

This listing contains confidential information, including Title 13 and Personally Identifiable Information (PII), the release of which is protected by the Privacy Act of 1974.

HOUSING UNIT ADDRESS REGISTER

2020 Census of American Samoa

1. IDENTIFICATION

County
BCU
Book _____ of _____

2. ASSIGNMENT INFORMATION

	Name – <i>Please Print</i>	Employee ID Number	Telephone Number	Date		Certification Statement – I certify that the information is true to the best of my knowledge and the work completed according to Census Bureau procedures. <i>The Crew Leader and all Enumerators must sign this certification statement.</i>
				Assigned	Completed	
Crew Leader						
Enumerator						
Reassigned Enumerator						
Reassigned Enumerator						

3. ENUMERATOR DAILY PROGRESS RECORD (LISTING)

Housing Units Listed	Date																		
	Number																		

4. ENUMERATOR DAILY PROGRESS RECORD (ENUMERATION)

Housing Units Enumerated	Date																		
	Number																		

Remarks

5. OFFICE USE ONLY

Name of Reviewer	Date	Initials

The contents of this Address Register are confidential by law (Title 13, U.S. Code). It may be seen only by sworn persons with a need to know and used solely for statistical purposes.



United States
**Census
2020**
American Samoa

CREW LEADER REVIEW CHECKLIST

Before sending to the Census Office, verify the following:

- The Enumerator has made entries in a legible manner.
- All appropriate fields are completed in the Address Listing Page for Housing Units.
- There are no duplicate addresses listed in the Address Listing Page for Housing Units.
- There is an entry of 0 in Pop. Count for vacant units in the Address Listing Page for Housing Units.
- The Enumerator completed the Assignment Information section.

SPECIAL NOTICE

INFORMATION CONTAINED IN THIS ADDRESS REGISTER IS CONFIDENTIAL.

**ALL ENTRIES MADE IN THIS ADDRESS REGISTER MUST BE LEGIBLE,
COMPLETE, AND ACCURATE.**

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TRANSITORY LOCATIONS ADDRESS REGISTER

2020 Census of American Samoa

1. IDENTIFICATION

County
BCU
Book _____ of _____

2. ASSIGNMENT INFORMATION

	Name – <i>Please Print</i>	Employee ID Number	Telephone Number	Date		Certification Statement – I certify that the information is true to the best of my knowledge and the work completed according to Census Bureau procedures. <i>The Crew Leader and all Enumerators must sign this certification statement.</i>
				Assigned	Completed	
Crew Leader						
Enumerator						
Reassigned Enumerator						
Reassigned Enumerator						

3. ENUMERATOR DAILY PROGRESS RECORD (LISTING)

Transitory Units Listed	Date																		
	Number																		

4. ENUMERATOR DAILY PROGRESS RECORD (ENUMERATION)

Transitory Units Enumerated	Date																		
	Number																		

Remarks

5. OFFICE USE ONLY

Name of Reviewer	Date	Initials

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United States
Census 2020
American Samoa

CREW LEADER REVIEW CHECKLIST

Before sending to the Census Office, verify the following:

- The Enumerator has made entries in a legible manner.
- All appropriate fields are completed in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units.
- There are no duplicate addresses listed in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units.
- There is an entry of 0 in Pop. Count for vacant units in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units.
- The Enumerator completed the Assignment Information section.

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United States
**Census
2020**

American Samoa

ADDRESS LISTING PAGE FOR HOUSING UNITS

2020 Census of American Samoa

County _____ BCU _____

Line No. (1)	Questionnaire ID (2)	Date Listed (3)	Map Spot No. (4)	Development/Building Name OR Subdivision/Place Name (6)	Address No. (7)	Complete Street Name OR (9)	Apt/Unit No. (11)	Village OR (13)		Remarks (15)	
			MUID (5)		Address Type (8)	Physical Location Description (10)	ZIP Code (12)	Estate - U.S. Virgin Islands Only (14)			
(1)	(2)	(3)	(4)	(6)	(7)	(9)	(11)	(13)		(15)	
			(5)		(8)	(10)	(12)	(14)			
			(16) Case Status – Enumeration		(17) Contact Attempts – Enumeration (Tally)	(18) Mailable? (Y/N/DK)	(19) Date Enumerated	(20) Case Status – FFU			(21) Contact Attempts – FFU (Tally)
(1)	(2)	(3)	(4)	(6)	(7)	(9)	(11)	(13)		(15)	
			(5)		(8)	(10)	(12)	(14)			
			(16) Case Status – Enumeration		(17) Contact Attempts – Enumeration (Tally)	(18) Mailable? (Y/N/DK)	(19) Date Enumerated	(20) Case Status – FFU			(21) Contact Attempts – FFU (Tally)
(1)	(2)	(3)	(4)	(6)	(7)	(9)	(11)	(13)		(15)	
			(5)		(8)	(10)	(12)	(14)			
			(16) Case Status – Enumeration		(17) Contact Attempts – Enumeration (Tally)	(18) Mailable? (Y/N/DK)	(19) Date Enumerated	(20) Case Status – FFU			(21) Contact Attempts – FFU (Tally)

