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



# THE American Community Survey

## **Start Here**

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

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/acs

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

0	Please print today Month Day	's date. Year	
		0000	
9		ame and telephone number of the pm. We may contact you if there is a qu	
	Last Name		
	First Name		MI
	Area Code + Numb	per	
		0000	
	How many people	are living or staying at this addres	s?
		ne who is living or staying here for mo f if you are living here for more than 2	
	• INCLUDE anyone	else staying here who does not have	
	,,	are here for 2 months or less. <b>E</b> anyone who is living somewhere els	se for more than
		a college student living away or some	
	Number of people		
0	Fill out pages 2, 3, living or staying at complete the rest	, and 4 for everyone, including you t this address for more than 2 mon of the form.	rself, who is ths. Then
	DRM <b>ACS-1(X)CTT</b> 6-09-2015) Draft 4 V2		OMB No. 0607-093

Person 1	Person 2	
(Person 1 is the person living or staying here in whose name this ho or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)		I
What is Person 1's name? Last Name (Please print)  How is this person related to Person 1?	How is this person related to Person 1? Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Son-in-law or daughter-in-law Same-sex unmarried partner Other relative Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Other nonrelative Other nonrelative	ìW
X   Person 1   What is Person 1's sex? Mark (X) ONE box.	Father or mother  What is Person 2's sex? Mark (X) ONE box.	
What is Person 1's age and what is Person 1's date of birth?  Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.  Age (in years)  Month  Day  Year of birth	Male Female  What is Person 2's age and what is Person 2's date of birth?  Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.  Age (in years) Month Day Year of birth	
Which categories describe Person 1? Mark all boxes that apply print details in the spaces below.  White — Print details, for example, German, Irish, English, etc.   ✓	print details in the spaces below.	
Hispanic, Latino, or Spanish origin — Print details, for example, M or Mexican American, Puerto Rican, Colombian, etc.   ✓	Mexican  White — Print details, for example, German, Irish, English, etc.   Hispanic, Latino, or Spanish origin — Print details, for example, Mexican or Mexican American, Puerto Rican, Colombian, etc.   ✓	)
Black or African Am. — Print details, for example, African America Jamaican, Nigerian, etc.	Black or African Am. — Print details, for example, African American, Jamaican, Nigerian, etc.	
Asian — Print details, for example, Chinese, Asian Indian, Vietnames	ese, etc.   Asian — Print details, for example, Chinese, Asian Indian, Vietnamese, etc.	<b>∠</b>
American Indian or Alaska Native — Print name(s) of enrolled or print tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow In Traditional Government, etc.   ✓	principal American Indian or Alaska Native — Print name(s) of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Inupiat Traditional Government, etc.	,
Middle Eastern or North African — Print details, for example, Lebelranian, Egyptian, etc.	Middle Eastern or North African — Print details, for example, Lebanese, Iranian, Egyptian, etc.   ✓	
Native Hawaiian or Other Pacific Islander — Print details, for exa Native Hawaiian, Chamorro, Fijian, etc.	Native Hawaiian or Other Pacific Islander — Print details, for example, Native Hawaiian, Chamorro, Fijian, etc.	
Some other race, ethnicity, or origin — Print details.	Some other race, ethnicity, or origin — Print details.	

	Person	3		Per	son 4	
What is Person 3's nar Last Name (Please print)		t Name		hat is Person 4's name? st Name (Please print)	First Name	M
How is this person rela	ated to Person 1	Mark (X) ONE box.	2 Hc	ow is this person related to Po	erson 1? Mark (X) ONE box	
Opposite-sex husband Opposite-sex unmarri Same-sex husband/w Same-sex unmarried Biological son or daug Adopted son or daugl Stepson or stepdaugh Brother or sister Father or mother	ed partner ife/spouse partner ghter hter	Grandchild Parent-in-law Son-in-law or daughter- Other relative Roomer or boarder Housemate or roommat Foster child Other nonrelative		Opposite-sex husband/wife/spoul Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother	se Grandchild Parent-in-law Son-in-law or da Other relative Roomer or boar Housemate or re Foster child Other nonrelative	der oommate
What is Person 3's sex	? Mark (X) ONE bo	0X.	3 W	hat is Person 4's sex? Mark (X	') ONE box.	
Which categories desc print details in the space	age 0 when the chi. Print numbers in b. Month Day  cribe Person 3? March Schools below.	ld is less than 1 year old.	Age ND 5 WI	hat is Person 4's age and what is Person 4's age and what is ease report babies as age 0 when the print number (in years)  hich categories describe Person int details in the spaces below.  White — Print details, for example	the child is less than 1 year bers in boxes.  Day Year of birth  Son 4? Mark all boxes that a	r old. apply <b>ANE</b>
Hispanic, Latino, or or Mexican American,		Print details, for example, Mex nbian, etc. 🎓	ican	Hispanic, Latino, or Spanish o or Mexican American, Puerto Ric		ple, Mexica
Black or African An Jamaican, Nigerian, e	n. — Print details, fo tc. ⊋	r example, African American,		Black or African Am. — Print of Jamaican, Nigerian, etc.	details, for example, African An	nerican,
Asian — Print details	, for example, Chine	se, Asian Indian, Vietnamese,	etc. ✓	Asian — Print details, for examp	ole, Chinese, Asian Indian, Vietr	namese, etc
American Indian or a tribe(s), for example, I Traditional Government	Navajo Nation, Mayaı	int name(s) of enrolled or prin n, Native Village of Barrow Inu	cipal piat	American Indian or Alaska Nat tribe(s), for example, Navajo Nati Traditional Government, etc.	<b>tive</b> — Print name(s) of enrollec on, Mayan, Native Village of Bai	d or princip rrow Inupia
Middle Eastern or N Iranian, Egyptian, etc.		nt details, for example, Leban	ese,	Middle Eastern or North Afric Iranian, Egyptian, etc. ⊋	an — Print details, for example	e, Lebanese
Native Hawaiian or Native Hawaiian, Cha		der — Print details, for exam	ple,	Native Hawaiian or Other Pac Native Hawaiian, Chamorro, Fijia		or example
Some other race, et	hnicity, or origin -	– Print details. ⊋		Some other race, ethnicity, or	r origin — Print details. ⊋	

