

D-352.1GQ (GQE)

U.:
Economic

GROUP QUARTERS ENUMERATION RECORD
GROUP QUARTERS ENUMERATION
2018 CENSUS Test

RCC:
ACO:
GQ ID:

III B
#

GQ Name: _____

Facility Name: _____

1. State: _____ 2. County: _____ 3. BCU No: _____ 4. Map Spot No: _____ 5. GQ Ty

6a. Street Number: _____ 6b. Street Name: _____ 6c. Apt/Unit: _____

7. Rural Route or P.O. Box Number: _____

8. City: _____ 9. Zip Code: _____

10. Building Name: _____ 11. Building Number: _____

12. Location Description: _____

13. GQ Contact Name: _____ 14. GQ Contact Title: _____

15. GQ Contact Telephone Number: _____ 16. Business Email: _____

17. Secondary Contact Name: _____ 18. Secondary Contact Title: _____

19. Secondary Contact Telephone Number: _____ 20. Max Pop: _____

21. Will this facility be operating on April 1, 2018? Yes No SEE NOTES SECTION

22. Expected Pop: _____ 23. Are clients males only, females only, or both? Males Females

24. How will this facility be enumerated? **Only show the enumeration type selected in Advanced Contact**

Enumeration Types consist of:

In-Person Interview Drop off/Pick up Questionnaire Paper Response Data Transfe

Facility Self Enumeration (CORRECTIONAL FACILITIES & HOSPITALS ONLY) Electronic Response Data Transfer (eResp

25. Are there any people at this location that do not speak or understand English? Yes NO

If yes - What language do they speak?

26. Enumeration appointment (Date & Time): _____

27. Any specific instructions Census staff need to know in order to count the people at this location?

Yes No SEE NOTES SECTION

28. Do you have a roster available for our use during enumeration? Yes No

29. Can you or a staff member assist with the enumeration? Yes No

30. Staff member name and telephone number:

Name _____ Telephone _____

NOTES SECTION

31. (Lead) Enumerator Name & ID: _____ 32. Date Assigned (mm/dd/yy): _____

33. Date Enumeration Completed/Pick-up Date (mm/dd/yy): _____ 34. # of ICQs (Census

35. I certify that I have completed enumeration (Enumerator Signature): _____

36. For Supervisory Use Only:
 N R D-1 D-2 Survivor ID# _____ V O

Office Use Only: Rework

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THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS.
YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS
PRINTED WITH THIS NUMBER.

NO. APPROVAL EXPIRES

U.S. Department of Commerce
and Statistics Administration
U.S. Census Bureau

BARCODE Number |||
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Items 1-28 and notes should be prepopulated

Code:

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Both

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Form with multiple empty rows for data entry.

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Day pop):

Form with multiple empty rows for data entry.

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D-352.1MFV (SBE)
(MM/DD/YYYY)

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Economic anc

**REGULARLY SCHEDULED MOBILE FOOD VAN ENUMERATION REC
GROUP QUARTERS ENUMERATION
2018 CENSUS Test**

RCC:
ACO:
GQ ID:

III E
#

GQ Name: _____
Facility Name: _____

1. State:	2. County:	3. BCU No:	4. Map Spot No:	5. GQ
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6a. Street Number:	6b. Street Name:	6c. Apt/Unit:
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7. Rural Route or P.O. Box Number: _____

8. City:	9. Zip Code:
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10. Location Description: _____

11. GQ Contact Name:	12. GQ Contact Title:
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13. GQ Contact Telephone Number:	14. Secondary Contact Name:
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15. Secondary Contact Title:	16. Secondary Contact Telephone N
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17. Business Email:	18. Max Pop:
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19. What are the major intersections of this stop? _____

20. Arrival and departure time of this stop?	21. Expected Pop:									
<table style="width:100%;"> <tr> <td style="width:33%;">Arrival Time</td> <td style="width:33%;">Departure Time</td> <td></td> </tr> <tr> <td>_____ : _____ a.m.</td> <td>_____ : _____ a.m.</td> <td></td> </tr> <tr> <td>_____ : _____ p.m.</td> <td>_____ : _____ p.m.</td> <td></td> </tr> </table>	Arrival Time	Departure Time		_____ : _____ a.m.	_____ : _____ a.m.		_____ : _____ p.m.	_____ : _____ p.m.		
Arrival Time	Departure Time									
_____ : _____ a.m.	_____ : _____ a.m.									
_____ : _____ p.m.	_____ : _____ p.m.									

22. Do clients stay near van? Yes No

23. Method of receiving food (i.e. line up, congregate, other): SEE NOTES SECTION

24. Enumeration appointment date and time:

<input type="checkbox"/> Wednesday, March 28	_____ : _____ a.m.
<input type="checkbox"/> Thursday, March 29	_____ : _____ a.m.
<input type="checkbox"/> Friday, March 30	_____ : _____ a.m.