DRAFT

Address Type Codes	Case Status Codes	Abbreviations	Additional Remarks	Page Totals				
S – Single Unit M – Multi-Unit T – Trailer/Mobile Home O – Other	A – Appointment CI – Conducted Interview GC – Gated Community LB – Language Barrier NC – No Contact	NV – Left Notice of Visit RA – Restricted Access RE – Refusal UN – Unsafe OT – Other	Apt – Apartment BCU – Basic Collection Unit FFU – Field Followup MUID – Multi-Unit Identification	No. – Number Pop. – Population QC – Quality Control Y/N/DK – Yes, No, Don't Know	Occupied HUs	Vacant HUs	GQs	TLs



United States
**Census
2020**

American Samoa

ADDRESS LISTING PAGE FOR TRANSITORY LOCATIONS

2020 Census of American Samoa

County _____ BCU _____

(1) Transitory Location ID	(2) Date Assigned	(3) Map Spot No.	(5) Transitory Location Name	(6) Address No.	(8) Complete Street Name OR	(10) Apt/Unit/Slip No.	(12) Village OR		(14) Transitory Location Point of Contact Name	
		(4) MUID		(7) TL Type	(9) Physical Location Description	(11) ZIP Code	(13) Estate - U.S. Virgin Islands Only		(15) Title	(16) Telephone Number
		(3)	(5)	(6)	(8)	(10)	(12)		(14)	
		(4)		(7)	(9)	(11)	(13)		(15)	(16)
(17) Establishment Open between 3/29/2020 and 4/16/2020? (Y/N)	(18) Case Status - Enumeration	(19) Contact Attempts - Enumeration (Tally)	(20) Mailable? (Y/N/DK)	(21) Date Enumerated	(22) Case Status - FFU	(23) Contact Attempts - FFU (Tally)	(24) Pop. Count	(25) QC Action	(26) JIC1	(27) JIC2

<p>TL Type Codes</p> <p>10 - Campground 20 - Recreational Vehicle Park 30 - Marina 40 - Hotel and Motel</p> <p>50 - Racetrack 60 - Circus or Carnival 90 - Other Transitory Locations</p> <p>Case Status Codes</p> <p>A - Appointment EC - Enumeration Complete GC - Gated Community LB - Language Barrier NC - No Contact</p> <p>NV - Left Notice of Visit RA - Restricted Access RE - Refusal UN - Unsafe OT - Other</p>	<p>Abbreviations</p> <p>Apt - Apartment BCU - Basic Collection Unit FFU - Field Followup MUID - Multi-Unit Identification No. - Number Pop. - Population QC - Quality Control TL - Transitory Location TU - Transitory Unit Y/N/DK - Yes, No, or Don't Know</p>	<p>Remarks</p>
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United States
**Census
2020**