1	Wha	Person t is Person 5's name?	on 5		0	If there are more than five people print their names in the spaces for We may call you for more information	or Person 6 through Person 1	2.
	Last I	Name ( <i>Please print</i> )	First Nan	ne MI	C	Person 6  Last Name (Please print)	First Name	MI
2	How	is this person related to Perso	on 1? Ma	ork (X) ONE box.				
		Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner		Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative		Sex  Male  Female	Age (in years)	
		Biological son or daughter  Adopted son or daughter  Stepson or stepdaughter  Brother or sister		Roomer or boarder  Housemate or roommate  Foster child  Other nonrelative		Last Name (Please print)	First Name	MI
3	Wha	Father or mother  t is Person 5's sex? Mark (X) ON	NE box.			Sex Male Female  Person 8	Age (in years)	
4	Wha	Male Female  t is Person 5's age and what is se report babies as age 0 when the Print numbers	Person e child is	less than 1 year old.		Last Name (Please print)	First Name	MI
	Age (	in years) Month Da		Year of birth		Sex Male Female Person 9	Age (in years)	
5	print	ch categories describe Person details in the spaces below.  White — Print details, for example, Comments				Last Name (Please print)	First Name	MI
		Hispanic, Latino, or Spanish origin or Mexican American, Puerto Rican, C				Sex Male Female  Person 10	Age (in years)	
		Black or African Am. — Print detail Jamaican, Nigerian, etc.	ils, for exa	mple, African American,	<u> </u>	Last Name (Please print)	First Name	MI
		Asian — Print details, for example, C	Chinese, A	sian Indian, Vietnamese, etc. 🖡		Sex Male Female	Age (in years)	
		American Indian or Alaska Native tribe(s), for example, Navajo Nation, National Government, etc.	— Print na Mayan, Na	ame(s) of enrolled or principal tive Village of Barrow Inupiat		Last Name (Please print)	First Name	MI
		Middle Eastern or North African - Iranian, Egyptian, etc.	– Print de	tails, for example, Lebanese,		Sex Male Female  Person 12	Age (in years)	
		Native Hawaiian or Other Pacific Native Hawaiian, Chamorro, Fijian, et		— Print details, for example,		Last Name (Please print)	First Name	MI
		Some other race, ethnicity, or ori	gin — Pri	nt details. 🏻		Sex Male Female	Age (in years)	

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	$\overline{}$	44		1

	Housing	Answer questions 4 and 5 if this is a	Does this house, apartment, or mobile
		HOUSE OR A MOBILE HOME; otherwise,	home have - Yes No
•	Please answer the following questions about the house,	SKIP to question 6a.	a. hot and cold running water?
ı	apartment, or mobile home at the address on the mailing label.		b. a bathtub or shower?
	address on the manning label.	How many acres is this house or mobile home on?	c. a sink with a faucet?
1	Which best describes this building? Include all apartments, flats, etc., even if	Less than 1 acre → SKIP to question 6a	d. a stove or range?
ı	vacant.	1 to 9.9 acres	e. a refrigerator?
	A mobile home  A one-family house detached from any other house  A one-family house attached to one or	☐ 10 or more acres  IN THE PAST 12 MONTHS, what	Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.
ı	more houses	were the actual sales of all agricultural products from this property?	Yes
	A building with 2 apartments	None	□ No
ı	A building with 3 or 4 apartments		9 At this house, apartment, or mobile home –
ı	A building with 5 to 9 apartments	\$1 to \$999	do you or any member of this household own or use any of the following types of
ı	A building with 10 to 19 apartments	\$1,000 to \$2,499	computers? Yes No
ı	A building with 20 to 49 apartments	\$2,500 to \$4,999	a. Desktop or laptop
ı	A building with 50 or more apartments	\$5,000 to \$9,999	b. Smartphone
	Boat, RV, van, etc.	\$10,000 or more	c. Tablet or other portable wireless computer
2	About when was this building first built?	a. How many separate rooms are in this house, apartment, or mobile home?	d. Some other type of computer Specify   ✓
3	2000 or later - Specify year   1990 to 1999   1980 to 1989   1970 to 1979   1960 to 1969   1950 to 1959   1940 to 1949   1939 or earlier   When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?   Month Year   1990	Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.  • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.  Number of rooms  • How many of these rooms are bedrooms?  Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms	O At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?  Yes, by paying a cell phone company or Internet service provider  Yes, without paying a cell phone company or Internet service provider → SKIP to question 12  No access to the Internet at this house, apartment, or mobile home → SKIP to question 12  Do you or any member of this household have access to the Internet using a –  a. Cellular data plan for a smartphone or other mobile device?  b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?  c. Satellite Internet service installed in this household?  d. Dial-up Internet service installed in this household?  e. Some other service? Specify service   Specify service   Specify service      Dial-up Internet service   Dial-up Int

# **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	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?  Last month's cost – Dollars  Solution  OR  Included in rent or condominium fee	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.  Yes No
E	2 3 4 5 6 or more  Which FUEL is used MOST for heating this	b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?  Last month's cost – Dollars  \$ 0.00  OR	Is this house, apartment, or mobile home part of a condominium?  Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.  Monthly amount – Dollars
	house, apartment, or mobile home?  Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	□ Included in rent or condominium fee □ Included in electricity payment entered above □ No charge or gas not used  C. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost − Dollars  □ No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost − Dollars  □ Included in rent or condominium fee □ No charge or these fuels not used	OR  None  No  17 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)	١
Housing	(Continued)	l

E	3	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
1	8	a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount – Dollars
		\$ 00,000.00
		b. Does the monthly rent include any meals?
		☐ Yes ☐ No
		Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E.
		mosne neme. etnerwise, etni te E.
1	9	About how much do you think this house and lot, apartment, or mobile
		home (and lot, if owned) would sell for if it were for sale?
		home (and lot, if owned) would sell for
		home (and lot, if owned) would sell for if it were for sale?
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 100, 00  What are the annual real estate taxes on
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1,000  What are the annual real estate taxes on THIS property?
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 100  What are the annual real estate taxes on THIS property?  Annual amount – Dollars
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 100, 00  What are the annual real estate taxes on THIS property?  Annual amount – Dollars  \$ 0,00
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 10, 00  What are the annual real estate taxes on THIS property?  Annual amount – Dollars  \$ 1, 10, 00  OR
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 100, 100, 100  What are the annual real estate taxes on THIS property?  Annual amount – Dollars  \$ 10, 100, 100  OR  None  What is the annual payment for fire, hazard, and flood insurance on THIS
2	D	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,
2	0	home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  \$ 1, 100, 100, 100  What are the annual real estate taxes on THIS property?  Annual amount – Dollars  \$ 10, 100, 100  OR  None  What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars

	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?
	Yes, mortgage, deed of trust, or similar debt	Yes, home equity loan
	Yes, contract to purchase	Yes, second mortgage
	No → SKIP to question 23a	Yes, second mortgage and home equity loan
h	How much is the veguler monthly	$\square$ No $\rightarrow$ SKIP to $\square$
	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
	Monthly amount – Dollars	on THIS property?
	\$ .00	Monthly amount – Dollars
	OR	,
	No regular payment required → SKIP to question 23a	OR  No regular payment required
	Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
	payment  No, taxes paid separately or taxes	
	Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?  Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?  Exclude real estate taxes.  Annual costs – Dollars  \$ .00
		Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

	Р	erson	1
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Please copy the name of Person 1 from page 2, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Where was this person born?  In the United States – Print name of state.  Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.  Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 9a  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? If this person came to live in United States more than once, print latest year. Year	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 14a  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  14 a. Did this person live in this house or apartment 1 year ago?  Person is under 1 year old → SKIP to question 15  Yes, this house → SKIP to question 15  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 15
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 10  Yes, public school, public college	Answer question 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.  This question focuses on this person's BACHELOR'S DEGREE. Please print below the	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)
Yes, private school, private college, home school  b. What grade or level was this person attending Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	Name of city, town, or post office  Name of U.S. county or municipio in Puerto Rico
College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		Name of U.S. state or Puerto Rico ZIP Code



