

The American Community Survey

Start Here

You have two ways to respond:



Respond online today at: https://respond.census.gov/acs

OR



Complete this form and mail it back as soon as possible.

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



If you need help or have questions about completing this form, please call 1-800-354-7271.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330.

¿NECESITA AYUDA? Llame sin cargo alguno al 1-877-833-5625.

For more information about the American Community Survey, visit our website at: https://www.census.gov/acs

	Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business. Last Name
i	

First Name MI

Area Code + Number - - -

How many people, including people not related to you, are living or staying at this address?

INCLUDE...

- ✓ yourself if you live here.
- √ children, related or unrelated, such as babies, grandchildren, or foster children.
- ✓ anyone else staying here now, such as roommates and other families who have no other place to stay.

DO NOT INCLUDE...

X anyone who is living somewhere else, such as a college student living away or someone in the Armed Forces on deployment.

Number of people



Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.

FORM **ACS-1(CT)V2** (05-13-2020) Draft 9

OMB No. 0607-0810 OMB No. 0607-0936



Person 1 (Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 5 about name this house or apartment is owned, being bought, Hispanic origin and Question 6 about race. For this or rented. If there is no such person, start with the name survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 2 How is this person related to Person 1? X Person 1 Black or African Am. - Print, for example, What is Person 1's sex? Mark (X) ONE box. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. Z Female Male What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not American Indian or Alaska Native - Print name of enrolled write the age in months. Write 0 as the age. or principal tribe(s), for example, Navajo Nation, Blackfeet Print numbers in boxes. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Age (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, etc. 🗸 Vietnamese Chinese Native Hawaiian Filipino Korean Samoan Asian Indian Chamorro Japanese Other Pacific Other Asian -Print, for example, Islander - Print, Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc. ₽ Marshallese, etc. ~



				13022033
	Per	so	n 2	
		→	His	TE: Please answer BOTH Question 5 about panic origin and Question 6 about race. For this vey, Hispanic origins are not races.
Wh	at is Person 2's name?	5	Is P	erson 2 of Hispanic, Latino, or Spanish origin?
Last	Name (Please print)			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
First	Name MI			Yes, Puerto Rican
				Yes, Cuban
	w is this person related to Person 1? -k (X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
	Opposite-sex husband/wife/spouse			
	Opposite-sex unmarried partner	6	Wha	at is Person 2's race?
	Same-sex husband/wife/spouse			rk (X) one or more boxes AND print origins.
	Same-sex unmarried partner			White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ⊋
	Biological son or daughter			
	Adopted son or daughter			
	Stepson or stepdaughter			Black or African Am. – Print, for example,
	Brother or sister			African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. 📝
7	Father or mother			
=	Grandchild			
_	Parent-in-law			American Indian or Alaska Native – Print name of enrolle or principal tribe(s), for example, Navajo Nation, Blackfee
=	Son-in-law or daughter-in-law			Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
_	Other relative			
_	Roommate or housemate			
_	Foster child			Chinese
_	Other nonrelative			Filipino
	Carlot Holificiative			Asian Indian Japanese Chamorro
۷h	at is Person 2's sex? Mark (X) ONE box.			Other Asian – Other Pacific
at	Male Female at is Person 2's age and what is Person 2's e of birth? For babies less than 1 year old, do not the the age in months. Write 0 as the age.			Print, for example, Pakistani, Cambodian, Hmong, etc.
	Print numbers in boxes.			
\ge	(in years) Month Day Year of birth			



Some other race – Print race or origin. 📈

				13022041
		Pers	on 3	
			His	TE: Please answer BOTH Question 5 about panic origin and Question 6 about race. For this vey, Hispanic origins are not races.
	Wha	at is Person 3's name?	ls P	erson 3 of Hispanic, Latino, or Spanish origin?
	Last	Name (Please print)		No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
	First	Name MI		Yes, Puerto Rican
				Yes, Cuban
)		w is this person related to Person 1?		Yes, another Hispanic, Latino, or Spanish origin – <i>Print,</i> for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ✓
		Opposite-sex husband/wife/spouse		
		Opposite-sex unmarried partner	JA/Is	atia Davana 2/a wasa2
		Same-sex husband/wife/spouse		at is Person 3's race? rk (X) one or more boxes AND print origins.
		Same-sex unmarried partner		White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
		Biological son or daughter		
		Adopted son or daughter		
		Stepson or stepdaughter		Black or African Am. – Print, for example,
		Brother or sister		African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ⊋
		Father or mother		
		Grandchild		
		Parent-in-law		American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet
		Son-in-law or daughter-in-law		Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ✓
		Other relative		
		Roommate or housemate		
		Foster child		Chinese
		Other nonrelative		Filipino Samoan
	MIL	et is Barrers 2/2 cars Mark (V) ONE have		Asian Indian
		at is Person 3's sex? Mark (X) ONE box. Male Female at is Person 3's age and what is Person 3's		Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. Other Pacific Islander − Print, for example, Tongan, Fijian, Marshallese, etc.
,	dat	e of birth? For babies less than 1 year old, do not te the age in months. Write 0 as the age.		
	*****	Print numbers in boxes.		
	Age	(in years) Month Day Year of birth		Some other race – Print race or origin.



	Perso	n 4		
	-	His	TE: Please answer BOTH Question 5 about panic origin and Question 6 about race. Fovey, Hispanic origins are not races.	
Vhat is Person 4's name?	5	Is P	Person 4 of Hispanic, Latino, or Spanish o	rigin
ast Name (Please print)			No, not of Hispanic, Latino, or Spanish origin	
			Yes, Mexican, Mexican Am., Chicano	
irst Name N	11		Yes, Puerto Rican	
			Yes, Cuban	
How is this person related to Person 1? Mark (X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.	- Print
Opposite-sex husband/wife/spouse				
Opposite-sex unmarried partner	6	Wha	at is Person 4's race?	
Same-sex husband/wife/spouse		Mar	rk (X) one or more boxes AND print origins.	
Same-sex unmarried partner			White – Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.	1,
Biological son or daughter				
Adopted son or daughter				
Stepson or stepdaughter			Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian,	
Brother or sister			Ethiopian, Somali, etc. 7	
Father or mother				
Grandchild			American Indian or Alaska Native – <i>Print name of</i>	enrol
Parent-in-law		Ш	or principal tribe(s), for example, Navajo Nation, E Tribe, Mayan, Aztec, Native Village of Barrow Inup	Blackf
Son-in-law or daughter-in-law			Traditional Government, Nome Eskimo Communit	
Other relative				
Roommate or housemate				
Foster child			Chinese Vietnamese Native F	lawai
Other nonrelative			Filipino Korean Samoar	1
What is Person 4's sex? Mark (X) ONE box.			Asian Indian	ro
Male Female			Other Asian – Other Parint, for example, Pakistani, Cambodian, Other Parint, for example, Islander for exam Tongan,	– Pri ple,
What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do no write the age in months. Write 0 as the age.	ot		Hmong, etc. Marshall	
Print numbers in boxes. Age (in years) Month Day Year of birth			Some other race – <i>Print race or origin.</i>	