American Samoa

ADDRESS LISTING PAGE FOR TRANSITORY UNITS
2020 Census of American Samoa

County _____ BCU _____

Line No. (1)	Questionnaire ID (2)	Date Listed (3)	Map Spot No. (4)	Address No. (6)	Complete Street Name OR (8)	Apt/Unit/Slip No. (10)	Village OR (12)			Remarks (14)	
			MUID (5)	TL Type (7)	Physical Location Description (9)	ZIP Code (11)	Estate - U.S. Virgin Islands Only (13)				
(1)	(2)	(3)	(4)	(6)	(8)	(10)	(12)				
	← ----- APPLY LABEL HERE ----- →		(5)	(7)	(9)	(11)	(13)				
	(15) Case Status – Enumeration	(16) Contact Attempts – Enumeration (Tally)	(17) Mailable? (Y/N/DK)	(18) Date Enumerated	(19) Case Status – FFU		(20) Contact Attempts – FFU (Tally)	(21) Pop. Count	(22) QC Action	(23) JIC1	(24) JIC2
(1)	(2)	(3)	(4)	(6)	(8)	(10)	(12)				
	← ----- APPLY LABEL HERE ----- →		(5)	(7)	(9)	(11)	(13)				
	(15) Case Status – Enumeration	(16) Contact Attempts – Enumeration (Tally)	(17) Mailable? (Y/N/DK)	(18) Date Enumerated	(19) Case Status – FFU		(20) Contact Attempts – FFU (Tally)	(21) Pop. Count	(22) QC Action	(23) JIC1	(24) JIC2
(1)	(2)	(3)	(4)	(6)	(8)	(10)	(12)				
	← ----- APPLY LABEL HERE ----- →		(5)	(7)	(9)	(11)	(13)				
	(15) Case Status – Enumeration	(16) Contact Attempts – Enumeration (Tally)	(17) Mailable? (Y/N/DK)	(18) Date Enumerated	(19) Case Status – FFU		(20) Contact Attempts – FFU (Tally)	(21) Pop. Count	(22) QC Action	(23) JIC1	(24) JIC2

Case Status Codes

- A** – Appointment
- CI** – Conducted Interview
- GC** – Gated Community
- LB** – Language Barrier
- NC** – No Contact
- NV** – Left Notice of Visit
- RA** – Restricted Access
- RE** – Refusal
- UN** – Unsafe
- OT** – Other

Abbreviations

- Apt** – Apartment
- BCU** – Basic Collection Unit
- FFU** – Field Followup
- MUID** – Multi-Unit Identification
- No.** – Number
- Pop.** – Population
- QC** – Quality Control
- Y/N/DK** – Yes, No, or Don't Know

Additional Remarks

Page Totals

TUs	HUs	GQs



United States
**Census
2020**

NOTICE OF VISIT

American Samoa

The Census Bureau is conducting the **2020 Census of American Samoa**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).

Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

The Census Bureau is required by law to protect your information (Title 13, U.S. Code, Section 9). The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household. We are conducting the 2020 Census under the authority of Title 13, U.S. Code, Sections 141, 193 and 221. By law, the Census Bureau can only use your responses to produce statistics. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

For more information about how we protect your information, please visit our Web site at census.gov and click on "Data Protection and Privacy Policy" at the bottom of the home page. This page also includes information about the collection, storage, and use of these records. Click on "System of Records Notices (SORN)" and look for Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program.

ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

NOTICE OF VISIT

American Samoa

The Census Bureau is conducting the **2020 Census of American Samoa**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).

Phone Number (_____) – _____ – _____

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

NOTICE OF VISIT

Guam

The Census Bureau is conducting the **2020 Census of Guam**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____ .

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).
Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

NOTICE OF VISIT

Guam

The Census Bureau is conducting the **2020 Census of Guam**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____ .

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).
Phone Number (_____) – _____ – _____

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

NOTICE OF VISIT

Commonwealth of the
Northern Mariana Islands

The Census Bureau is conducting the **2020 Census of the Commonwealth of the Northern Mariana Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).
Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

The Census Bureau is required by law to protect your information (Title 13, U.S. Code, Section 9). The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household. We are conducting the 2020 Census under the authority of Title 13, U.S. Code, Sections 141, 193 and 221. By law, the Census Bureau can only use your responses to produce statistics. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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ENUMERATOR USE ONLY

Case ID	Map Spot No.
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United States
**Census
2020**

NOTICE OF VISIT

Commonwealth of the
Northern Mariana Islands

The Census Bureau is conducting the **2020 Census of the Commonwealth of the Northern Mariana Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).
Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

The Census Bureau is required by law to protect your information (Title 13, U.S. Code, Section 9). The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household. We are conducting the 2020 Census under the authority of Title 13, U.S. Code, Sections 141, 193 and 221. By law, the Census Bureau can only use your responses to produce statistics. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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ENUMERATOR USE ONLY

Case ID	Map Spot No.
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United States
**Census
2020**

NOTICE OF VISIT

U.S. Virgin Islands

The Census Bureau is conducting the **2020 Census of the U.S. Virgin Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).

Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

NOTICE OF VISIT

U.S. Virgin Islands

The Census Bureau is conducting the **2020 Census of the U.S. Virgin Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on _____.

