

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 Type:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No SEE NOTES SECTION				
22. Expected Pop:	23. Are clients males only, females only, or both? <input type="checkbox"/> Males <input type="checkbox"/> Females			
24. How will this facility be enumerated? <i>*Only show the enumeration type selected in Advanced Contact*</i>				
Enumeration Types consist of:				
In-Person Interview Drop off/Pick up Questionnaire Paper Response Data Transfer Facility Self Enumeration (CORRECTIONAL FACILITIES & HOSPITALS ONLY) Electronic Response Data Transfer (eResponse)				
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 & Time):
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. Do you have a roster available for our use during enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Can you or a staff member assist with the enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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	
Office Use Only: <input type="checkbox"/> Rework	

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

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

U.S. E
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
6a. Street Number:		6b. Street Name:		6c. Apt/Unit:
7. Rural Route or P.O. Box Number:				
8. City:				9. Zip Code:
10. Location Description:				
11. GQ Contact Name:			12. GQ Contact Title:	
13. GQ Contact Telephone Number:			14. Secondary Contact Name:	
15. Secondary Contact Title:			16. Secondary Contact Telephone N	
17. Business Email:			18. Max Pop:	
19. What are the major intersections of this stop?				
20. Arrival and departure time of this stop?		Arrival Time	Departure Time	21. Expected Pop:
		____:____ a.m.	____:____ a.m.	
		____:____ p.m.	____:____ p.m.	
22. Do clients stay near van? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):
27. I certify that I have completed enumeration (Enumerator Signature)	
28. Date Enumeration Conducted (mm/dd/yy):	29. # of ICQs (Census Day pop):
30. For Supervisory Use Only: <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"/>	

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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:

||| BA|
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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.
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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 III

##

Type Code:

Available for this meal?

: ____ p.m.

____: ____ p.m.

____: ____ p.m.

____: ____ p.m.

: Day pop):

o

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

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

TARGETED NONSHELTERED OUTDOOR LOCATION 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:		
7. Rural Route or P.O. Box Number:				
8. City:			9. Zip Code:	
10. Location Description:				
11. GQ Contact Name:			12. GQ Contact Title:	
13. GQ Contact Telephone Number:			14. Secondary Contact Name:	
15. Secondary Contact Title:		16. Secondary Contact Telephone Number:		
17. Hours location is occupied between 12:00 a.m. to 7:00 a.m.:			From _____:_____ a.m.	To _____:_____ a.m.
18. Expected Pop:	19. Security issues: <input type="checkbox"/> Yes SEE NOTES SECTION <input type="checkbox"/> No			

20. Are there any people at this location that do not speak or understand English? YES NO
If yes - What language do they speak?

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

NOTES SECTION

22. (Lead) Enumerator Name & ID:	23. Date Assigned (mm/dd/yy):
24. Date enumeration conducted (mm/dd/yy):	25. # of ICQs (Census Day pop):
26. For Supervisory Use Only: <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	

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YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS

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PRINTED WITH THIS NUMBER.

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