				13022066
	Pers	son	5	
		Hi	isp	ΓΕ: Please answer BOTH Question 5 about panic origin and Question 6 about race. For this vey, Hispanic origins are not races.
Wh	at is Person 5's name?	5 Is	Pe	erson 5 of Hispanic, Latino, or Spanish origin?
Last	Name (Please print)			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
Firet	Name MI			Yes, Puerto Rican
1100				Yes, Cuban
	v is this person related to Person 1? -k (X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
	Opposite-sex husband/wife/spouse			
	Opposite-sex unmarried partner	a w	ha	nt is Person 5's race?
	Same-sex husband/wife/spouse			k (X) one or more boxes AND print origins.
	Same-sex unmarried partner			White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
	Biological son or daughter			_
	Adopted son or daughter			
	Stepson or stepdaughter			Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian,
	Brother or sister			Ethiopian, Somali, etc.
	Father or mother			
	Grandchild			
	Parent-in-law			American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfee
	Son-in-law or daughter-in-law			Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
	Other relative			
	Roommate or housemate			
	Foster child			Chinese Vietnamese Native Hawaiia
	Other nonrelative			Filipino Korean Samoan
				Asian Indian
Vh.	Male Female at is Person 5's sex? Mark (X) ONE box. Male Female at is Person 5's age and what is Person 5's e of birth? For babies less than 1 year old, do not the the age in months. Write 0 as the age.			Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.
	Print numbers in boxes.			
Age	(in years) Month Day Year of birth			



Some other race – Print race or origin. 📈

x Male Female Age (in years)	First Name	MI
erson 7	First Name	MI
t Name (Please print)	riist ivaille	IVII
Г		
Male Female Age (in years)	000	
erson 8		
t Name (Please print)	First Name	MI
Male Female Age (in years)		
erson 9		
t Name (Please print)	First Name	MI
x Male Female Age (in years)		
erson 10		
at Name (Please print)	First Name	MI
ж		
erson 11		
t Name (Please print)	First Name	MI
x Male Female Age (in years)		
erson 12		
t Name (Please print)	First Name	MI

Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.
Which best describes this building? Include all apartments, flats, etc., even if vacant.	How many acres is this house or mobile home on?
A mobile home	Less than 1 acre → SKIP to question 6a
A one-family house detached from any	1 to 9.9 acres
other house	10 or more acres
A one-family house attached to one or more houses	IN THE PAST 12 MONTHS, what were the actual
A building with 2 apartments	sales of all agricultural products from this
A building with 3 or 4 apartments	property?
A building with 5 to 9 apartments	None
A building with 10 to 19 apartments	\$1 to \$999
A building with 20 to 49 apartments	\$1,000 to \$2,499
A building with 50 or more apartments	\$2,500 to \$4,999
Boat, RV, van, etc.	\$5,000 to \$9,999
	\$10,000 or more
1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier	 out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if th house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "C Number of bedrooms
When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year	Does this house, apartment, or mobile home have – Yes No a. hot and cold running water? b. a bathtub or shower? c. a sink with a faucet? d. a stove or range?
	e. a refrigerator?



Housing (continued)

8	Is this house, apartment, or mobile home connected to a public sewer?	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
1	Yes, connected to public sewer	None
1	No, connected to septic system or cesspool	
١	No, use other type of system	
9	Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.	□ 3□ 4□ 5
1	Yes	6 or more
T	do you or any member of this household own	At this house, apartment, or mobile home, do you or any member of this household own or lease any of the following types of electric vehicles?
1	or use any of the following types of computers?	a. A plug-in electric vehicle?
1	Yes No	Yes
1	a. Desktop or laptop	No
1	b. Smartphone	h Alabeth de de callebra
١	c. Tablet or other portable wireless computer	b. A hybrid electric vehicle? Yes
	d. Some other type of computer Specify	□ No
		Which fuel is used MOST for heating this house, apartment, or mobile home?
J	At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?	Gas: Natural gas from underground pipes serving the neighborhood
1	Yes, by paying a cell phone company or	Gas: Bottled or tank (propane, butane, etc.)
1	Internet service provider	Electricity
1	Yes, without paying a cell phone company or Internet service provider → SKIP to question 13	Fuel oil, kerosene, etc.
1	No access to the Internet at this house, apartment,	Coal or coke
	□ or mobile home → SKIP to question 13	Wood
Œ	Do you or any member of this household have access to the Internet using a –	Solar energy
1	a. cellular data plan for a Yes No	Other fuel
١	smartphone or other mobile device?	No fuel used
	b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	Does this house, apartment, or mobile home use solar power or photovoltaic panels that generate electricity?
	c. satellite Internet service installed in this household?	Yes
	d. dial-up Internet service installed in this household?	□ No
	e. some other service? Specify service	



Housing (continued)

	Yes → What is the monthly condominium
\$,	fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
OR	Monthly amount – Dollars
Included in rent or condominium fee	
No charge or electricity not used	\$.00
AST MONTH, what was the cost of gas for his house, apartment, or mobile home?	OR None
ast month's cost – <i>Dollars</i>	No
\$	19 Is this house, apartment, or mobile home – Mark (X) ONE box.
OR	Owned by you or someone in this household
Included in rent or condominium fee	with a mortgage or loan? <i>Include home equity loa</i> Owned by you or someone in this household free
Included in electricity payment entered above	and clear (without a mortgage or loan)?
No charge or gas not used	Rented?
N THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 2 months, estimate the cost.	Occupied without payment of rent? → SKIP to C on the next page
\$.00	Answer questions 20a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 21.
OR	20 - What is the monthly word for this house
Included in rent or condominium fee	a. What is the monthly rent for this house, apartment, or mobile home?
No charge	Monthly amount – <i>Dollars</i>
N THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this nouse, apartment, or mobile home? If you have ived here less than 12 months, estimate the cost.	\$.00 b. Does the monthly rent include any meals?
Past 12 months' cost – <i>Dollars</i>	
\$ 0.00	☐ Yes ☐ No
OR	
Included in rent or condominium fee	
No charge or these fuels not used	
Ü	



Housing (continued)

Answer questions 21 – 25 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to question 27.	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment No, insurance paid separately or no insurance
About how much do you think this house ar apartment, or mobile home (and lot, if owned would sell for if it were for sale? Amount – Dollars	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
\$ 0,000,000.00	Yes, home equity loan Yes, second mortgage
What are the annual real estate taxes on TH property?	Yes, second mortgage and home equity loan No → SKIP to No
Annual amount – Dollars \$.00	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
None	Monthly amount – Dollars \$.00
What is the annual payment for fire, hazard, flood insurance on THIS property? Annual amount – Dollars	OR No regular payment required
\$.00 OR None	Answer question 26 if this is a MOBILE HOME. Otherwise, SKIP to to question 27.
a. Do you or any member of this household a mortgage, deed of trust, contract to purchase, or similar debt on THIS propert Yes, mortgage, deed of trust, or similar de Yes, contract to purchase No → SKIP to question 25a	property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
b. How much is the regular monthly mortgated payment on THIS property? Include payment only on FIRST mortgage or contract to purchase Monthly amount – Dollars Solution 25a Solution 25a	receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No
c. Does the regular monthly mortgage payminclude payments for real estate taxes on property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not requ	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.