If you have questions, please call the phone number below during normal business hours (Monday through Friday, _____ a.m. to _____ p.m.).

Phone Number (_____) – _____ – _____

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



United States
**Census
2020**

AVISO DE VISITA

U.S. Virgin Islands

La Oficina del Censo de los EE. UU. está realizando el **Censo del 2020 de las Islas Vírgenes de los EE. UU.** Un enumerador pasará por su casa hoy para completar el cuestionario del censo para su hogar, pero usted no estaba. Un enumerador regresará para completar su cuestionario del censo.

Un enumerador regresará el _____.

Si usted tiene preguntas, llame al número de teléfono que figura a continuación durante el horario habitual de atención (de lunes a viernes, de _____ a. m. to _____ p. m.).

Número de teléfono: (_____) – _____ – _____

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Título 13 del Código de los EE. UU.). La Oficina del Censo calcula que completar la entrevista tomará 40 minutos como promedio. Esta recopilación de información ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB xxxx- xxxx confirma la aprobación. De no mostrarse este número, no podremos realizar el censo.

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Título 13 del Código de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadísticas. Según la Ley Federal para el Fortalecimiento de la Seguridad Informática de 2015, sus datos están protegidos de los riesgos de la seguridad en la internet mediante controles en los sistemas que transmiten sus datos.

Para obtener más información sobre cómo protegemos su información, visite nuestro sitio web [census.gov](https://www.census.gov) y haga clic en "Data Protection and Privacy Policy" (Normas de protección de datos y privacidad) en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros. Haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros Escritos) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

PARA USO DEL ENUMERADOR SOLAMENTE

Identificación del caso

Nôm. de punto en el mapa



United States
**Census
2020**

AVISO DE VISITA

U.S. Virgin Islands

La Oficina del Censo de los EE. UU. está realizando el **Censo del 2020 de las Islas Vírgenes de los EE. UU.** Un enumerador pasará por su casa hoy para completar el cuestionario del censo para su hogar, pero usted no estaba. Un enumerador regresará para completar su cuestionario del censo.

Un enumerador regresará el _____.

Si usted tiene preguntas, llame al número de teléfono que figura a continuación durante el horario habitual de atención (de lunes a viernes, de _____ a. m. to _____ p. m.).

Número de teléfono: (_____) – _____ – _____

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Título 13 del Código de los EE. UU.). La Oficina del Censo calcula que completar la entrevista tomará 40 minutos como promedio. Esta recopilación de información ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB xxxx- xxxx confirma la aprobación. De no mostrarse este número, no podremos realizar el censo.

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Título 13 del Código de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadísticas. Según la Ley Federal para el Fortalecimiento de la Seguridad Informática de 2015, sus datos están protegidos de los riesgos de la seguridad en la internet mediante controles en los sistemas que transmiten sus datos.

Para obtener más información sobre cómo protegemos su información, visite nuestro sitio web [census.gov](https://www.census.gov) y haga clic en "Data Protection and Privacy Policy" (Normas de protección de datos y privacidad) en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros. Haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros Escritos) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

PARA USO DEL ENUMERADOR SOLAMENTE

Identificación del caso

Nôm. de punto en el mapa



United States
**Census
2020**

American Samoa

ENUMERATOR FLASHCARD

DRAFT

WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- 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
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

HISPANIC ORIGIN

Is this person of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↘

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RACE

What is this person's race?

Mark one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↘

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- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↘

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- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↘

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- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian –
<i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↘ | | <input type="checkbox"/> Other Pacific Islander –
<i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↘ |

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- Some other race – *Print race or origin.* ↘

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BUILDING TYPE

Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- Two houses (*American Samoa only*)
- Three or more houses (*American Samoa only*)
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

COMPUTER USE

At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

INTERNET

At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household have access to the Internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Satellite Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dial-up Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other service? – <i>Specify service</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark ONE box.

- Public sewer
- Septic tank or cesspool
- Other

CITIZEN or NATIONAL

Is this person a citizen or national of the United States?

