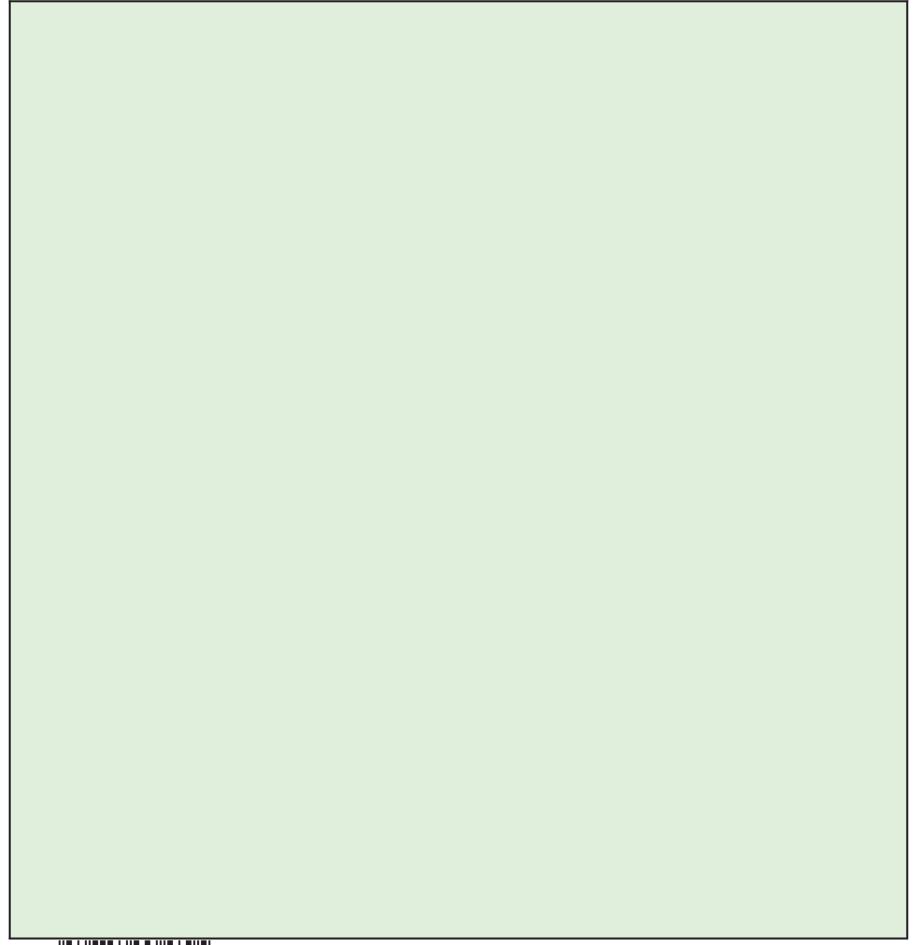
manufacturing? wholesale trade?

retail trade?

government, etc.)?

Page 33 is intentionally left blank

Pages 34 and 35 are intentionally left blank	



# Mailing Instructions

#### Please make sure you have...

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

#### Then...

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

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

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

Thank you for participating in the American Community Survey.

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

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

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

Form ACS-1(X)QD36 (02-05-2013)