Person 1

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads
	to a high school diploma or a college degree. No, has not attended in the last 3
irst Name V	months \rightarrow SKIP to question 11
	Yes, public school, public college
	Yes, private school, private college, home sch
/here was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest level of school or degree the
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, so the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box.
	LESS THAN 1 YEAR OF SCHOOL COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	Less than 1 year of school completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school or preschool
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 - Specify
hen did this person come to live in the	☐ grade 1 – 11 —
nited States? If this person came to live in the nited States more than once, print latest year.	
ear ,	
	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)



Answer question 12 if this person has a bachelor's	T 1 VAST 200/
degree or higher. Otherwise, SKIP to question 13.	1 year ago? ☐ Person is under 1 year old → SKIP to question 16
	Yes, this house → SKIP to question 16
	No, outside the United States and Puerto Rico –
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Print name of foreign country, or U.S. Virgin Islan Guam, etc., below; then SKIP to question 16
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago? Address (Number and street name)
What is this person's ancestry or ethnic origin?	Name of city, town, or post office
	Name of U.S. county or municipio in Puerto Rico
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. state or Puerto Rico ZIP Code
a. Does this person speak a language other than English at home?	
YesNo → SKIP to question 15a	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
	Do NOT include plans that cover only one type of
b. What is this language?	service, such as dental, drug, or vision plans.
b. What is this language?	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h.
For example: Korean, Italian, Spanish, Vietnamese	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in
For example: Korean, Italian, Spanish, Vietnamese	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another
For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another family member) b. Medicare, for people 65 and older,
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member)
For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or
For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer, union, or professional association (of this person or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) e. TRICARE or other military health care

b. Does this person have difficulty remembering or concentrating? No difficulty
Some difficulty A lot of difficulty Cannot do at all c. Does this person have difficulty with self care, such as washing all over or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all
d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?
No difficultySome difficultyA lot of difficultyCannot do at all
Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty
Some difficulty A lot of difficulty Cannot do at all
What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
١	a. Married?	Never served in the military → SKIP to question 30a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
١	c. Divorced?	Now on active duty
2	How many times has this person been married?	On active duty in the past, but not now
١	Once	
	Two times Three or more times	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
2	In what year did this person last get married?	September 2001 or later
٩	Year	August 1990 to August 2001 (including Persian Gulf War)
١		May 1975 to July 1990
١		Vietnam era (August 1964 to April 1975)
d	Answer question 25 if this person is female and	February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)
		January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?	World War II (December 1941 to December 1946)
	Yes	November 1941 or earlier
١	No	a. Does this person have a VA service-connected
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)
١	Yes	No → SKIP to question 30a
	No → SKIP to question 27	b. What is this person's service-connected disability rating?
١	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	0 percent
١	under the age of 18 who live in this house or apartment?	10 or 20 percent
	Yes	30 or 40 percent
١	No → SKIP to question 27	50 or 60 percent
١	·	70 percent or higher
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	
	the grandparent has been responsible for the longest period of time.	
	longest period of time.	
	longest period of time. Less than 6 months	
	longest period of time. Less than 6 months 6 to 11 months	



30	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
31	WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK?
	nearest street or intersection. b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b. 36 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39 No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Car, truck, or van Ride-hailing servic (including taxi) Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ride-hailing servic (including taxi) Wotorcycle Bicycle Walked Worked from home → SKIP to question 39b	Yes → SKIP to question 38 No
	Ferryboat Other method	



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 42a – f if this person worked in
	Yes		the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39		
		42	The next series of questions is about the type of
8	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		employment this person had last week.
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
20	No, because of all other reasons (in school, etc.) a. When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
9	few days?		Mark (X) ONE box.
	Within the past 12 months		PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago		For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43		Non-profit organization (including tax-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		GOVERNMENT EMPLOYEE
	business at any time, even for a few days?		Local government (for example: city or county school district)
	Yes		State government (including state
	No → SKIP to question 42		colleges/universities) Active duty U.S. Armed Forces or
0	During the weeks that this person WORKED in		Commissioned Corps
	2019, how many HOURS did this person usually work each WEEK?		Federal government civilian employee
	Usual hours worked each WEEK		SELF-EMPLOYED OR OTHER
			Owner of non-incorporated business, professional practice, or farm
30	a In 2010 did this marrow work EVERY week?		Owner of incorporated business, professional practice, or farm
יי	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Yes → SKIP to question 42		b. What was the name of this person's employer, business, agency, or branch of the
	□ No		Armed Forces?
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
			d. Was this mainly – Mark (X) ONE box.
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service, government, etc.)?



e. Wh (Fo	a t was tl r example	nis person's main occupation? : 4th grade teacher, entry-level plumber)
or o	<mark>duties.</mark> (F I create les	is person's most important activities or example: instruct and evaluate students sson plans, assemble and install pipe review building plans for work details)
INC	OME IN 2	019
Repo	taxable, fr	s of income received, taxable and om January 1, 2019 to December 31,
perso	(X) the " on receive AL AMOU	Yes" box for each type of income this d, and give your best estimate of the NT.
Mark recei		No" box for each type of income NOT
share	e for each rt the who	ceived jointly, report the appropriate person – or, if that's not possible, ble amount for only one person and box for the other person.
fre	om all job	ary, commissions, bonuses, or tips ss. Report amount before deductions for s, dues, or other items.
	Yes →	\$ 0.000.00
	No	TOTAL AMOUNT for 2019
fo (fa an bu	r in cash. Irm or no Id partne Isiness exp	yment income, including work paid Report income from own businesses n-farm), including proprietorships rships. Report NET income after penses. If net income was a loss, mark ss" box next to the dollar amount.
	Yes →	\$ 000.00
	No	TOTAL AMOUNT for 2019
c In	terest. di	vidends, royalty income, or income

d. Net rental income. Report income after expenses. If net rental income was a loss, mark (X) the "Loss" box next to the dollar amount. Yes → .00 No Loss **TOTAL AMOUNT for 2019** e. Social Security or Railroad Retirement. Yes → No **TOTAL AMOUNT for 2019** f. Supplemental Security Income (SSI). Yes → .00 No **TOTAL AMOUNT for 2019** g. Any financial assistance from the state or local welfare office. Do NOT include non-cash benefits, such as energy or housing assistance, the Food Stamp Program, or SNAP. Yes → No **TOTAL AMOUNT for 2019** h. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security. Yes → \$.00 No **TOTAL AMOUNT for 2019** i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.

Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → .00 No **TOTAL AMOUNT for 2019** Including all types of income, what was this person's total income in 2019? Add entries in questions 43a to 43i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. OR None Loss **TOTAL AMOUNT for 2019**

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 for mailing instructions.