- Yes, born in American Samoa → *SKIP to question 11a*
- Yes, born in another U.S. state or territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – *Print year of naturalization* ↘
- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

What is the highest degree or level of school this person has COMPLETED? – Mark 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, preschool or pre-kindergarten
- Kindergarten
- 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*)

HEALTH INSURANCE

Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

PERIOD OF SERVICE

When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

TRANSPORTATION TO WORK

How did this person usually get to work LAST WEEK?
Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local or territorial government** (for example: public elementary school)
- 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



United States
**Census
2020**
Commonwealth of the
Northern Mariana Islands

ENUMERATOR FLASHCARD

DRAFT

WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

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- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2020
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Do include:

- Babies and children living here, including foster children
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- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- 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
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

HISPANIC ORIGIN

Is this person of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

DRAFT

RACE

What is this person's race?

Mark one or more boxes **AND** print origins.

- White** – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

- Black or African Am.** – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

- American Indian or Alaska Native** – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
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| <input type="checkbox"/> Other Asian –
<i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> | | <input type="checkbox"/> Other Pacific Islander –
<i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> |

- Some other race** – *Print race or origin.*

BUILDING TYPE

Which best describes this building?

Include all apartments, flats, etc., even if vacant.

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| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

INTERNET

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- Yes
- No → *SKIP to question 12*

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CITIZEN or NATIONAL

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| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

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- Motorcycle
- Bicycle
- Walked
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GOVERNMENT EMPLOYEE

- Local or territorial government** (for example: public elementary school)
- 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



United States
**Census
2020**
Guam

ENUMERATOR FLASHCARD

DRAFT

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Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

How is this person related to Person 1? Mark ONE box.

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- Opposite-sex unmarried partner
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- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
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RACE

What is this person's race?

Mark one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

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- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

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- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

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- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian –
<i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> | | <input type="checkbox"/> Other Pacific Islander –
<i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> |

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- Some other race – *Print race or origin.*

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BUILDING TYPE

Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
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- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

COMPUTER USE

At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

INTERNET

At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household have access to the Internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Satellite Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dial-up Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other service? – <i>Specify service</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark ONE box.

- Public sewer
- Septic tank or cesspool
- Other

CITIZEN or NATIONAL

Is this person a citizen or national of the United States?

- Yes, born in Guam → SKIP to question 11a
- Yes, born in another U.S. state or territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization ↘
- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

What is the highest degree or level of school this person has COMPLETED? – Mark 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, preschool or pre-kindergarten
- Kindergarten
- 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)

HEALTH INSURANCE

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
 Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

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PERIOD OF SERVICE

When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

TRANSPORTATION TO WORK

How did this person usually get to work LAST WEEK?
Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local or territorial government** (for example: public elementary school)
- 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



United States
**Census
2020**
U.S. Virgin Islands

ENUMERATOR FLASHCARD

DRAFT

WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- 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
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

HISPANIC ORIGIN

Is this person of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↘

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RACE

What is this person's race?

Mark one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↘

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- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↘

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- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↘

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- Chinese

- Vietnamese

- Native Hawaiian

- Filipino

- Korean

- Samoan

- Asian Indian

- Japanese

- Chamorro

- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↘

- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↘

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- Some other race – *Print race or origin.* ↘

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BUILDING TYPE

Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- Two houses (*American Samoa only*)
- Three or more houses (*American Samoa only*)
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

COMPUTER USE

At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

INTERNET

At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- Yes
- No → *SKIP to question 12*

Do you or any member of this household have access to the Internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Satellite Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dial-up Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other service? – <i>Specify service</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark all that apply.

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SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark ONE box.

- Public sewer
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Is this person a citizen or national of the United States?

- Yes, born in the U.S. Virgin Islands → SKIP to question 11a
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Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
 Mark "Yes" or "No" for EACH type of coverage in items a - h.

	Yes	No										
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>										
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>										
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>										
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>										
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g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>										
h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↘	<input type="checkbox"/>	<input type="checkbox"/>										
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- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
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TRANSPORTATION TO WORK

How did this person usually get to work LAST WEEK?
Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local or territorial government (for example: public elementary school)
- 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



United States
**Census
2020**
U.S. Virgin Islands

TARJETA DE REFERENCIA PARA ENUMERADORES

DRAFT

A QUIÉN CONTAR

Necesitamos contar a las personas donde viven y duermen la mayor parte del tiempo.

NO incluya:

- Estudiantes universitarios que no viven en esta dirección la mayor parte del año.
- Personal de las Fuerzas Armadas que vive fuera de aquí
- Personas que estaban en un hogar de ancianos o *nursing home*, un hospital para enfermos mentales, etc. el 1 de abril de 2020.
- Personas que estaban en una cárcel, una prisión, un centro de detención, etc. el 1 de abril de 2020.

