D-352.1GQ (GQE)			U. Economic
RCC: ACO:			ס
GQ ID:			
GQ Name:			E #
Facility Name:		_	
1. State: 2. County: 3. BCU No:	4. Map Spot N	lo:	5. GQ Typ
6a. Street Number: 6b. Street Name:		6c. Apt/Uni	it:
7. Rural Route or P.O. Box Number:			
8. City:		9. Zip Code	:
10. Building Name:	11. Building N	lumber:	
12. Location Description:			
13. GQ Contact Name:	14. GQ Conta	ct Title:	
15. GQ Contact Telephone Number:		16. Busine	ss Email:
17. Secondary Contact Name:	18. Secondary	Contact Title	e:
19. Secondary Contact Telephone Number:		20. Max Po	p:
21. Will this facility be operating on April 1, 2018?	SEE NOTES SEC	TION	
22. Expected Pop: 23. Are clients males only, females o	only, or both?	Males	□ Females
24. How will this facility be enumerated? *Only show the enumeration	-	dvanced Conta	act*
Enumeration Types consist of:			
	Dener		ata Tuanafa
In-Person Interview Drop off/Pick up Questic	-	Response D	
Facility Self Enumeration (CORRECTIONAL FACILITIES & HOSPITALS ONLY) Electronic Speak of Under	ectronic Respons		ster (eResp
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 neonle	at this location	200
	count the people		JII ?
28. Do you have a roster available for our use during enumeration?			
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 Assid	gned (mm/dd	/yy):
31. (Lead) Enumerator Name & ID: 33. Date Enumeration Completed/Pick-up Date (mm/dd/yy):	32. Date Assi	gned (mm/dd 34. # of IC0	
<ul><li>33. Date Enumeration Completed/Pick-up Date (mm/dd/yy):</li><li>35. I certify that I have completed enumeration (Enumerator Signat</li></ul>			
33. Date Enumeration Completed/Pick-up Date (mm/dd/yy):	ure):		
<ul> <li>33. Date Enumeration Completed/Pick-up Date (mm/dd/yy):</li> <li>35. I certify that I have completed enumeration (Enumerator Signat</li> <li>36. For Supervisory Use Only:</li> <li>N IR ID-1 ID-2 Survivor ID#</li> </ul>	ure):	34. # of IC0	

VO. APPROVAL EXPIRES
S. Department of Commerce and Statistics Administration U.S. Census Bureau
ARCODE Number
++++++++ ++++++++++++++++++++++++++++++
e Code:
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r
onse)
Day pop):
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## Items 1-28 and notes should be prepopulated

D-352.1MFV (SBE) (MM/DD/YYYY)						Eco	U.S. pnomic an
	REGULARLY		ROUP QU	_	NUMERATION	-	ON REC
RCC: ACO: GQ ID:							
GQ Name: Facility Name:						_	111
1. State:	2. County:	3.	BCU No:		4. Map Spot	No:	5. GC
6a. Street Number:		6b. Stre	eet Name:		1	6c. Apt/U	nit:
7. Rural Route or F	P.O. Box Number:	I					
8. City:						9. Zip Cod	e:
10. Location Descr	iption:					I	
11. GQ Contact Na	•				12. GQ Cont	act Title:	
13. GQ Contact Te					14. Seconda		ame:
15. Secondary Con	· ·					ry Contact Telephone N	
13. Secondary contact rife.16. Secondary17. Business Email:18. Max Pop:							-
19. What are the m	ajor intersections	of this stop	?				
20. Arrival and dep			_:a.m _:p.m	ı	parture Time :a.m. :p.m.	21. Expec	
<ol> <li>22. Do clients stay</li> <li>23. Method of rece</li> </ol>			nate other	). SEE NOT	TES SECTION		
24. Enumeration ap	opointment date a	and time:		<ul> <li>Wednesc</li> <li>Thursday</li> <li>Friday, Mag</li> </ul>	day, March 28 /, March 29 arch 30	: : : Yes u INO	a.m a.m a.m
-	nguage do they sp						
26. Any specific inst		staff need to	o know in o	rder to cour	nt the people a	t this location	?
Yes No SE	E NOTES SECTION		NI	OTES SEC			
				5123 520	TION		
25. (Lead) Enumer	ator Name & ID.				26. Date Ass	ianed (mm/d	q////).
27. I certify that I ha		umeration (F	numerator	Signature)	1	"grica (mm/u	u yy).
28. Date Enumerat	-			5.9.14.010)	29. # of ICQs	s (Census Da	v pon).
30. For Supervisory		,					5 POPJ.



THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS. YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS PRINTED WITH THIS NUMBER. Department of Commerce **J** Statistics Administration U.S. Census Bureau

## ORD

## SARCODE Number |||

Type Code: umber:

> \_\_:\_\_\_\_ p.m. \_\_:\_\_\_ p.m. \_\_:\_\_\_\_ p.m.

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## ####

APPROVAL EXPIRES M D-352.1SH (SBE) (MM/DD/YYYY)						U.S Economic		ics Adm		
		S	GROUP QUA	NUMERATIO	ERATION	)				
RCC: ACO: GQ ID:									umbor III	
GQ Name: Facility Name:						-		* ### ##	umber     ### ##	
1. State:	2. County:		3. BCU No:		4. Map Spo	- t No:	5. GQ Ty	pe Code	e:	
6a. Street Number:	,	6b.	Street Name:			6c. Apt/Unit:		•		
7. Rural Route or F										
8. City:						9. Zip Code:				
10. Building Name:	:				11. Building					
12. Location Descri										
13. GQ Contact Na	ame:				14. GQ Con	ntact Title:				
15. GQ Contact Te	lephone Number:				1	16. Business Email:				
17. Secondary Con	tact Name:			18. Secondary	Contact Title	:				
19. Secondary Cor	ntact Telephone Nur	nber				20. Max Pop:				
21. How early do c	lients arrive?	22.	What is the ea	arliest clients ma	ay enter?	23. Expecte	d Pop:			
	: p.m.			: p.m.						
24. Are clients male				25. What are t			nts follow v	when the	ey enter	
20. Are there any p		🗆 В т тпа			r? GO TO NOTI English ? 🖬 T					
If yes - What lar	nguage do they spe	ak?								
27. Any specific ins	tructions Census sta	aff ne	eed to know in	order to count t	he people at t	his location?				
Yes No SEE	NOTES SECTION									
28. Enumeration a	ppointment date and	d tim	e:	Wednesday		:				
				Thursday, N		:		:		
29. Do you have a	rostor of clients the	+ will	ha available fo	Friday, Mar		: n?	a.m □ No	<b>:</b>	_ p.m.	
30. Can a staff mei					y enumeration					
31. Staff member n										
Name					Telephone _					
			NC	TES SECTION						
32. (Lead) Enumer	ator Name & ID:				33. Date As	signed (mm/d	d/vv):			

34. Date enumerat	enumeration conducted (mm/dd/yy): 35. # of ICQs (Census Day pop):							
36. For Supervisor	y Use Only:							
D N	R	🗖 D-1	D-2 Survivor	ID#		0		
####				R THIS GROUP QUAF ATION INCLUDE LAE S NUMBER.		####		

