THIS LISTING CONTAINS CONFIDENTIAL INFORMATION, THE RELEASE OF WH	ICH IS PROHIBITED BY TITLE 13, U.S.C., OMB N
D-352.1GQ (GQE)	U.: Economic
	NUMERATION RECORD RS ENUMERATION SUS Test
	B
GQ Name:	
Facility Name:	
1. State: 2. County: 3. BCU No:	4. Map Spot No: 5. GQ Typ
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:	144 00 0 4 4 7 11
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:
	SEE NOTES SECTION
22. Expected Pop: 23. Are clients males only, females or	<u></u>
24. How will this facility be enumerated? *Only show the enumeration	ype selected in Advanced Contact
Enumeration Types consist of:	
In-Person Interview Drop off/Pick up Question Facility Self Enumeration (CORRECTIONAL FACILITIES & HOSPITALS ONLY) Elector Are there any people at this location that up not speak of unders	
If yes - What language do they speak?	
26. Enumeration appointment (Date & Time):	
27. Any specific instructions Census staff need to know in order to c	ount 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
	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 Signatu	re):
36. For Supervisory Use Only: □ N □ R □ D-1 □ D-2 Survivor ID#	U UO
Office Use Or	ıly: ☐ Rework
THIS IS THE CONTROL AND MORE FOR	

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

VO. APPROVAL EXPIRES	
S. Department of Commerce and Statistics Administration	
U.S. Census Bureau	
##### ### #### #######################	
	Items 1-28 and notes should be prepopula
De Code:	
□ Both	
Both	
r onse)	
J150)	
David	
Day pop):	
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D-352.1MFV (SBE) (MM/DD/YYYY) U.S. E Economic and

REGULARLY SCHEDULED MOBILE FOOD VAN ENUMERATION RECO GROUP QUARTERS ENUMERATION 2018 CENSUS Test

RCC: ACO: GQ ID: GQ Name:							B
Facility Name:							
1. State:	2. County:	3.	BCU No:		4. Map Spot N	0:	5. GQ
6a. Street Number:		6b. St	treet Name:		•	6c. Apt/Unit:	
7. Rural Route or P.	O. Box Number:					•	
8. City:						9. Zip Code:	
10. Location Descrip	otion:					•	
11. GQ Contact Nar	ne:				12. GQ Contac	ct Title:	
13. GQ Contact Tele	ephone Number:				14. Secondary	Contact Nam	ne:
15. Secondary Conta	act Title:				16. Secondary	Contact Telep	ohone N
17. Business Email:					18. Max Pop:		
19. What are the ma	jor intersections of	this sto	p?				
20. Arrival and depa	rture time of this sto	p? Ai —	rrival Time :a.n :p.n	າ	parture Time _: a.m: p.m.	21. Expecte	d Pop:
22. Do clients stay r	ıear van? □ Yes □	No					
23. Method of receiv	ving food (i.e. line up	, cong	regate, other): SEE NOT	ES SECTION		
24. Enumeration ap			[☐ Thursday ☐ Friday, Ma	arch 30	es uno	a.m. a.m. a.m.
	guage do they spea		or op court		ag	35 = 115	
26. Any specific instr ☐Yes ☐ No SEE	uctions Census stat		to know in o	rder to coun	t the people at t	his location?	
			N	OTES SECT	ΓΙΟΝ		
25. (Lead) Enumera	tor Name & ID:				26. Date Assig	ned (mm/dd/\	
27. I certify that I have		eration	(Enumerator	Signature)	1	(
28. Date Enumeration	•			<u> </u>	29. # of ICQs (Census Dav	pop):
30. For Supervisory □ N	`		□ D-2	Survivor ID	l	□ V	

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Department of Commerce
I Statistics Administration U.S. Census Bureau
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SARCODE Number
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Type Code:
umber:
: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 I):				2010	22300 10				on=	
GQ I	Name:							-	BARC	ODE Ni ### ##	
Facil	lity Name:							-			
1. S	tate:	2.	County:		3. BCU No:		4. Map Spot	: No:	5. GQ Typ	oe Code	e:
6a. S	Street Number	:		6b.	Street Name:		•	6c. Apt/Unit			
7. R	ural Route or F	P.O.	Box Number:	<u>I</u>				•			
8. C	ity:							9. Zip Code:			
10. I	Building Name	:					11. Building	Number:			
12. L	ocation Descri	ptio	n:								
13. (GQ Contact Na	ame	:				14. GQ Con	tact Title:			
15. (GQ Contact Te	eleph	none Number:					16. Busines	s Email:		
17. S	Secondary Con	tact	Name:			18. Secondary	Contact Title				
19. \$	Secondary Cor	ntac	t Telephone Nur	nber	:				20. Max P	op:	
	How early do c		•			arliest clients ma	ay enter?	23. Expecte		<u>'</u>	
	: a.m.		_: p.m.		: a.m.	: p.m.					
			only, females onl	-		25. What are t			nts follow w	hen the	ey enter
Z0. <i>P</i>	Males Only The there any p	□ F eop	emales Only le at triis location	□ В т ипа	oth . uo not speak	the shelter or understand	? GO TO NOTE English? 😐 Y	ES SECTION ES 🔲 NO			
	f yes - What laı	ngua	age do they spea	ak?							
27. A	any specific ins	truc	tions Census sta	aff ne	eed to know in	order to count t	he people at t	his location?			
	es 🗆 No see										
28. I	Enumeration a	ppoi	intment date and	tim	e:	☐ Wednesday		:_	a.m		
						☐ Thursday, N		:_	a.m		
20 1	Do you have a	root	tor of alignts that	النبيد	ha available fo	☐ Friday, Mar		:	a.m	:	_ p.m.
			ter of clients that er assist with the			r our use durinç ☑ Yes No	g enumeration	? 🗆 Yes	□ No		
			e and telephone			1 1es					
						· · · · · · · · · · · · · · · · · · ·	Telephone _				
					NO	TES SECTION					
	<u> </u>										
32. ((Lead) Enumer	ator	· Name & ID:				33. Date As	signed (mm/d	ld/yy):		