Incluya:

- Bebés y niños que viven aquí incluyendo a hijos de crianza (*foster*).
- Compañeros de casa o cuarto.
- Inquilinos.
- Personas que se quedaban aquí el 1 de abril de 2020 y que no tienen lugar permanente donde vivir.

PARENTESCO

¿Cómo está esta persona relacionada con la Persona 1?
Marque UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate* o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

ORIGEN HISPANO

¿Es esta persona de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Si mexicano, mexicanoamericano, chicano
- Si puertorriqueño
- Si cubano
- Si de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↘

DRAFT

RAZA

¿Cuál es la raza de esta persona?

Marque una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↘

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↘

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↘

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> China | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Coreana | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Chamorra |
| <input type="checkbox"/> Otra asiática – <i>Escriba, por ejemplo, pakistani, camboyano, hmong, etc.</i> ↘ | | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba, por ejemplo, tongano, fijiano, de las Islas Marshall, etc.</i> ↘ |

- Alguna otra raza – *Escriba la raza o el origen.* ↘

TIPO DE EDIFICIO

¿Cuál describe mejor este edificio? Incluya todos los apartamentos, pisos, etc., aunque estén desocupados.

- Una casa mí vil
- Una casa para una sola familia, separada de otras casas
- Una casa para una sola familia, unida a una o mÙs casas
- Dos casas (*Samoa Estadounidense solamente*)
- Tres o mÙs casas (*Samoa Estadounidense solamente*)
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 o mÙs apartamentos
- Embarcaci3n, vehçulo recreativo (RV), van, etc.

USO DE COMPUTADORA

En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algùn otro miembro de este hogar alguno de los siguientes tipos de computadoras?

- | | Sç | No |
|--|--------------------------|--------------------------|
| a. Computadora de escritorio o computadora portÙtil | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Teläfono inteligente | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tableta u otra computadora inalÙmbrica portÙtil | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Algùn otro tipo de computadora – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

INTERNET

En esta casa, apartamento o casa móvil, ¿tiene usted o algùn otro miembro de este hogar acceso a internet?

- Sç
- No → PASE a la pregunta 12

¿Paga usted o algùn otro miembro de este hogar a una empresa de telefonía celular o a un proveedor de servicio de internet para tener acceso a internet?

- Sç
- No → PASE a la pregunta 12

¿Tiene usted o algùn otro miembro de este hogar acceso a internet a través de un –

- | | Sç | No |
|---|--------------------------|--------------------------|
| a. Plan de datos celulares para un teläfono inteligente u otro dispositivo mí vil? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Servicio de internet de banda ancha (alta velocidad) tales como servicio de cable, fibra íptica o DSL instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Servicio de internet por satälite instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Servicio de internet de conexi3n <i>Dial-up</i> instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Algùn otro servicio? – <i>Especifique el servicio</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

FUENTE DE AGUA

En 2019, ¿esta casa, apartamento o casa móvil recibió agua de –
Marque todas las opciones que correspondan.

- Un sistema público?
- Una cisterna, zona de captación de agua, tanques o tambores?
- Un servicio de entrega o un camión cisterna?
- Un supermercado o tienda de comestibles?
- Alguna otra fuente (un tubo vertical, manantial, pozo individual, etc.)?

ELIMINACIÓN DE AGUAS RESIDUALES

¿Cuál es el medio PRINCIPAL de eliminación de aguas cloacales de
esta casa, apartamento o casa móvil? Marque UNA casilla.

- Alcantarillado o desagüe público
- Tanque séptico o pozo ciego
- Otro

CIUDADANO(A) o NACIONAL

¿Es esta persona ciudadana o nacional de los Estados Unidos?

- Si nacido(a) en las Islas Vírgenes de los EE. UU. → PASE a la pregunta 11a
- Si nacido(a) en otro estado o territorio de los EE. UU.
- Si nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU.
- Si es ciudadano(a) de los EE. UU. por naturalización – *Escriba el año de naturalización.* ➤
- No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente)
- No, no es ciudadano(a) o nacional de los EE. UU. (residente temporal)

GRADO o NIVEL DE EDUCACIÓN MÁS ALTO

¿Cuál es el grado o nivel de educación más alto que esta persona ha completado? Marque UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

GUARDERÍA O PREESCOLAR HASTA GRADO 12

- Guardería, preescolar o prekindergarten
- Kindergarten
- Grado 1 al 11 – *Especifique el grado, del 1 al 11* ➤
- Grado 12 – SIN DIPLOMA

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

- Diploma de escuela secundaria o preparatoria
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (*por ejemplo: AA, AS*)
- Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)
- Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)
- Título de doctorado (*por ejemplo: PhD, EdD*)

SEGURO MÉDICO

¿Tiene esta persona cobertura **ACTUALMENTE** de alguno de los siguientes tipos de seguros de salud o planes de cobertura de salud? Marque "Si" o "No" para **CADA** tipo de cobertura en las respuestas a - h.