APPROVAL EXPIRES M	M/DD/YYYY					
D-352.1SK (SBE) (MM/DD/YYYY)						J.S. Depai c and Stat
						I
	SO	GROUP (	EN ENUMERAT QUARTERS ENUM	IERATION	ORD	
500		20	18 CENSUS Te	est		
RCC: ACO: GQ ID:						
GQ Name: Facility Name:					-	<b>    BA</b>   ###
1. State:	2. County:	3. BCU N	0:	4. Map S	pot No:	5. GQ
6a. Street Number:	61	o. Street Nan	ne:	-	6c. Apt/Unit:	
7. Rural Route or P	.O. Box Number:				•	
8. City:					9. Zip Code:	
10. Building Name:				11. Buildi	ng Number:	
12. Location Descrip	otion:					
13. GQ Contact Na	me:			14. GQ C	ontact Title:	
15. GQ Contact Tel	ephone Number:			•	16. Busines	s Email:
17. Secondary Cont	act Name:		18. Secondary Co	ontact Title:		
19. Secondary Con	tact Telephone Numb	er:	1		20. Max Pop	:
20. Which meal ser	ves the largest numbe	er of people?	Breakfast	🗖 Luno	h 🗆 D	inner
21. At what time is t	this meal served? 22	2. Expected	oop at this meal?	23. At wh	at time do clie :a.	
	ving food (i.e. line up,		,			
	eopie at this location t		eak of understand i	English? 🖵		
	guage do they speak ppointment date and ti		Wednesday, N	March 28	:	a.m.
			Thursday, Ma		;	a.m.
			🗅 Friday, March	30	:_	a.m.
	ructions Census staff	need to know	in order to count t	he people a	t this location	?
	nber assist with the er		□ Yes □ No			
	ame and telephone n	umber:				
Name				-	9	
			NOTES SECTION			
30. (Lead) Enumera	ator Name & ID:			31. Date	Assigned (mm	n/dd/yy):
	on conducted (mm/dd	/yy):			33. # of ICQ	s (Census
34. For Supervisory	ose only:					

□ N	D R	D-1	D-2 Survivor ID#	UP QUARTERS.	
####		THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS. YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS PRINTED WITH THIS NUMBER.			

rtment of Commerce tistics Administration U.S. Census Bureau
RCODE Number     ### ### #### ##
Type Code:
ble for this meal?
: p.m.
:p.m. :p.m. :p.m.
: Day pop):

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APPROVAL EXPIRES								nortmont	of Commoroe
D-352.1TNSOL (S (MM/DD/YYYY)	5BE)					Econ		Statistics A	of Commerce Administration ensus Bureau
ТА	RGETED N		GROUP Q	UTDOOR LO UARTERS EN 18 CENSUS	JMERA	ON ENUMERA	TION RI	ECORD	
RCC: ACO: GQ ID:									
GQ Name: Facility Name:						_		ARCODE	Number     #### ##
1. State:	2. County:	3. E	BCU No:		4. Ma	p Spot No:	5. GC	Q Туре Со	de:
6a. Street Numbe	er:	6b.	Street Na	ame:	1				
7. Rural Route or	r P.O. Box Nun	nber:							
8. City:						9. Zip Code:			
10. Location Des	cription:								
11. GQ Contact I	Name:				12. G	Q Contact Title:			
13. GQ Contact		nber:			14. Secondary Contact Name:				
15. Secondary Co	•			16. Secondarv		t Telephone Nun			
17. Hours locatio		petween 12:00	) a.m. to 7		From	: a.i	То	:	a.m.
18. Expected Po		-		Yes see notes					
20. Are there any If yes - What I	anguage do th		io not spe	ak of understar	u Eriyii:		J		
21. Any specific ir			d to know	in order to cour	it the pe	ople at this locat	tion?		
Yes D No si	EE NOTES SECTI	ION							
				NOTES SECTION	DN				
22. (Lead) Enum	erator Name &	ID:			23. D	ate Assigned (mr	n/dd/yy):		
24. Date enumer	ation conducte	d (mm/dd/yy):	:		•	25. # of ICQs (	(Census D	ay pop):	
26. For Supervise	ory Use Only:								
D N	🛛 R	🗖 D-1		D-2 Survivor IE	#	□ `	V	0 🗆	
####				NUMBER FOR 1 FOR ENUMERAT		OUP QUARTERS. LUDE LABELS		#	###

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PRINTED WITH THIS NUMBER.

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