Yes →

No

.00

TOTAL AMOUNT for 2019

Person 2

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
inst Name	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the emited states "Time name of state."	
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest level of school or degree to person has COMPLETED? If currently enrolled, s
U.S. Virgin Islands, or Northern Marianas	the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	LESS THAN 1 YEAR OF SCHOOL COMPLETED
of naturalization 📝	Less than 1 year of school completed NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school or preschool
	Kindergarten
No, not a U.S. citizen	
	Grade 1 through 11 – Specify grade 1 – 11 –
When did this person come to live in the Jnited States? If this person came to live in the	
Inited States more than once, print latest year.	
'ear	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)



Doctorate degree (for example: PhD, EdD)

		•			
	if this person has a bachelor's		I this person live in this ear ago?	house or a	partment
degree or higher. Ot	therwise, SKIP to question 13.		Person is under 1 year old	$d \rightarrow SKIP to q$	uestion 16
			Yes, this house → SKIP to	question 16	
BACHELOR'S DEG specific major(s) o this person has re- engineering, elemen	ises on this person's iREE. Please print below the fany BACHELOR'S DEGREES ceived. (For example: chemical ntary teacher education,		No, outside the United St. Print name of foreign cou Guam, etc., below; then S	ntry, or U.S.	Virgin Island
organizational psycl	1010gy)		No, different house in the	United State	s or
			Puerto Rico	4	
			ere did this person live dress (Number and street		
What is this persor	n's ancestry or ethnic origin?	Naı	me of city, town, or post	office	
		Nar	me of U.S. county or mui	nicipio in Pu	ierto Rico
Cambodian, Cape Vo	n, Jamaican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish,				
Nigerian, Mexican, T	Taiwanese, Ukrainian, and so on.)		me of U.S. state or erto Rico	ZIP Cod	de
a. Does this persor than English at I	n speak a language other home?				
Yes		follov	s person CURRENTLY co wing types of health ins rage plans?	overed by a urance or h	ny of the ealth
No → SKIP to	question 15a	Do NO	OT include plans that cove e, such as dental, drug, or	r only one ty	pe of
b. What is this lang	juage?		"Yes" or "No" for EACH typ	•	
·	ean, Italian, Spanish, Vietnamese	emp asso	urance through a current or ployer, union, or profession ociation (of this person or a lily member)	ıal	Yes No
c. How well does t	his person speak English?	b. Med	dicare, for people 65 and ol people with certain disabiliti	der, ies	
Well		Prog	dicaid, Children's Health Ins gram (CHIP), or any kind of rernment-assistance plan fo	r those	
Not well Not at all		d. Insu	n low incomes or a disabiliturance purchased directly fr	rom an	
		or F or a	urance company or through Federal Marketplace, Health I similar website (by this pe Ither family member)	Care.gov,	
		e. TRI	CARE or other military heal	th care	
		f. VA	(enrolled for VA health care	;)	
		g. Indi	ian Health Service		
			other type of health insura nealth coverage plan – <i>Spec</i>		
			v other type of health insura nealth coverage plan – <i>Spec</i>		

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty
 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No No a. Does this person have difficulty seeing, even if wearing glasses? 	Some difficulty A lot of difficulty Cannot do at all C. Does this person have difficulty with self care such as washing all over or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?
 No difficulty Some difficulty A lot of difficulty Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? 	■ Some difficulty ■ A lot of difficulty ■ Cannot do at all ■ Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
☐ No difficulty	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty A lot of difficulty
a. Does this person have difficulty walking or climbing steps? No difficulty Some difficulty A lot of difficulty Cannot do at all	Cannot do at all What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
١	a. Married?	Never served in the military → SKIP to question 30a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
١	c. Divorced?	Now on active duty
2	How many times has this person been married?	On active duty in the past, but not now
١	Once	
	Two times Three or more times	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
2	In what year did this person last get married?	September 2001 or later
٩	Year	August 1990 to August 2001 (including Persian Gulf War)
١		May 1975 to July 1990
١		Vietnam era (August 1964 to April 1975)
d	Answer question 25 if this person is female and	February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)
		January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?	World War II (December 1941 to December 1946)
	Yes	November 1941 or earlier
١	No	a. Does this person have a VA service-connected
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)
١	Yes	No → SKIP to question 30a
	No → SKIP to question 27	b. What is this person's service-connected disability rating?
١	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	0 percent
١	under the age of 18 who live in this house or apartment?	10 or 20 percent
	Yes	30 or 40 percent
١	No → SKIP to question 27	50 or 60 percent
١	·	70 percent or higher
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	
	the grandparent has been responsible for the longest period of time.	
	longest period of time.	
	longest period of time. Less than 6 months	
	longest period of time. Less than 6 months 6 to 11 months	



30	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
31	 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a 	Hour Minute a.m. p.m. 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) AST WEEK, what time did this person's trip to work usually begin?
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.
	d. Name of county e. Name of U.S. state or foreign country	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 36c ☐ No b. LAST WEEK, was this person TEMPORARILY
32	f. ZIP Code How did this person usually get to work LAST	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39 No → SKIP to question 37
	WEEK? Mark (X) ONE box for the method of transportation used for most of the distance. Car, truck, or van Ride-hailing servic (including taxi) Bus Motorcycle Subway or elevated rail Bicycle Long-distance train or walked Light rail, streetcar, or trolley Worked from home → SKIP to question 39b Ferryboat Other method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 38 ☐ No



37	During the LAST 4 WEEKS, has this person been	L	
	ACTIVELY looking for work?		guestions 42a – f if this person worked in 5 years. Otherwise, SKIP to question 43.
	Yes		
	No → SKIP to question 39	2 DESCRII	PTION OF EMPLOYMENT
8	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		series of questions is about the type of ent this person had last week.
	Yes, could have gone to work	at which	rson had more than one job, describe the one the most hours were worked. If this person
	No, because of own temporary illness		ork last week, describe the most recent nert in the past five years.
	No, because of all other reasons (in school, etc.)	perso	n one of the following best describes this n's employment last week or the most
9	 a. When did this person last work, even for a few days? 		t employment in the past 5 years? X) ONE box.
	Within the past 12 months	PRIVA	TE SECTOR EMPLOYEE
	1 to 5 years ago	☐ F	or-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43		on-profit organization (including x-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		NMENT EMPLOYEE
	business at any time, even for a few days?		ocal government (for example: city or ounty school district)
	Yes		tate government (including state olleges/universities)
	No → SKIP to question 42		ctive duty U.S. Armed Forces or
9	During the weeks that this person WORKED in 2019, how many HOURS did this person usually	_	ommissioned Corps ederal government civilian employee
	work each WEEK? Usual hours worked each WEEK	SELF-E	MPLOYED OR OTHER
	OSUAL HOURS WORKER EACH WEEK		wner of non-incorporated business, rofessional practice, or farm
			wner of incorporated business, rofessional practice, or farm
D	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		orked without pay in a for-profit family usiness or farm for 15 hours or more per wee
	Yes → SKIP to question 42 No	busine	was the name of this person's employer, ess, agency, or branch of the d Forces?
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks	Include at the	kind of business or industry was this? e the main activity, product, or service provid ocation where employed. (For example: ntary school, residential construction)
		GIGITIEI	nary sonoon, residential construction)
		d. Was t	his mainly – Mark (X) ONE box.
		_	nanufacturing?
			holesale trade?
			etail trade?
			ther (agriculture, construction, service,
			overnment etc)?