# Person 1 (continued)

3	Is this person CURRENTLY covered by any of the	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
ע	following types of health insurance or health	the questions for Ferson 2 on page 12.	SKII to question 23a.
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a – h.	a. Because of a physical, mental, or emotional	24 Has this person given birth to any children in
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.	condition, does this person have serious difficulty concentrating, remembering, or making decisions?	the past 12 months?
	a. Insurance through a current or former employer or union (of this person or another family member)	Yes	No
	b. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or	walking or climbing stairs?	Yes
	any kind of state- or government-assistance plan for those with low income	Yes No	No → SKIP to question 26
	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace,	c. Does this person have difficulty dressing or bathing?	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?
	HealthCare.gov, or a similar state website (by this person or another	Yes	Yes
		No	No → SKIP to question 26
	e. TRICARE or other military health care		· ·
	f. VA (including those who have ever used or enrolled for VA health care)	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to	c. How long has this grandparent been responsible for these grandchildren?  If the grandparent is financially responsible for
	g. Indian Health Service h. Other type of health coverage NOT	the questions for Person 2 on page 12.	more than one grandchild, answer the question for the grandchild for whom the grandparent has
	listed above – Specify $\nearrow$	Passage of a physical mental or emotional	been responsible for the longest period of time.
		condition, does this person have difficulty	Less than 6 months
		doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
	Answer question 16a if this person is	Yes	1 or 2 years
	covered by health insurance. Otherwise,	□ No	3 or 4 years
	SKIP to question 17a.		5 or more years
	2 Door this ways an areather family mamber	What is this person's marital status?	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
٥	a. Does this person or another family member pay a premium for this health insurance plan?	Now married	Mark (X) ONE box.
	A premium is a fixed amount of money paid on a regular basis for health coverage. It does not	Widowed	Never served in the military → SKIP to question 29a
	include copays, deductibles, or other expenses such as prescription costs.	<ul><li>Divorced</li><li>Separated</li></ul>	Only on active duty for training in the Reserves
	Yes	Never married → SKIP to J	or National Guard → SKIP to question 28a
	No → SKIP to question 17a		Now on active duty
	b. Based on family income, does this person or another family member receive financial	In the PAST 12 MONTHS did this person get –  Yes No	On active duty in the past, but not now
	assistance through a subsidy or tax credit to		When did this person serve on active duty in the
	help pay part or all of the cost of the premium for this plan?	b. Widowed?	<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	Yes	c. Divorced?	September 2001 or later
	□ No		
	a. Is this person deaf or does he/she have serious difficulty hearing?	How many times has this person been married?  Once	August 1990 to August 2001 (including Persian Gulf War)  May 1975 to July 1990
	Yes	Two times	Vietnam era (August 1964 to April 1975)
	□ No	Three or more times	February 1955 to July 1964
	h la this namen blind an dosa ha/aha hawa		Korean War (July 1950 to January 1955)
	serious difficulty seeing even when wearing	In what year did this person last get married?  Year	January 1947 to June 1950
	glasses?		World War II (December 1941 to December 1946)
	☐ Yes ☐ No		November 1941 or earlier

	Person 1 (continued
2	a. Does this person have a VA service-c

28	a. Does this person have a VA service-connected	WE	w did this person usually EEK? Mark ONE box for the nsportation used for most o	meth	od of	35	will	this person been informed that he or she be recalled to work within the next onths OR been given a date to return to k?
T	disability rating?		Car, truck, or van		Taxicab			Yes → SKIP to question 37
	Yes (such as 0%, 10%, 20%,, 100%)							No
	No → SKIP to question 29a		Bus	Ш	Motorcycle			NO
	b. What is this person's service-connected disability rating?		Subway or elevated rail  Long-distance train or		Bicycle Walked	36	During	the LAST 4 WEEKS, has this person been ELY looking for work?
	0 percent	_	commuter rail	H				· ·
	10 or 20 percent		Light rail, streetcar, or trolley	Ш	Worked from home → SKIP to question 39a			es o → SKIP to question 38
	30 or 40 percent		Ferryboat		Other method			
	50 or 60 percent					37	LAST	NEEK, could this person have started a
	·		swer question 32 if you				job if o recalle	offered one, or returned to work if d?
29	a. LAST WEEK, did this person work for pay at a job (or business)?		ick, or van" in question 3 (IP to question 33.	1. 01	nerwise,			es, could have gone to work
							∐ N	o, because of own temporary illness
	<ul><li>Yes → SKIP to question 30</li><li>No – Did not work (or retired)</li></ul>	us	w many people, including	g this car, t	s person, truck, or van		□ N	o, because of all other reasons (in school, etc.)
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		ST WEEK? rson(s)				When days?	did this person last work, even for a few
	Yes						□ w	/ithin the past 12 months
	No → SKIP to question 35a							to 5 years ago → SKIP to M
30	At what location did this person work LAST	3 LA	ST WEEK, what time did	his p	erson's trip to			
7	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most		ork usually begin?				□ 0 q	ver 5 years ago or never worked → SKIP to uestion 42
	last week.	Но		a.m.				
	a. Address (Number and street name)			p.m.		39	this vaca	ing the PAST 12 MONTHS (52 weeks), did person work EVERY week? Count paid ation, paid sick leave, and military service
			w many minutes did it us				as w	ork.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	l [	rson to get from home to nutes	work	CLAST WEEK?			Yes → SKIP to question 40 No
	b. Name of city, town, or post office						b. Duri	ing the PAST 12 MONTHS (52 weeks), how
		L					man paid	y WEEKS did this person work? Include I time off and include weeks when the on only worked for a few hours.
	c. Is the work location inside the limits of that		iswer questions 35 – 38 i d NOT work last week. Ot				Wee	
	city or town?		question 39a.		7,00, 6,411			
	No, outside the city/town limits							
	d. Name of county		LAST WEEK, was this per a job?	son c	on layoff from	40	During	the PAST 12 MONTHS, in the WEEKS
			Yes → SKIP to question	n 35c	:		WORK	ED, how many hours did this person work each WEEK?
	o Nome of II C state or farring according		No				Usual h	nours worked each WEEK
	e. Name of U.S. state or foreign country		LAST WEEK, was this per absent from a job or busi					
			_					
	f. ZIP Code		Yes, on vacation, temperature,	famil etc. •	ly/personal → SKIP.to			
			No → SKIP to question	36				



# **Person 1 (continued)**

M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

**DESCRIPTION OF EMPLOYMENT** 

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

PRIVA	ATE S	SECTO	OR EM	PLOYEE

	For-r	rofit	company	or or	organizatio
		,, ,,,,,	oonipung	0.	or garnzation

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city or
county school district)

**State government** (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

**d. Was this mainly -** Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

bullating plants for Work	dotano,

#### **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
		,			,			
Ш	No	тот	ΔΙ	ΔΜΟ	LINIT	for	nas	t

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

12 months

Loss

12 months

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

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

Yes	\$ → \$		.00
∐ No	TOTA	L AMOUN 12 mont	T for past

e. Supplemental Security Income (SSI).