- | | Si | No |
|--|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para personas con bajos ingresos o con discapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Administración de Veteranos (VA) (se ha inscrito en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indo (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de salud - <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

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PERÍODO DE SERVICIO

¿Cuándo prestó esta persona servicio activo en las Fuerzas Armadas de los EE. UU.? Marque una casilla para **CADA** período durante el cual esta persona prestó servicio, aunque fuera solo por parte del período.

- Septiembre del 2001 o después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 o antes

TRANSPORTE AL TRABAJO

¿Cómo llegó esta persona habitualmente al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- Automóvil, camión o van/autobús privado
- Van/autobús público
- Taxi
- Motocicleta
- Bicicleta
- Caminí
- Avión o hidroavión
- Lancha, ferri o taxi acuático
- Trabajó en el hogar → PASE a la pregunta 43a
- Otro método

TIPO DE TRABAJADOR

DESCRIPCIÓN DEL EMPLEO

La siguiente serie de preguntas se refiere al tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual la persona trabajó más horas. Si esta persona no tenía empleo la semana pasada, describa su empleo más reciente en los últimos cinco años (desde 2015).

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos cinco años (desde 2015)? Marque UNA casilla.

EMPLEADO(A) DEL SECTOR PRIVADO

- Empresa u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso organizaciones exentas de impuestos y organizaciones benéficas)

EMPLEADO(A) DEL GOBIERNO

- Gobierno local o territorial** (por ejemplo: escuela primaria pública)
- Servicio activo** en las Fuerzas Armadas o en los Cuerpos Comisionados de los EE. UU.
- Empleado(a) civil del **gobierno federal**

EMPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPLEO

- Dueño(a) de un negocio, práctica profesional o finca no incorporados**
- Dueño(a) de un negocio, práctica profesional o finca incorporados**
- Trabajo **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más por semana



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Thank you for your cooperation. The Census Bureau appreciates your help.

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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-MI** (6-14-2018)



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FORM **D-CN-MI** (6-14-2018)



United States
**Census
2020**

Guam

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FORM **D-CN-GU** (6-14-2018)



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2020**

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FORM **D-CN-GU** (6-14-2018)



United States
**Census
2020**

U.S. Virgin Islands

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FORM **D-CN-VI(E/S)** (6-14-2018)



United States
**Census
2020**

U.S. Virgin Islands

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FORM **D-CN-VI(E/S)** (6-14-2018)



Sus respuestas son confidenciales

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El Título 13 del Código de los EE. UU. protege la confidencialidad de toda su información. Violar la confidencialidad de una persona encuestada es un delito federal que acarrea sanciones severas, incluso una sentencia de hasta cinco años en una prisión federal, una multa de hasta \$250,000, o ambas. Solo personas autorizadas tienen acceso a los datos almacenados, y la información que usted proporcione a la Oficina del Censo puede ser usada solamente por un número limitado de personas autorizadas que han jurado de por vida proteger la confidencialidad de sus respuestas individuales. Sus respuestas no pueden ser usadas en su contra por ninguna agencia o tribunal del gobierno.

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Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Título 13 del Código de los EE. UU.). La Oficina del Censo calcula que completar el cuestionario tomará 40 minutos como promedio. Esta recopilación de información ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB aparece en la parte inferior izquierda de este aviso confirma la aprobación. De no mostrarse este número, no podremos realizar el censo.

Los comentarios sobre el costo de tiempo y esfuerzo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrónico a [2020.census.paperwork@census.gov](mailto:<2020.census.paperwork@census.gov>). Use "Paperwork Reduction Project XXXX-XXXX" como tema.

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Nóm. de OMB XXXX-XXXX: Aprobado hasta XX/XX/XXXX

FORM **D-CN-VI(E/S)** (6-14-2018)



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