	e.	What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Net
			box ı
	f.	Describe this person's most important activities or duties. (For example: instruct and evaluate students	
		and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Soci
			f. Sup
)	П	NCOME IN 2019	
	n	eport all types of income received, taxable and on-taxable, from January 1, 2019 to December 31, 019.	
	- N p	Mark (X) the "Yes" box for each type of income this erson received, and give your best estimate of the OTAL AMOUNT.	g. Any welf such Prog
	re	Mark (X) the "No" box for each type of income NOT eceived. For income received jointly, report the appropriate	
	S	hare for each person – or, if that's not possible,	h. Retii
	n	eport the whole amount for only one person and nark the "No" box for the other person.	disal empl
	а	. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	distri othei Do N
		Yes → \$ 00	
		No.	
		TOTAL AMOUNT for 2019	
	b	Self-employment income, including work paid for in cash. Report income from own businesses (farm or non-farm), including proprietorships and partnerships. Report NET income after	i. Any such com Do N
		business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	from
		profit the second amount.	
		Yes → \$, .00	
		No TOTAL AMOUNT for 2019 Loss	4) Includi
	C	Interest, dividends, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	person questio was a lo
		□ Yes → \$,	□ OF
		NO TOTAL AMOUNT for 2010	None

rental income. Report income after expenses. rental income was a loss, mark (X) the "Loss" next to the dollar amount. Yes → .00 No Loss **TOTAL AMOUNT for 2019** al Security or Railroad Retirement. Yes → No **TOTAL AMOUNT for 2019** plemental Security Income (SSI). Yes → .00 No **TOTAL AMOUNT for 2019** financial assistance from the state or local are office. Do NOT include non-cash benefits, as energy or housing assistance, the Food Stamp ram, or ŠNAP. Yes → No **TOTAL AMOUNT for 2019** rement income, pensions, survivor or bility income. Include income from a previous loyer or union, or any regular withdrawals or ibutions from IRA, Roth IRA, 401(k), 403(b), or accounts specifically designed for retirement. OT include Social Security. Yes → \$.00 No **TOTAL AMOUNT for 2019** other sources of income received regularly as Veterans' (VA) payments, unemployment pensation, child support or alimony. OT include lump sum payments such as money an inheritance or the sale of a home. Yes → .00 No **TOTAL AMOUNT for 2019** ng all types of income, what was this 's total income in 2019? Add entries in ns 43a to 43i; subtract any losses. If net income oss, enter the amount and mark (X) the "Loss" kt to the dollar amount. \$ None Loss **TOTAL AMOUNT for 2019**

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4,

SKIP to page 48 for mailing instructions.



TOTAL AMOUNT for 2019

Person 3

Please copy the name of Person 3 from page 4, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3
First Name MI	months → SKIP to question 11 Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending? <i>Mark (X) ONE box.</i>
☐ In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 12
	College undergraduate years (freshman to senior)
Is this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest level of school or degree this
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, select the previous grade or highest degree received. Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	LESS THAN 1 YEAR OF SCHOOL COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	Less than 1 year of school completed
or naturalization g	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school or preschool
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify grade 1 – 11 –
9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.	grade 7 - 11
Year	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)

		•			
	if this person has a bachelor's		I this person live in this ear ago?	house or a	partment
degree or higher. Ot	therwise, SKIP to question 13.		Person is under 1 year old	$d \rightarrow SKIP to q$	uestion 16
			Yes, this house → SKIP to	question 16	
BACHELOR'S DEG specific major(s) o this person has re- engineering, elemen	ises on this person's iREE. Please print below the fany BACHELOR'S DEGREES ceived. (For example: chemical ntary teacher education,		No, outside the United St. Print name of foreign cou Guam, etc., below; then S	ntry, or U.S.	Virgin Island
organizational psycl	1010gy)		No, different house in the	United State	s or
			Puerto Rico	4	
			ere did this person live dress (Number and street		
What is this persor	n's ancestry or ethnic origin?	Naı	me of city, town, or post	office	
		Nar	me of U.S. county or mui	nicipio in Pu	ierto Rico
Cambodian, Cape Vo	n, Jamaican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish,				
Nigerian, Mexican, T	Taiwanese, Ukrainian, and so on.)		me of U.S. state or erto Rico	ZIP Cod	de
a. Does this persor than English at I	n speak a language other home?				
Yes		follov	s person CURRENTLY co wing types of health ins rage plans?	overed by a urance or h	ny of the ealth
No → SKIP to	question 15a	Do NO	OT include plans that cove e, such as dental, drug, or	r only one ty	pe of
b. What is this lang	juage?		"Yes" or "No" for EACH typ	•	
·	ean, Italian, Spanish, Vietnamese	emp asso	urance through a current or ployer, union, or profession ociation (of this person or a lily member)	ıal	Yes No
c. How well does t	his person speak English?	b. Med	dicare, for people 65 and ol people with certain disabiliti	der, ies	
Well		Prog	dicaid, Children's Health Ins gram (CHIP), or any kind of rernment-assistance plan fo	r those	
Not well Not at all		d. Insu	n low incomes or a disabiliturance purchased directly fr	rom an	
		or F or a	urance company or through Federal Marketplace, Health I similar website (by this pe Ither family member)	Care.gov,	
		e. TRI	CARE or other military heal	th care	
		f. VA	(enrolled for VA health care	;)	
		g. Indi	ian Health Service		
			other type of health insura nealth coverage plan – <i>Spec</i>		
			v other type of health insura nealth coverage plan – <i>Spec</i>		

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty
 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No No a. Does this person have difficulty seeing, even if wearing glasses? 	Some difficulty A lot of difficulty Cannot do at all C. Does this person have difficulty with self care such as washing all over or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood? No difficulty
 No difficulty Some difficulty A lot of difficulty Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? 	Some difficulty A lot of difficulty Cannot do at all Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
No difficulty Some difficulty A lot of difficulty Cannot do at all Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty A lot of difficulty Cannot do at all
a. Does this person have difficulty walking or climbing steps? No difficulty Some difficulty A lot of difficulty Cannot do at all	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
١	a. Married?	Never served in the military → SKIP to question 30a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
١	c. Divorced?	Now on active duty
2	How many times has this person been married?	On active duty in the past, but not now
١	Once	
	Two times Three or more times	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
2	In what year did this person last get married?	September 2001 or later
٩	Year	August 1990 to August 2001 (including Persian Gulf War)
١		May 1975 to July 1990
١		Vietnam era (August 1964 to April 1975)
d	Answer question 25 if this person is female and	February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)
		January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?	World War II (December 1941 to December 1946)
	Yes	November 1941 or earlier
١	No	a. Does this person have a VA service-connected
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)
١	Yes	No → SKIP to question 30a
	No → SKIP to question 27	b. What is this person's service-connected disability rating?
١	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	0 percent
١	under the age of 18 who live in this house or apartment?	10 or 20 percent
	Yes	30 or 40 percent
١	No → SKIP to question 27	50 or 60 percent
١	·	70 percent or higher
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	
	the grandparent has been responsible for the longest period of time.	
	longest period of time.	
	longest period of time. Less than 6 months	
	longest period of time. Less than 6 months 6 to 11 months	



a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
Yes → SKIP to question 31	question on
No – Did not work (or retired)	How many people, including this person,
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK?
Yes	Person(s)
No → SKIP to question 36a	
At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute
a. Address (Number and street name)	a.m. p.m.
If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
b. Name of city, town, or post office	
No, outside the city/town limitsd. Name of county	a. LAST WEEK, was this person on layoff from a job?
	Yes → SKIP to question 36c
e. Name of U.S. state or foreign country	No
,	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
	No → SKIP to question 37
How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that he or she will be recalled to work within the next 6
Car, truck, or van	
Bus Motorcycle	Yes → SKIP to question 38
Subway or elevated rail Bicycle	No
Long-distance train or commuter rail Walked	
Light rail, streetcar, or trolley Worked from home → SKIP to question 39b	
Ferryboat Other method	