	Yes →	\$00,000.	00
	No	TOTAL AMOUNT for p	as

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

	Yes→	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; 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	TOTAL AMOUNT for past 12 months	Loss

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



		13056122
Please copy the name of Person 2 from page 2 then continue answering questions below.  Last Name  First Name  MI	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	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.  13 a. Does this person speak a language other than
Where was this person born?  In the United States – Print name of state.  Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Grade 1 through 11 – Specify grade 1 – 11 –  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE	English at home?  Yes  No → SKIP to question 14a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese
7 Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 9a  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? If this person came to live in United States more than once, print latest year. Year		c. How well does this person speak English?  Very well  Well  Not well  Not at all  a. Did this person live in this house or apartmen 1 year ago?  Person is under 1 year old → SKIP to question 15
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 colleg degree.  No, has not attended in the last 3 months → SKIP to question 10  Yes, public school, public college  Yes, private school, private college, home school  b. What grade or level was this person attendir Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person as received. (For example: chemical anginoring alamostary to other education.)	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?  Address (Number and street name)  Name of city, town, or post office  Name of U.S. county or municipio in Puerto Rico
College undergraduate years (freshman to senior)		Name of U.S. state or Puerto Rico ZIP Code



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

# Person 2 (continued)

		<b>)</b> (	Answer question 18a – c if this person is		Answer question 24 if this person is
•	Is this person CURRENTLY covered by any o	the	5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.		female and 15 – 50 years old. Otherwise, SKIP to question 25a.
	following types of health insurance or healt	1	and queenene terr electric on page ter		
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH t of coverage in items a – h.	<sup>pe</sup> 1	a. Because of a physical, mental, or emotional	24 1	doo this warran wirran hireth to ann shildren in
	Do NOT include plans that cover only one type o		condition, does this person have serious difficulty concentrating, remembering, or		Has this person given birth to any children in the past 12 months?
	service, such as dental, drug or vision plans.		making decisions?		Yes
	a. Insurance through a current or Yes	lo	Yes		No
	former employer or union (of this person or another family member)			<b>25</b> a	a. Does this person have any of his/her own
	b. Medicare, for people 65 and older,	- I		Ψ,	grandchildren under the age of 18 living in
	or people with certain disabilities  c. Medicaid, Medical Assistance, or		<ul><li>b. Does this person have serious difficulty walking or climbing stairs?</li></ul>		this house or apartment?
	any kind of state- or		Yes		☐ Yes
	government-assistance plan for those with low income		□ No		No → SKIP to question 26
	d. Insurance purchased directly from		c. Does this person have difficulty dressing or		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren
	an insurance company or through a State or Federal Marketplace,		bathing?		under the age of 18 who live in this house or
	HealthCare.gov, or a similar state	_	Yes		apartment?
	family member)	_	□ No		☐ Yes
	e. TRICARE or other military health care				No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)		Answer question 19 if this person is	•	c. How long has this grandparent been responsible for these grandchildren?
	g. Indian Health Service	7 1	15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.		If the grandparent is financially responsible for more than one grandchild, answer the question
			the questions for Ferson 3 on page 16.		for the grandchild for whom the grandparent has
	h. Other type of health coverage NOT listed above – <i>Specify</i> ✓	1	Because of a physical, mental, or emotional		been responsible for the longest period of time.
		4	condition, does this person have difficulty		Less than 6 months
		_	doing errands alone such as visiting a doctor's office or shopping?		6 to 11 months
	Answer question 16a if this person is		Yes		1 or 2 years
	covered by health insurance. Otherwise,		□ No		3 or 4 years
	SKIP to question 17a.		□ NO		5 or more years
		2	What is this person's marital status?	<b>26</b> I	Has this person ever served on active duty in the
6	a. Does this person or another family memb pay a premium for this health insurance p	er lan2	Now married		U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.
	A premium is a fixed amount of money paid of	n a	Widowed	'	Never served in the military → SKIP to
	regular basis for health coverage. It does not include copays, deductibles, or other expense	;	Divorced		question 29a
	such as prescription costs.		Separated		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	Yes		Never married → SKIP to J		Now on active duty
	No → SKIP to question 17a		In the DACT to MONTHS I' I'		,
	b. Based on family income, does this person	or 2	In the PAST 12 MONTHS did this person get –  Yes No		On active duty in the past, but not now
	another family member receive financial assistance through a subsidy or tax credi	to	a. Married?	<b>27</b> !	When did this person serve on active duty in the
	help pay part or all of the cost of the pren for this plan?	ium		i	<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the
			b. Widowed?	I	period.
	☐ Yes		c. Divorced?		September 2001 or later
	□ No	2:	How many times has this person been married?		August 1990 to August 2001 (including Persian Gulf War)
	<ul> <li>a. Is this person deaf or does he/she have serious difficulty hearing?</li> </ul>		Once		May 1975 to July 1990
	Yes		Two times		☐ Vietnam era (August 1964 to April 1975)
	No		Three or more times		February 1955 to July 1964
	b. Is this person blind or does he/she have		No. 10 to 10		Korean War (July 1950 to January 1955)
	serious difficulty seeing even when wear glasses?	ng 2	In what year did this person last get married? Year		January 1947 to June 1950
					World War II (December 1941 to December 1946)
	☐ Yes				November 1941 or earlier
	No				

Person 2 (c	continued
-------------	-----------

		31	How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.  35 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	•
8	<ul> <li>a. Does this person have a VA service-connected disability rating?</li> </ul>	i	work?	
	Yes (such as 0%, 10%, 20%,, 100%)		<ul><li>□ Car, truck, or van</li><li>□ Taxicab</li><li>□ Yes → SKIP to question 37</li></ul>	
			☐ Bus ☐ Motorcycle ☐ No	
	b. What is this person's service-connected		Subway or elevated rail Bicycle  Bicycle  During the LAST 4 WEEKS, has this person been	n
	disability rating?		Long-distance train or Walked ACTIVELY looking for work?	11
	0 percent		commuter rail  Worked from  Yes	
	10 or 20 percent		Light rail, streetcar, or trolley home $\rightarrow$ SKIP to question 39a $\square$ No $\rightarrow$ SKIP to question 38	
	30 or 40 percent		Ferryboat Other method	
	50 or 60 percent		37 LAST WEEK, could this person have started a job if offered one, or returned to work if	
	70 percent or higher	K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	
9	a. LAST WEEK, did this person work for pay		SKIP to question 33.	
	at a job (or business)?		No, because of own temporary illness	
	Yes → SKIP to question 30	32	How many people, including this person,	c.)
	No – Did not work (or retired)		usually rode to work in the car, truck, or van LAST WEEK?	
	<ul><li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li></ul>		Person(s) When did this person last work, even for a few days?	
	Yes		Within the past 12 months	
	No → SKIP to question 35a		1 to 5 years ago → SKIP to M	
0	At What loodtion and this person work EAST	33		
	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most last week.		Hour Minute	
	a. Address (Number and street name)		a.m. 39 a. During the PAST 12 MONTHS (52 weeks), did	d
			p.m. this person work EVERY week? Count paid vacation, paid sick leave, and military service	
		34		
	If the exact address is not known, give a description of the location such as the building		person to get from home to work LAST WEEK? Yes → SKIP to question 40	
	name or the nearest street or intersection.  b. Name of city, town, or post office		Minutes No	
	b. Name of city, town, or post office		b. During the PAST 12 MONTHS (52 weeks), ho many WEEKS did this person work? Include	W
			paid time off and include weeks when the person only worked for a few hours.	
	c. Is the work location inside the limits of that	Ļ	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP  Weeks	
	city or town?		to question 39a.	
	Yes			
		35	a. LAST WEEK, was this person on layoff from	
	d. Name of county		a job?  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person would work each WEEK?	
			Yes → SKIP to question 35c usually work each WEEK?  No Usual hours worked each WEEK	
	e. Name of U.S. state or foreign country			
			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal	
			reasons, bad weather, etc. → <i>SKIP.to</i> question 38	
			No → SKIP to question 36	