25. Are there any people at this location that do not speak or understand English? Yes No

If yes - What language do they speak? _____

26. Any specific instructions Census staff need to know in order to count the people at this location?
 Yes No SEE NOTES SECTION

NOTES SECTION

25. (Lead) Enumerator Name & ID:	26. Date Assigned (mm/dd/yy):
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27. I certify that I have completed enumeration (Enumerator Signature) _____

28. Date Enumeration Conducted (mm/dd/yy):	29. # of ICQs (Census Day pop):
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30. For Supervisory Use Only:
 N R D-1 D-2 Survivor ID# _____ V

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**THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS.
YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS
PRINTED WITH THIS NUMBER.**

ORD

BARCODE Number III

##

Type Code:

Number:

____ : ____ p.m.

____ : ____ p.m.

____ : ____ p.m.

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D-352.1SH (SBE)
(MM/DD/YYYY)

U.S. Department of Commerce
Economic and Statistics Administration
U.S. Census Bureau

**SHELTER ENUMERATION RECORD
GROUP QUARTERS ENUMERATION
2018 CENSUS Test**

RCC:
ACO:
GQ ID:

||| **BARCODE Number** |||
##

GQ Name: _____

Facility Name: _____

1. State:	2. County:	3. BCU No:	4. Map Spot No:	5. GQ Type Code:
6a. Street Number:		6b. Street Name:		6c. Apt/Unit:
7. Rural Route or P.O. Box Number:				
8. City:			9. Zip Code:	
10. Building Name:			11. Building Number:	
12. Location Description:				
13. GQ Contact Name:			14. GQ Contact Title:	
15. GQ Contact Telephone Number:			16. Business Email:	
17. Secondary Contact Name:			18. Secondary Contact Title:	
19. Secondary Contact Telephone Number:				20. Max Pop:
21. How early do clients arrive? ____:____ a.m. ____:____ p.m.		22. What is the earliest clients may enter? ____:____ a.m. ____:____ p.m.		23. Expected Pop:
24. Are clients males only, females only, or both? <input type="checkbox"/> Males Only <input type="checkbox"/> Females Only <input type="checkbox"/> Both		25. What are the general procedures clients follow when they enter the shelter? GO TO NOTES SECTION		
26. Are there any people at this location that do not speak or understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes - What language do they speak?				
27. Any specific instructions Census staff need to know in order to count the people at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No SEE NOTES SECTION				
28. Enumeration appointment date and time: <input type="checkbox"/> Wednesday, March 28 _____:____ a.m. _____:____ p.m. <input type="checkbox"/> Thursday, March 29 _____:____ a.m. _____:____ p.m. <input type="checkbox"/> Friday, March 30 _____:____ a.m. _____:____ p.m.				
29. Do you have a roster of clients that will be available for our use during enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30. Can a staff member assist with the enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Staff member name and telephone number: Name _____ Telephone _____				
NOTES SECTION				
32. (Lead) Enumerator Name & ID:			33. Date Assigned (mm/dd/yy):	

34. Date enumeration conducted (mm/dd/yy):	35. # of ICQs (Census Day pop):
36. <i>For Supervisory Use Only:</i> <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 Survivor ID# _____ <input type="checkbox"/> V <input type="checkbox"/> O	
##### THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS. YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS PRINTED WITH THIS NUMBER. #####	

D-352.1SK (SBE)
(MM/DD/YYYY)

**SOUP KITCHEN ENUMERATION RECORD
GROUP QUARTERS ENUMERATION
2018 CENSUS Test**

RCC:
ACO:
GQ ID:

III BA
###

GQ Name: _____
Facility Name: _____

1. State:	2. County:	3. BCU No:	4. Map Spot No:	5. GQ
6a. Street Number:		6b. Street Name:		6c. Apt/Unit:
7. Rural Route or P.O. Box Number:				
8. City:				9. Zip Code:
10. Building Name:			11. Building Number:	
12. Location Description:				
13. GQ Contact Name:			14. GQ Contact Title:	
15. GQ Contact Telephone Number:			16. Business Email:	
17. Secondary Contact Name:		18. Secondary Contact Title:		
19. Secondary Contact Telephone Number:			20. Max Pop:	
20. Which meal serves the largest number of people? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner				
21. At what time is this meal served? ____:____ a.m. ____:____ p.m.		22. Expected pop at this meal?	23. At what time do clients asser ____:____ a.m. ____	
24. Method of receiving food (i.e. line up, congregate, other): SEE NOTES SECTION				
25. Are there any people at this location that do not speak or understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes - What language do they speak?

26. Enumeration appointment date and time:	<input type="checkbox"/> Wednesday, March 28	____:____ a.m.
	<input type="checkbox"/> Thursday, March 29	____:____ a.m.
	<input type="checkbox"/> Friday, March 30	____:____ a.m.

27. Any specific instructions Census staff need to know in order to count the people at this location?
 Yes No SEE NOTES SECTION

28. Can a staff member assist with the enumeration? Yes No

29. Staff member name and telephone number:

Name _____ Telephone _____

NOTES SECTION

30. (Lead) Enumerator Name & ID:	31. Date Assigned (mm/dd/yy):
32. Date enumeration conducted (mm/dd/yy):	33. # of ICQs (Census
34. For Supervisory Use Only:	

N

R

D-1

D-2 Survivor ID# _____

V

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Department of Commerce
Economic Statistics Administration
U.S. Census Bureau

RCODE Number |||

##

Type Code:

Available for this meal?

: ____ p.m.

____:____ p.m.

____:____ p.m.

____:____ p.m.

: Day pop):

o

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PRINTED WITH THIS NUMBER.

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