37	During the LAST 4 WEEKS, has this person been	<u> </u>	
	ACTIVELY looking for work?	Answer questions 42a – f if this person worked the past 5 years. Otherwise, SKIP to question 43	
	Yes		
	No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT	
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type o employment this person had last week.	f
	Yes, could have gone to work	If this person had more than one job, describe t at which the most hours were worked. If this pe did not work last week, describe the most recen	erson
	No, because of own temporary illness	employment in the past five years.	π
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describe person's employment last week or the mercent employment in the past 5 years?	
39	a. When did this person last work, even for a few days?	Mark (X) ONE box.	
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE	
	1 to 5 years ago	For-profit company or organization	
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)	•
	b. In 2019, did this person work at a job or	GOVERNMENT EMPLOYEE	
	business at any time, even for a few days?	Local government (for example: city or county school district)	
	YesNo → SKIP to question 42	State government (including state colleges/universities)	
	_ No y on to question 42	Active duty U.S. Armed Forces or Commissioned Corps	
40	During the weeks that this person WORKED in 2019, how many HOURS did this person usually work each WEEK?	Federal government civilian employee	
	Usual hours worked each WEEK	SELF-EMPLOYED OR OTHER	
		Owner of non-incorporated business, professional practice, or farm	
		Owner of incorporated business, professional practice, or farm	
41)	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.	Worked without pay in a for-profit fam business or farm for 15 hours or more pe	
	Yes → SKIP to question 42	b. What was the name of this person's employers business, agency, or branch of the	loyer,
	No	Armed Forces?	
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks	c. What kind of business or industry was the Include the main activity, product, or service pat the location where employed. (For example elementary school, residential construction)	provide
		d. Was this mainly – Mark (X) ONE box.	
		manufacturing?	
		wholesale trade?	
		retail trade?	
		other (agriculture, construction, service, government, etc.)?	



	(For	at was th example	: 4th g	rade	teac	her,	ent	ry-leve	el plu	ımber)
	or d	cribe th uties. (F create les	or exai	mple lans.	: inst asse	ruct mble	and and	l evalu d insta	ate s	students pe
		ME IN 2								
1	epor on-ta 019.	t all type axable, fr	s of in om Ja	com nuar	e red y 1,	eive 2019	d, t to	axable Decen	e and nber	d 31,
Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.										
	lark (eceiv	(X) the "led.	No" bo	ox fa	r ea	ch ty	pe	of inco	ome	NOT
ϵ	hare eport	come red for each the who the "No"	perso le am	n – c ount	or, if for a	that' only	s n one	ot pos e perso	sible),
١.	fro	ges, sala m all job es, bonds	s. Rep	ort a	amoi	ınt b	efo	nuses re dea	, or luctio	tips ons for
		Yes →	\$					00)	
		No		, ΤΔΙ 4	ΔMΩ	, UNT	for	2019	1	
١.	for (far and bus	f-emplo in cash. m or no l partne iness exp the "Loss	ymen Repo n-farn rships	t inc rt in n), ir s. Re	ome com nclud port et in	e, inc e fro ding NET	oluc om pro inc	ding wood own loome a	ousi orsl fter ss, r	nesses nips
		Yes →	\$					0		
		100 2	1 13					.00)	

d. Net rental income. Report income after e. If net rental income was a loss, mark (X) the box next to the dollar amount.	xpenses. e "Loss"
☐ Yes → \$	
No TOTAL AMOUNT for 2019	Loss
e. Social Security or Railroad Retirement.	
Yes → \$ 00	
No TOTAL AMOUNT for 2019	
f. Supplemental Security Income (SSI).	
Yes → \$,	
TOTAL AMOUNT for 2019	
g. Any financial assistance from the state welfare office. Do NOT include non-cash a such as energy or housing assistance, the F Program, or SNAP.	benefits.
□ Yes → \$ □ □ .00	
No TOTAL AMOUNT for 2019	
h. Retirement income, pensions, survivor disability income. Include income from a employer or union, or any regular withdraw distributions from IRA, Roth IRA, 401(k), 403 other accounts specifically designed for reti Do NOT include Social Security.	previous vals or B(b), or
Yes → \$ 1.00	
No TOTAL AMOUNT for 2019	
i. Any other sources of income received a such as Veterans' (VA) payments, unem compensation, child support or alimon Do NOT include lump sum payments such a from an inheritance or the sale of a home.	ployment y.
☐ Yes → \$.00 .00	
No TOTAL AMOUNT for 2019	
Including all types of income, what was the person's total income in 2019? Add entries questions 43a to 43i; subtract any losses. If new was a loss, enter the amount and mark (X) the box next to the dollar amount.	s in t income
OR \$.00	
None TOTAL AMOUNT for 2019	Loss
Continue with the questions for Person 4 next page. If no one is listed as Person 4 of SKIP to page 48 for mailing instructions.	



Yes →

No

.00

TOTAL AMOUNT for 2019

Person 4

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
institution in the second seco	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the office states Trim hame of state.	
	
Outside the United States – Print name of	grade 1 – 12 – Specify
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest level of school or degree to person has COMPLETED? If currently enrolled, s
	the previous grade or highest degree received. Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	LESS THAN 1 YEAR OF SCHOOL COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization	Less than 1 year of school completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school or preschool
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the Jnited States? If this person came to live in the	grade 1 11
Inited States more than once, print latest year.	
ear	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)



Doctorate degree (for example: PhD, EdD)