# **Person 2 (continued)**



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

# **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

ı	PRI\	/ A :	TE.	CE	CT	0	DE	MD	V	ÆΠ	

	For-profit	company	or	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city o	r
county school district)	

1	State government (including state
i	colleges/universities)

Active duty U.S. Armed Forces of	10
C	
Commissioned Corps	

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

**d. Was this mainly -** Mark (X) ONE box.

manufacturing?

wholesale trade? retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f.	Describe this person's most important

activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

#### **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
		,			,			
Ш	No	тот	ΔΙ	ΔΜΟ	LINIT	for	nas	t

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

12 months

Yes →	\$ 00.00	
No	TOTAL AMOUNT for past	Loss

12 months

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

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

12 months

d. Social Security or Railroad Retirement.

☐ Yes →	\$ 00,000.00
No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.0	0
Ш	No	TOTAL AMOUNT for pa	s

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

	Yes →	\$ 00,000 .00
Ш	No	TOTAL AMOUNT for past

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes	5 → \$	إلالا		.00
No	ТОТ	ΓAL AMOU	JNT for p	oast

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 →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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



Person 3	3
----------	---

	reison 5	10 What is the highest degree or level of school 2 What is this person's ancestry or ethnic origin?
<b>→</b>	Please copy the name of Person 3 from page 3,	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
T	then continue answering questions below.	NO SCHOOLING COMPLETED
	Last Name	No schooling completed (For example: Italian, Jamaican, African Am.,
		NURSERY OR PRESCHOOL THROUGH GRADE 12  Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
	First Name MI	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  Nursery school
		Kindergarten  A Does this person speak a language other than English at home?
6	Where was this person born?	Grade 1 through 11 – Specify
T	In the United States – Print name of state.	grade 1 – 11 – Yes
		No → SKIP to question 14a
		b. What is this language?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA
		HIGH SCHOOL GRADUATE  For example: Korean, Italian, Spanish, Vietnamese
A		Regular high school diploma  c. How well does this person speak English?
4	Is this person a citizen of the United States?  ✓ Yes, born in the United States → SKIP to	GED or alternative credential
	question 9a	COLLEGE OR SOME COLLEGE
ı	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Some college credit, but less than 1 year of college credit
	Yes, born abroad of U.S. citizen parent	1 or more years of college credit, no degree
	☐ or parents ☐ Yes, U.S. citizen by naturalization – <i>Print year</i>	Associate's degree (for example: AA, AS)
ı	of naturalization —	Bachelor's degree (for example: BA, BS)  14 a. Did this person live in this house or apartment
ı		AFTER BACHELOR'S DEGREE
ı	No, not a U.S. citizen	Mester's degree (for example, MA, MS, MEng.  Person is under 1 year old $\rightarrow$ SKIP to
		MEd, MSW, MBA) question 15
8	When did this person come to live in the United States? If this person came to live in	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Yes, this house → SKIP to question 15
	United States more than once, print latest year. Year	No. outside the United States and
	real	Doctorate degree (for example: PhD, EdD) Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15
ı		then SKIP to question 15
9	a. At any time IN THE LAST 3 MONTHS, has	Answer question 11 if this person has a
T	this person attended school or college? Include only nursery or preschool, kindergarten,	bachelor's degree or higher. Otherwise,  No, different house in the United States or
	elementary school, home school, and schooling which leads to a high school diploma or a college	SKIP to question 12.
	degree.	b. Where did this person live 1 year ago?
	<ul> <li>No, has not attended in the last 3 months → SKIP to question 10</li> </ul>	Address (Number and street name)
	Yes, public school, public college	This question focuses on this person's BACHELOR'S DEGREE. Please print below the
	Yes, private school, private college, home school	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical
	b. What grade or level was this person attending Mark (X) ONE box.	anginaging alamentary taggher adjustion
	Nursery school, preschool	
	Kindergarten	Name of U.S. county or
	Grade 1 through 12 – Specify	municipio in Puerto Rico
	grade 1 – 12 –	
	K	Name of U.S. state or
	College undergraduate years (freshman to	Puerto Rico ZIP Code
	senior)	
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)	



# Person 3 (continued)

	<u> </u>	H	Answer question 18a – c if this person is		Answer question 24 if this person is
7	Is this person CURRENTLY covered by any of t	he	5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		female and 15 – 50 years old. Otherwise, SKIP to question 25a.
	following types of health insurance or health		and queenene to the country of page 20.		One to quotien zon
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH typof coverage in items a – h.	18	a. Because of a physical, mental, or emotional	24	Use this naveau siven hinth to any shildness in
	Do NOT include plans that cover only one type of		condition, does this person have serious difficulty concentrating, remembering, or		Has this person given birth to any children in the past 12 months?
	service, such as dental, drug or vision plans.		making decisions?		Yes
	a. Insurance through a current or Yes No		Yes		No
	former employer or union (of this person or another family member)			25	a. Does this person have any of his/her own
	b. Medicare, for people 65 and older,				grandchildren under the age of 18 living in
	or people with certain disabilities  c. Medicaid, Medical Assistance, or		b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?
	any kind of state- or		Yes		Yes
	government-assistance plan for those with low income		□ No		No → SKIP to question 26
	d. Insurance purchased directly from		c. Does this person have difficulty dressing or		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren
	an insurance company or through a State or Federal Marketplace,		bathing?		under the age of 18 who live in this house or
	HealthCare.gov, or a similar state		Yes		apartment?
	family member)		□ No		Yes
	e. TRICARE or other military health care				No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)	1	Answer question 19 if this person is		c. How long has this grandparent been responsible for these grandchildren?
	g. Indian Health Service		15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		If the grandparent is financially responsible for more than one grandchild, answer the question
	_		the questions for Person 4 on page 20.		for the grandchild for whom the grandparent has
	h. Other type of health coverage NOT listed above – <i>Specify</i> □	15	Because of a physical, mental, or emotional		been responsible for the longest period of time.
		U	condition, does this person have difficulty		Less than 6 months
			doing errands alone such as visiting a doctor's office or shopping?		6 to 11 months
	Answer question 16a if this person is		Yes		1 or 2 years
	covered by health insurance. Otherwise,		No		3 or 4 years
	SKIP to question 17a.		INO		5 or more years
		20	What is this person's marital status?	26	Has this person ever served on active duty in the
6	a. Does this person or another family member pay a premium for this health insurance pla	,2	Now married	$oldsymbol{ au}$	U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.
	A premium is a fixed amount of money paid on a		Widowed		Never served in the military → SKIP to
	regular basis for health coverage. It does not include copays, deductibles, or other expenses		Divorced		question 29a
	such as prescription costs.		Separated		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	Yes		Never married → SKIP to <b>J</b>		Now on active duty
	No → SKIP to question 17a		In the DACT 12 MONTHS JULY		,
	b. Based on family income, does this person o	2	In the PAST 12 MONTHS did this person get –  Yes No		On active duty in the past, but not now
	another family member receive financial assistance through a subsidy or tax credit to	,	a. Married?	27	When did this person serve on active duty in the
	help pay part or all of the cost of the premiu for this plan?	m	b. Widowed?		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the
	Yes				period.
	No		c. Divorced?		September 2001 or later
•		22	How many times has this person been married?		August 1990 to August 2001 (including Persian Gulf War)
	a. Is this person deaf or does he/she have serious difficulty hearing?	Ī	Once		May 1975 to July 1990
	Yes		Two times		Vietnam era (August 1964 to April 1975)
	No		Three or more times		February 1955 to July 1964
	b. Is this person blind or does he/she have		In what was did this passes last set set is 12		Korean War (July 1950 to January 1955)
	serious difficulty seeing even when wearing glasses?	2	In what year did this person last get married?  Year		January 1947 to June 1950
					World War II (December 1941 to December 1946)
	☐ Yes				November 1941 or earlier
	No				