34.	Date enumeration	on conducte	3	35. # of ICQs	s (Census Day pop):				
36.	36. For Supervisory Use Only:								
	□N	□R	□ D-1	☐ D-2 Sun	vivor ID#	□V	0 0		
7	####			RIALS FOR ENU	R FOR THIS GROUP QUA JMERATION INCLUDE LAS I THIS NUMBER.		####		

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

U.S. Depai Economic and Stat

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RCC: ACO: GQ ID:	S	OU	GROUP (EN ENUMERAT QUARTERS ENUM 18 CENSUS Te	ERATION	ORD	
GQ Name:							BA ###
Facility Name:						<u>.</u>	
1. State:	2. County:		3. BCU No):	4. Map Sp	oot No:	5. GQ
6a. Street Number:		6b.	Street Nam	ne:	•	6c. Apt/Unit:	
7. Rural Route or P	.O. Box Number:	1					
8. City:						9. Zip Code:	
10. Building Name:					11. Buildii	ng Number:	
12. Location Descrip	ntion:					3	
13. GQ Contact Na					14 GO C	ontact Title:	
15. GQ Contact Tel					14. 00 0	16. Business I	Email:
	•			10. Cocondon. Co	onto at Title	To. Business i	
17. Secondary Cont19. Secondary Con		mho	r·	18. Secondary Co	ontact Title:	20. Max Pop:	
	·			☐ Breakfast	□ Lunc		nor.
20. Which meal ser		_					
21. At what time is t : a.m.	inis meai served? : p.m.	22.	Expected p	oop at this meal?	23. At WII	at time do client a.m.	
24. Method of recei	ving food (i.e. line u	ıp, c	ongregate, o	other): SEE NOTES	SECTION		
zo. Are there any pe	• •	•		•		res 💷 No	
If yes - What lan	guage do they spea	ak?					
26. Enumeration ap	pointment date and	d tim	ie:	☐ Wednesday, N	/larch 28	:	a.m.
				☐ Thursday, Mai	rch 29	:	a.m.
				☐ Friday, March	30	:	a.m.
27. Any specific inst	ructions Census sta	aff n	eed to know	in order to count t	he people a	t this location?	
□Yes □ No SEE							
28. Can a staff men				☐ Yes ☐ No			
29. Staff member n	ame and telephone	nur	nber:				
Name					Telephone	9	
				NOTES SECTION			
20 (Load) Enumera	ator Namo & ID:				21 Data	Assigned (mm/s	14/27.
30. (Lead) Enumera32. Date enumeration		'nhb	w):		Jor. Date /	Assigned (mm/c	
34. For Supervisory		<i></i>	7/			155. 11 51 15 65	<u>, 50,1000</u>

□N	□R	□ D-1	□ D-2 Survivor ID#	U V	
####	ŧ		ONTROL NUMBER FOR THIS GROUP (ERIALS FOR ENUMERATION INCLUDE PRINTED WITH THIS NUMBER.	•	

rtment of C tistics Adm U.S. Censu	inistration
RCODE No	
Type Cod	e:
ıble for this	
: p.m.	
:: :	_ p.m. _ p.m. _ p.m.
Day pop):	

° #### D-352.1TNSOL (SBE) (MM/DD/YYYY) U.S. Department of Commerce Economic and Statistics Administration U.S. Census Bureau

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TARGETED NONSHELTERED OUTDOOR LOCATION ENUMERATION RECORD GROUP QUARTERS ENUMERATION 2018 CENSUS Test

ACO: GQ ID: GQ Name Facility Na								-		ARCODE Nur	
1. State:	-	2. County:	3	. BCU No:			4. Map	Spot No:	5. GC	Type Code:	
6a. Street				b. Street Na	ame:		•	<u> </u>		- 71	
7. Rural R	Route or	P.O. Box N	lumber:								
8. City:								9. Zip Code:			
10. Locati	on Desc	ription:						<u>'</u>			
11. GQ C		-					12. GC	Contact Title:			
13. GQ Contact Telephone Number:								condary Contact N	Name:		
15. Secon					16. S	econdary		Telephone Numb			
			d between 12	:00 a.m. to 7			From _	:a.m	То	:a.	m.
18. Expec	ted Pop	:	19. Security i	ssues: 🗖	Yes s	EE NOTES S	ECTION	□ No			
Zo. Are the	ere any p	people at th	iis iocation tha	ıı ao noi spe	ак ог с	unuerstant	Englis	n? 🗀 Yes 🗀 No			
If yes -	What la	anguage do	they speak?								
21. Any sp	ecific in	structions (Census staff n	eed to know	in ord	er to coun	the pe	ople at this location	n?		
□Yes□	No se	E NOTES SE	CTION								
					NOTE	S SECTIO	N				
22. (Lead)) Enume	erator Name	e & ID:				23. Da	te Assigned (mm	/dd/yy):		
24. Date 6	enumera	tion condu	cted (mm/dd/y	y):				25. # of ICQs (C	ensus Da	ay pop):	
26. For Su	uperviso	ry Use Onl	y:								
□N		□R	□ D-1		D-2 S	Survivor ID	<i></i>	U V		O	
			THIS IS TH	E CONTROL	NUMB	ER FOR TI	IIS GRO	OUP QUARTERS.			

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