		•			
	if this person has a bachelor's		I this person live in this ear ago?	house or a	partment
degree or higher. Ot	therwise, SKIP to question 13.		Person is under 1 year old	$d \rightarrow SKIP to q$	uestion 16
			Yes, this house → SKIP to	question 16	
BACHELOR'S DEG specific major(s) o this person has re- engineering, elemen	ises on this person's iREE. Please print below the fany BACHELOR'S DEGREES ceived. (For example: chemical ntary teacher education,		No, outside the United Sta Print name of foreign cou Guam, etc., below; then S	ntry, or U.S.	Virgin Island
organizational psycl	1010gy)		No, different house in the	United State	s or
			Puerto Rico	4	
			ere did this person live dress (Number and street		
What is this persor	n's ancestry or ethnic origin?	Naı	me of city, town, or post	office	
		Nar	me of U.S. county or mui	nicipio in Pu	ierto Rico
Cambodian, Cape Vo	n, Jamaican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish,				
Nigerian, Mexican, T	Taiwanese, Ukrainian, and so on.)		me of U.S. state or erto Rico	ZIP Cod	de
a. Does this persor than English at I	n speak a language other home?				
Yes		follov	s person CURRENTLY co wing types of health ins rage plans?	overed by a urance or h	ny of the ealth
No → SKIP to	question 15a	Do NO	OT include plans that cove e, such as dental, drug, or	r only one ty	pe of
b. What is this lang	juage?		"Yes" or "No" for EACH typ	•	
·	ean, Italian, Spanish, Vietnamese	emp asso	urance through a current or ployer, union, or profession ociation (of this person or a lily member)	ıal	Yes No
c. How well does t	his person speak English?	b. Med	dicare, for people 65 and ol people with certain disabiliti	der, ies	
Well		Prog	dicaid, Children's Health Ins gram (CHIP), or any kind of rernment-assistance plan fo	r those	
Not well Not at all		d. Insu	n low incomes or a disabiliturance purchased directly fr	rom an	
		or F or a	urance company or through Federal Marketplace, Health I similar website (by this pe Ither family member)	Care.gov,	
		e. TRI	CARE or other military heal	th care	
		f. VA	(enrolled for VA health care	;)	
		g. Indi	ian Health Service		
			other type of health insura nealth coverage plan – <i>Spec</i>		
			v other type of health insura nealth coverage plan – <i>Spec</i>		

Some difficulty A lot of difficulty
Cannot do at all c. Does this person have difficulty with self care such as washing all over or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood? No difficulty Some difficulty
A lot of difficulty Cannot do at all Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty A lot of difficulty
Cannot do at all What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



22	In the PAST 12 MONTHS did this person get – Yes No	27	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ı	a. Married?		Never served in the military → SKIP to question 30a
ı	b. Widowed?		Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
ı	c. Divorced?		Now on active duty
2	How many times has this person been married?		On active duty in the past, but not now
ı	Once	20	When did this person serve on active duty in the
	Two times Three or more times	40	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
24	In what year did this person last get married?		September 2001 or later
	Year		August 1990 to August 2001 (including Persian Gulf War)
ı			May 1975 to July 1990
ı			Vietnam era (August 1964 to April 1975)
J	Answer question 25 if this person is female and		February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.		Korean War (July 1950 to January 1955)
			January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?		World War II (December 1941 to December 1946)
ı	Yes		November 1941 or earlier
ı	□ No	29	
26			disability rating?
I	grandchildren under the áge of 18 living in this house or apartment?		Yes (such as 0%, 10%, 20%,, 100%)
ı	Yes		No → SKIP to question 30a
ı	No → SKIP to question 27		b. What is this person's service-connected disability rating?
ı	 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren 		0 percent
ı	under the age of 18 who live in this house or apartment?		10 or 20 percent
ı	Yes		30 or 40 percent
ı	No → SKIP to question 27		50 or 60 percent
ı	,		70 percent or higher
	c. How long has this grandparent been responsibl for these grandchildren? If the grandparent is financially responsible for more than one grandchild answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		
	Less than 6 months		
	6 to 11 months		
	1 or 2 years		
	3 or 4 years		
	5 or more years		



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
	Yes → SKIP to question 31	question 34.
	No – Did not work (or retired)	
		33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Person(s)
	No → SKIP to question 36a	
31	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute
	a. Address (Number and street name)	a.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	
	City or town? Yes No, outside the city/town limits	did NOT work last week. Otherwise, SKIP to question 39b. 36 a. LAST WEEK, was this person on layoff from
	d. Name of county	a job?
		Yes → SKIP to question 36c
		□ No
	e. Name of U.S. state or foreign country	
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
		No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that he or she will be recalled to work within the next 6
	Ride-hailing service	months OR been given a date to return to work?
	Pug (including taxi)	Yes → SKIP to question 38
	Subway or alayated rail	No
	Long-distance train or	
	Use the commuter rail worked from Worked from	
	or trolley to question 39b	
	Ferryboat Other method	



37	During the LAST 4 WEEKS, has this person been	L	
	ACTIVELY looking for work?		guestions 42a – f if this person worked in 5 years. Otherwise, SKIP to question 43.
	Yes		
	No → SKIP to question 39	2 DESCRII	PTION OF EMPLOYMENT
8	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		series of questions is about the type of ent this person had last week.
	Yes, could have gone to work	at which	rson had more than one job, describe the one the most hours were worked. If this person
	No, because of own temporary illness		ork last week, describe the most recent nert in the past five years.
	No, because of all other reasons (in school, etc.)	perso	n one of the following best describes this n's employment last week or the most
9	 a. When did this person last work, even for a few days? 		t employment in the past 5 years? X) ONE box.
	Within the past 12 months	PRIVA	TE SECTOR EMPLOYEE
	1 to 5 years ago	☐ F	or-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43		on-profit organization (including x-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		NMENT EMPLOYEE
	business at any time, even for a few days?		ocal government (for example: city or ounty school district)
	Yes		tate government (including state olleges/universities)
	No → SKIP to question 42		ctive duty U.S. Armed Forces or
9	During the weeks that this person WORKED in 2019, how many HOURS did this person usually	_	ommissioned Corps ederal government civilian employee
	work each WEEK? Usual hours worked each WEEK	SELF-E	MPLOYED OR OTHER
	OSUAL HOURS WORKER EACH WEEK		wner of non-incorporated business, rofessional practice, or farm
			wner of incorporated business, rofessional practice, or farm
D	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		orked without pay in a for-profit family usiness or farm for 15 hours or more per wee
	Yes → SKIP to question 42 No	busine	was the name of this person's employer, ess, agency, or branch of the d Forces?
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks	Include at the	kind of business or industry was this? e the main activity, product, or service provid ocation where employed. (For example: ntary school, residential construction)
		GIGITIEI	nary sonoon, residential construction)
		d. Was t	his mainly – Mark (X) ONE box.
		_	nanufacturing?
			holesale trade?
			etail trade?
			ther (agriculture, construction, service,
			overnment etc)?



e.	What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)
f.	Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)
П	NCOME IN 2019
n	Report all types of income received, taxable and on-taxable, from January 1, 2019 to December 31, 019.
р	Mark (X) the "Yes" box for each type of income this erson received, and give your best estimate of the OTAL AMOUNT.
	Mark (X) the "No" box for each type of income NOT eceived.
s	for income received jointly, report the appropriate hare for each person – or, if that's not possible, eport the whole amount for only one person and nark the "No" box for the other person.
a	. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for

	Tes 7 [\$ 0,000,000 []
Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	No TOTAL AMOUNT for 2019 Loss
sections and review building plans for work details)	e. Social Security or Railroad Retirement.
	☐ Yes → \$
	No TOTAL AMOUNT for 2019
	f. Supplemental Security Income (SSI).
ICOME IN 2019	Yes → \$ 00
eport all types of income received, taxable and on-taxable, from January 1, 2019 to December 31, 2019.	No TOTAL AMOUNT for 2019
ark (X) the "Yes" box for each type of income this erson received, and give your best estimate of the OTAL AMOUNT.	g. Any financial assistance from the state or local welfare office. Do NOT include non-cash benefits, such as energy or housing assistance, the Food Stamp Program, or SNAP.
ark (X) the "No" box for each type of income NOT ceived.	☐ Yes → \$.00
or income received jointly, report the appropriate pare for each person – or, if that's not possible,	No TOTAL AMOUNT for 2019
port the whole amount for only one person and ark the "No" box for the other person.	h. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.
□ Yes → \$	☐ Yes → \$.00
No TOTAL AMOUNT for 2019	No TOTAL AMOUNT for 2019
Self-employment income, including work paid for in cash. Report income from own businesses (farm or non-farm), including proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
☐ Yes → \$.00	Yes → \$,00
No TOTAL AMOUNT for 2019 Loss	TOTAL AMOUNT for 2019
Interest, dividends, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Including all types of income, what was this person's total income in 2019? Add entries in questions 43a to 43i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
Yes → \$.00	OR \$
No TOTAL AMOUNT for 2019	None Loss TOTAL AMOUNT for 2019
	Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 48 for mailing instructions.

d. Net rental income. Report income after expenses. If net rental income was a loss, mark (X) the "Loss"

box next to the dollar amount.