Person 3	(continued

9	a. Doos this poyeer house a VA comitica community	31	WEEK? Mark ONE box for the method of transportation used for most of the distance.  will be recalled to work within the next 6 months OR been given a date to return to	)
O O	<ul> <li>a. Does this person have a VA service-connecte disability rating?</li> </ul>	d	work?	
	Yes (such as 0%, 10%, 20%, , 100%)		□ Car, truck, or van   □ Taxicab   □ Yes → SKIP to question 37	
			☐ Bus ☐ Motorcycle ☐ No	
	b. What is this person's service-connected		Subway or elevated rail Bicycle  Bicycle  During the LAST 4 WEEKS, has this person beer	n
	disability rating?		Long-distance train or Walked ACTIVELY looking for work?	
	U 0 percent		Worked from Yes  Light rail, streetcar, home → SKIP	
	10 or 20 percent		or trolley to question 39a $\sim$ No $\rightarrow$ SKIP to question 38	
	30 or 40 percent		Ferryboat Other method	
	50 or 60 percent		37 LAST WEEK, could this person have started a job if offered one, or returned to work if	
	70 percent or higher	K	Answer question 32 if you marked "Car, recalled?	
9	a. LAST WEEK, did this person work for pay		truck, or van" in question 31. Otherwise, SKIP to question 33.  Yes, could have gone to work	
	at a job (or business)?		No, because of own temporary illness	
	Yes → SKIP to question 30	æ	How many people, including this person,  No, because of all other reasons (in school, etc.)	c.)
	No – Did not work (or retired)		usually rode to work in the car, truck, or van	/
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		Person(s)  When did this person last work, even for a few days?	
	Yes		Within the past 12 months	
	No → SKIP to question 35a			
7	At what location did this person work LAST	33	1 to 5 years ago → SKIP to M  LAST WEEK, what time did this person's trip to	
۳	WEEK? If this person worked at more than one		work usually begin? Over 5 years ago or never worked → SKIP to question 42	
	location, print where he or she worked most last week.		Hour Minute	
	a. Address (Number and street name)		a.m. p.m.  39 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid the past and military country and military country.	
			vacation, paid sick leave, and military service as work.	е
	If the exact address is not known, give a	34	How many minutes did it usually take this person to get from home to work LAST WEEK?   Yes → SKIP to question 40	
	description of the location such as the building name or the nearest street or intersection.		Minutes No	
	b. Name of city, town, or post office		b. During the PAST 12 MONTHS (52 weeks), ho	14/
			many WEEKS did this person work? Include	•
			paid time off and include weeks when the person only worked for a few hours.	
	c. Is the work location inside the limits of that city or town?	4	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP	
	Yes		to question 39a.	
	No, outside the city/town limits			
	'	35	a. LAST WEEK, was this person on layoff from a job?	
	d. Name of county		a job?  Uning the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	
			☐ No Usual hours worked each WEEK	
	e. Name of U.S. state or foreign country		L. LACT WIFEY, was this manager TEMPORARILY	
			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal	
			reasons, bad weather, etc. → SKIP to question 38	
			No → SKIP to question 36	



## **Person 3 (continued)**



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

# 41 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	<b>SECTOR</b>	<b>EMPLO</b>	YEE
----------------	---------------	--------------	-----

For-pro	fit comi	oanv or	organizat	ior
I OI DIO		July OI	OI Guilleat	.101

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city o	r
county school district)	

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

**d. Was this mainly -** Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

	01		-,	

#### **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
		- 1	,			,			
Ш	No		TOT	Δ١	ΔΜΟ	TIALL	for	nac	t

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

12 months

Yes →	\$ .00	
No	TOTAL AMOUNT for past	Loss
	TOTAL AIVIOUNT TOT past	_000

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 →	\$ 0,000,000.00	
ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

☐ Yes →	\$ 00,000.00
No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$00,000.	00
	No	TOTAL AMOUNT for p	as

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

	Yes→	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	.00
No	TOTAL AMOUNT for post
	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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



		13056205
	Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  No schooling completed  What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school  Kindergarten  Nursery or Preschool Through Grade 12  Nursery school  Through Grade 12  French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on the preschool 13  a. Does this person speak a language other than English at home?
6	Where was this person born?  In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11  No → SKIP to question 14a  b. What is this language?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	□ 12th grade - NO DIPLOMA  HIGH SCHOOL GRADUATE □ Regular high school diploma  For example: Korean, Italian, Spanish, Vietnames
7	Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 9a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents	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  C. How well does this person speak English?  Well  Not well  Not well
	Yes, U.S. citizen by naturalization – <i>Print year of naturalization</i> No, not a U.S. citizen  When did this person come to live in the	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)  Did this person live in this house or apartment 1 year ago?  Person is under 1 year old → SKIP to question 15
	United States? If this person came to live in United States more than once, print latest year. Year	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  □ Doctorate degree (for example: PhD, EdD)  Ves, this house → SKIP to question 15  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 15
9	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 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.  No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?
	No, has not attended in the last 3 months → SKIP to question 10  Yes, public school, public college  Yes, private school, private college,	Address (Number and street name)  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
	home school  b. What grade or level was this person attending Mark (X) ONE box.  Nursery school, preschool	anging aring alamentary topobar advection
	Grade 1 through 12 – Specify grade 1 – 12	Name of U.S. county or municipio in Puerto Rico
	College undergraduate years (freshman to	Name of U.S. state or Puerto Rico ZIP Code

College undergraduate years (freshman to senior)

# Person 4 (continued)

<b>a</b>	Is this person CURRENTLY covered by any of the	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type		on to question see
	of coverage in items a – h.	a. Because of a physical, mental, or emotional condition, does this person have serious	Has this person given birth to any children in
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.	difficulty concentrating, remembering, or making decisions?	the past 12 months?  Yes
	a. Insurance through a current or former employer or union (of this person or another family member)	☐ Yes ☐ No	No
	b. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or	walking or climbing stairs?	Yes
	any kind of state- or government-assistance plan for those with low income	☐ Yes ☐ No	No → SKIP to question 26
	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace,	c. Does this person have difficulty dressing or bathing?	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?
	HealthCare.gov, or a similar state website (by this person or another family member)	Yes	Yes
	e. TRICARE or other military health care	No	No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)	Answer question 19 if this person is	c. How long has this grandparent been responsible for these grandchildren?
	g. Indian Health Service	15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	If the grandparent is financially responsible for more than one grandchild, answer the question
	h. Other type of health coverage NOT listed above – Specify   □	the questione for release of the page 2 h	for the grandchild for whom the grandparent has been responsible for the longest period of time.
	ilsted above – Specify g		Less than 6 months
		condition, does this person have difficulty doing errands alone such as visiting a doctor's	6 to 11 months
		office or shopping?	1 or 2 years
	Answer question 16a if this person is covered by health insurance. Otherwise,	Yes No	3 or 4 years
	SKIP to question 17a.		5 or more years
2	a Doos this person or another family member	What is this person's marital status?	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
٥	a. Does this person or another family member pay a premium for this health insurance plan?  A premium is a fixed amount of money paid on a	Now married	Mark (X) ONE box.
	regular basis for health coverage. It does not include copays, deductibles, or other expenses	Widowed	Never served in the military → SKIP to question 29a
	such as prescription costs.	Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	Yes	Never married → SKIP to <b>J</b>	Now on active duty
		In the PAST 12 MONTHS did this person get –	On active duty in the past, but not now
	b. Based on family income, does this person or another family member receive financial	Yes No	When did this person serve on active duty in the
	assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?	a. Married?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
	Yes	b. Widowed?	period.
	No No	c. Divorced?	September 2001 or later
7	a. Is this person deaf or does he/she have	How many times has this person been married?	August 1990 to August 2001 (including Persian Gulf War)
	serious difficulty hearing?	Once	May 1975 to July 1990
	Yes	Two times Three or more times	<ul><li>✓ Vietnam era (August 1964 to April 1975)</li><li>✓ February 1955 to July 1964</li></ul>
	No		Korean War (July 1950 to January 1955)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	In what year did this person last get married? Year	January 1947 to June 1950
	glasses?	Teal	World War II (December 1941 to December 1946)
	Yes		
	No		November 1941 or earlier

Person 4	(continued

	a Desemble person have a VA service connected	31	How did this person usually get to work L WEEK? Mark ONE box for the method of transportation used for most of the distance.	AST 3	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
9	a. Does this person have a VA service-connected disability rating?	a			work?
	Yes (such as 0%, 10%, 20%,, 100%)		Car, truck, or van		Yes → SKIP to question 37
			☐ Bus ☐ Motorcyc	cle	No
	b. What is this person's service-connected disability rating?		Subway or elevated rail Bicycle Long-distance train or Walked	3	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
	0 percent		commuter rail		
	10 or 20 percent		Light rail, streetcar, or trolley  Worked f home → to questi	SKIP	<ul><li>Yes</li><li>No → SKIP to question 38</li></ul>
	30 or 40 percent		Ferryboat Other me		
	50 or 60 percent			3	
	70 percent or higher	K	Answer question 32 if you marked "Car,		job if offered one, or returned to work if recalled?
9	a. LAST WEEK, did this person work for pay		truck, or van" in question 31. Otherwise, SKIP to question 33.		Yes, could have gone to work
	at a job (or business)?				No, because of own temporary illness
	Yes → SKIP to question 30	32	How many people, including this person,		No, because of all other reasons (in school, etc.)
	No – Did not work (or retired)		usually rode to work in the car, truck, or v LAST WEEK?	van	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		Person(s)	3	When did this person last work, even for a few days?
	Yes				Within the past 12 months
	No → SKIP to question 35a				1 to 5 years ago → SKIP to M
0	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.	33	LAST WEEK, what time did this person's to work usually begin?  Hour Minute	rip to	Over 5 years ago or never worked → SKIP to question 42
	a. Address (Number and street name)		a.m.	3	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.
	If the exact address is not known, give a	34	How many minutes did it usually take this person to get from home to work LAST W	s EEK?	Yes → SKIP to question 40
	description of the location such as the building name or the nearest street or intersection.		Minutes		No
	b. Name of city, town, or post office				b. During the PAST 12 MONTHS (52 weeks), how
					many WEEKS did this person work? Include paid time off and include weeks when the
	c. Is the work location inside the limits of that city or town?	L	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIF to question 39a.	,	person only worked for a few hours. Weeks
	Yes				
	No, outside the city/town limits	35	a. LAST WEEK, was this person on layoff t	from	
	d. Name of county		a job?	4	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
			Yes → SKIP to question 35c		usually work each WEEK?
	e. Name of U.S. state or foreign country	'	No		Usual hours worked each WEEK
			b. LAST WEEK, was this person TEMPORA absent from a job or business?	ARILY	
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/persona reasons, bad weather, etc. → SKIP to question 38	I	
			No → SKIP to question 36		



# **Person 4 (continued)**

M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

**DESCRIPTION OF EMPLOYMENT** 

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	CECTOR	EMADL	OVEE
PRIVAIL	SELIUR	CIVIPL	UTEE

ш	For-profit	company or	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city of	r
county school district)	

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

**d. Was this mainly -** Mark (X) ONE box.

manufacturing?
leadared a territor

wholesale trade? retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review

building pla	ans for work	details)	

#### **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		,					
	TO	ΤΔΙ	AMC	אנונ.	Γ for	nas	t

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

12 months

	Yes →	\$ .00	
	No	, ,	
ш	NO	TOTAL AMOUNT for past	Loss

12 months

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

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	_

d. Social Security or Railroad Retirement.

Yes	<b>→</b> \$ 00,0	.00
No	TOTAL AMOU 12 mor	NT for past

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00
No	TOTAL AMOUNT for pass

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

	Yes→	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

	Yes → No	\$ 000,000.00
		TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
L N	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00.000.000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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



			13030247
7	Please copy the name of Person 5 from page 4, then continue answering questions below.  Last Name    First Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery 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.)  a. Does this person speak a language other than English at home?  Yes No → SKIP to question 14a  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 1 year ago?  Person is under 1 year old → SKIP to question 15 Yes, this house → SKIP to question 15 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 15
9	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 10  Yes, public school, public college  Yes, private school, private college, home school  b. What grade or level was this person attendin Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical projection of a received to the specific major specific specif	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago? Address (Number and street name)  Name of city, town, or post office  Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or
	College undergraduate years (freshman to senior)		Puerto Rico ZIP Code



# Person 5 (continued)

5	Is this person CURRENTLY covered by any of the	5 years old or over. Otherwise, SKIP to	nswer question 24 if this person is emale and 15 – 50 years old. Otherwise, KIP to question 25a.
	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type	and maning management on page 25	9
	of coverage in items a – h.	condition does this newson have serious (24) III	as this person given birth to any children in
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.	condition, does this person have serious difficulty concentrating, remembering, or making decisions?	e past 12 months? Yes
	a. Insurance through a current or former employer or union (of this person or another family member)	☐ Yes ☐ No	No
	b. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or	walking or climbing stairs?	Yes
	any kind of state- or government-assistance plan for those with low income	☐ Yes ☐ No	No → SKIP to question 26
	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace,	c. Does this person have difficulty dressing or bathing?	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?
	HealthCare.gov, or a similar state website (by this person or another	Yes	Yes
	family member)  e. TRICARE or other military health care	□ No	No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)	Answer question 19 if this person is	How long has this grandparent been responsible for these grandchildren?
		15 years old or over. Otherwise, SKIP to	responsible for these grandchildren? If the grandparent is financially responsible for
	g. Indian Health Service h. Other type of health coverage NOT	the mailing instructions on page 28.	more than one grandchild, answer the question for the grandchild for whom the grandparent has
	listed above – Specify $\nearrow$	Because of a physical, mental, or emotional	been responsible for the longest period of time.
		condition, does this person have difficulty	Less than 6 months
		doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
	Answer question 16a if this person is	Yes	1 or 2 years 3 or 4 years
	covered by health insurance. Otherwise,	No	5 or more years
	SKIP to question 17a.	What is this person's marital status?	
3	a. Does this person or another family member pay a premium for this health insurance plan?	November of	as this person ever served on active duty in the .S. Armed Forces, Reserves, or National Guard? lark (X) ONE box.
	A premium is a fixed amount of money paid on a regular basis for health coverage. It does not	Widowed	Never served in the military → SKIP to
	include copays, deductibles, or other expenses such as prescription costs.	Divorced	question 29a
	Yes	Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	No → SKIP to question 17a	Never married → SKIP to J	Now on active duty
		In the PAST 12 MONTHS did this person get - Yes No	On active duty in the past, but not now
	b. Based on family income, does this person or another family member receive financial assistance through a subsidy or tax credit to	a Mauria d2	hen did this person serve on active duty in the
	help pay part or all of the cost of the premium for this plan?	in	<b>S. Armed Forces?</b> Mark (X) a box for EACH period which this person served, even if just for part of the
	Yes		eriod.
	□ No	c. Divorced?	September 2001 or later August 1990 to August 2001 (including
7	a. Is this person deaf or does he/she have	How many times has this person been married?	August 1990 to August 2001 (including Persian Gulf War)
	serious difficulty hearing?	Once	May 1975 to July 1990
	☐ Yes	Two times Three or more times	Vietnam era (August 1964 to April 1975)
	□ No	I filled of filore tilles	February 1955 to July 1964  Korean War (July 1950 to January 1955)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing		January 1947 to June 1950
	glasses?	Year	World War II (December 1941 to December 1946)
	Yes		November 1941 or earlier
	No		

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28	Person 5 (continue)  a. Does this person have a VA serving disability rating?	81	How did this person usually WEEK? Mark ONE box for the transportation used for most of	method of	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 (such as 0%, 10%, 20%,	, 100%)	Car, truck, or van	Taxicab	Yes → SKIP to question 37
	No → SKIP to question 29a		Bus	Motorcycle	No
	b. What is this person's service-con	nected	Subway or elevated rail	Bicycle	
	disability rating?	linecteu	Long-distance train or	Walked	36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
	0 percent		commuter rail	Worked from	Yes
	10 or 20 percent		Light rail, streetcar, or trolley	home → SKIP to question 39a	No > CVID to guartian 20
	30 or 40 percent		Ferryboat	Other method	
	50 or 60 percent				37 LAST WEEK, could this person have started a
	70 percent or higher	K	Answer question 32 if you r		job if offered one, or returned to work if recalled?
29		k for nav	truck, or van" in question 33 SKIP to question 33.	1. Otherwise,	Yes, could have gone to work
Ÿ	at a job (or business)?	K for pay	,		No, because of own temporary illness
	Yes → SKIP to question 30	32	How many people, including	ı this nerson	No, because of all other reasons (in school, etc.)
	No – Did not work (or retired)	<b>T</b>	usually rode to work in the C	car, truck, or van	
	b. LAST WEEK, did this person do A for pay, even for as little as one h	NY work lour?	Person(s)		When did this person last work, even for a few days?
	Yes				Within the past 12 months
	No → SKIP to question 35a				1 to 5 years ago → SKIP to M
30	At what location did this person we WEEK? If this person worked at more location, print where he or she worked last week.	than one	work usually begin?  Hour Minute		
	a. Address (Number and street nan	34	How many minutes did it us		a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.
	If the exact address is not known, giver description of the location such as the name or the nearest street or interse	ve a ne building ction.	person to get from home to Minutes	work LAST WEEK?	<ul><li>Yes → SKIP to question 40</li><li>No</li></ul>
	b. Name of city, town, or post offic	ee	000		b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.
	c. Is the work location inside the li city or town?	mits of that	Answer questions 35 – 38 if did NOT work last week. Ot to question 39a.	herwise, SKIP	Weeks
	No, outside the city/town limits				
	d. Name of county	35	<ul><li>a. LAST WEEK, was this pers a job?</li><li>Yes → SKIP to question</li></ul>		During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
	. N		No		Usual hours worked each WEEK
	e. Name of U.S. state or foreign co	untry	b. LAST WEEK, was this pers absent from a job or busin	son TEMPORARILY ness?	

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38

No → SKIP to question 36



f. ZIP Code

## Person 5 (continued)



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

# **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	CECTOR	EMADL	OVEE
PRIVAIL	SELIUR	CIVIPL	UTEE

For-profit	company	or	organization
I OI-PIOIIL	company	Oi	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

$\Box$	Local government (for example: city or	r
	county school district)	

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

**d. Was this mainly -** Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review

#### **INCOME IN THE PAST 12 MONTHS**

building plans for work details)

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
		,			,			
Ш	No	TOT	Δ١	ΔΜΟΙ	INIT	for	nac	t

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

12 months

☐ Yes → \$	
No TOTAL AMOUNT for past Lo	ss

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	
	NI.	, ,	
Ш	No	TOTAL AMOUNT for past	Loss

12 months

d. Social Security or Railroad Retirement.

Yes	<b>\$</b>  \$ 00,000	.00
No	TOTAL AMOUNT for 12 months	past

e. Supplemental Security Income (SSI).

Yes →	\$00,000	.00
No	TOTAL AMOUNT for	pas

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

	Yes → No	\$00,000.	00
		TOTAL AMOUNT for p	ast

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00.000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Now continue with the mailing instructions on page 28.



# Mailing Instructions

## Please make sure you have...

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

## Then...

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

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use						
POP	EDIT PHONE		JIC1	JIC2		
EDIT CLERK	TELEPHONE CLEF	RK	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)CTT (06-09-2015)