Person 5

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
ind Hallie	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest level of school or degree to person has COMPLETED? If currently enrolled, s
U.S. Virgin Islands, or Northern Marianas	the previous grade or highest degree received. Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	LESS THAN 1 YEAR OF SCHOOL COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	Less than 1 year of school completed
of naturalization p	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school or preschool
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the	grade 1 – 11 –
Jnited States? If this person came to live in the Jnited States more than once, print latest year.	
/ear	
	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)



Doctorate degree (for example: PhD, EdD)

	a. Did this person live in this house or apartment
Answer question 12 if this person has a bachelor's	a. Did this person live in this nouse or apartment 1 year ago?
egree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 16
	Yes, this house → SKIP to question 16
uestion focuses on this person's IELOR'S DEGREE. Please print below the fic major(s) of any BACHELOR'S DEGREES erson has received. (For example: chemical pering, elementary teacher education,	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islan Guam, etc., below; then SKIP to question 16
rational psychology)	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago? Address (Number and street name)
at is this person's ancestry or ethnic origin?	Name of city, town, or post office
and to the time to a stress AC's A	Name of U.S. county or municipio in Puerto Rico
ample: Italian, Jamaican, African Am., dian, Cape Verdean, Norwegian, Dominican, Canadian, Haitian, Korean, Lebanese, Polish,	
n, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. state or Puerto Rico ZIP Code
s this person speak a language other English at home?	00000
Yes	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
No → SKIP to question 15a	Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.
at is this language?	Mark "Yes" or "No" for EACH type of coverage in items a – h.
or example: Korean, Italian, Spanish, Vietnamese	a. Insurance through a current or former employer, union, or professional association (of this person or another family member)
v well does this person speak English? Very well	b. Medicare, for people 65 and older, or people with certain disabilities
ell ot well	c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability
t at all	d. Insurance purchased directly from an insurance company or through a State
TOT AT ALL	or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member)
act at all	
or ar an	or a similar website (by this person or another family member)
	or a similar website (by this person or another family member) e. TRICARE or other military health care f. VA (enrolled for VA health care)
	or a similar website (by this person or another family member) e. TRICARE or other military health care f. VA (enrolled for VA health care) g. Indian Health Service
Not at all	or a similar website (by this person or another family member) e. TRICARE or other military health care f. VA (enrolled for VA health care)

G Answer question 17a if this person is covered by	b. Does this person have difficulty remembering or concentrating?
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	☐ No difficulty
	Some difficulty
a. Is there a premium for this plan? A premium	A lot of difficulty
is a fixed amount of money paid on a regular basis for health coverage. It does not include	Cannot do at all
copays, deductibles, or other expenses such as prescription costs.	c. Does this person have difficulty with self care,
Yes	such as washing all over or dressing?
No → SKIP to question 18a	☐ No difficulty
b. Does this person or another family member	Some difficulty
receive a tax credit or subsidy based on family income to help pay the premium?	A lot of difficulty
Yes	Cannot do at all
□ No	d. Using his or her usual language, does this
L NO	person have difficulty communicating, for example, understanding or being understood?
a. Does this person have difficulty seeing, even if wearing glasses?	☐ No difficulty
No difficulty	Some difficulty
Some difficulty	☐ A lot of difficulty
A lot of difficulty	Cannot do at all
Cannot do at all	
b. Does this person have difficulty hearing, even if using a hearing aid?	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing
	instructions on page 48.
No difficulty	Because of a physical, mental, or emotional
☐ Some difficulty ☐ A lot of difficulty	condition, does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?
Cannot do at all	□ No difficulty
	Some difficulty
Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the mailing	A lot of difficulty
instructions on page 48.	Cannot do at all
9 a. Does this person have difficulty walking or climbing steps?	What is this person's marital status?
□ No difficulty	☐ Now married
Some difficulty	Widowed
A lot of difficulty	Divorced
Cannot do at all	Separated
Gainiot do at an	Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
١	a. Married?	Never served in the military → SKIP to question 30a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
١	c. Divorced?	Now on active duty
2	How many times has this person been married?	On active duty in the past, but not now
١	Once	
	Two times Three or more times	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
2	In what year did this person last get married?	September 2001 or later
٩	Year	August 1990 to August 2001 (including Persian Gulf War)
١		May 1975 to July 1990
١		Vietnam era (August 1964 to April 1975)
d	Answer question 25 if this person is female and	February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)
		January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?	World War II (December 1941 to December 1946)
	Yes	November 1941 or earlier
١	No	a. Does this person have a VA service-connected
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)
١	Yes	No → SKIP to question 30a
	No → SKIP to question 27	b. What is this person's service-connected disability rating?
١	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	0 percent
١	under the age of 18 who live in this house or apartment?	10 or 20 percent
	Yes	30 or 40 percent
١	No → SKIP to question 27	50 or 60 percent
١	· ·	70 percent or higher
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	
	the grandparent has been responsible for the longest period of time.	
	longest period of time.	
	longest period of time. Less than 6 months	
	longest period of time. Less than 6 months 6 to 11 months	



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
	Yes → SKIP to question 31	question 34.
	No – Did not work (or retired)	
		33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Person(s)
	No → SKIP to question 36a	
31	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute
	a. Address (Number and street name)	a.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	
	☐ Yes☐ No, outside the city/town limits d. Name of county	question 39b. 36 a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	∐ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
		No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that he or she will be recalled to work within the next 6
	Car, truck, or van	months OR been given a date to return to work?
	Bus Motorcycle	Yes → SKIP to question 38
	Subway or elevated rail Bicycle	No
	Long-distance train or commuter rail Walked	
	Light rail, streetcar, or trolley Worked from home \rightarrow SKIP to question 39b	
	Ferryboat Other method	



37	During the LAST 4 WEEKS, has this person been	<u> </u>	
	ACTIVELY looking for work?	Answer questions 42a – f if this person worked the past 5 years. Otherwise, SKIP to question 43	
	Yes		
	No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT	
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type o employment this person had last week.	f
	Yes, could have gone to work	If this person had more than one job, describe t at which the most hours were worked. If this pe did not work last week, describe the most recen	erson
	No, because of own temporary illness	employment in the past five years.	π
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describe person's employment last week or the mercent employment in the past 5 years?	
39	a. When did this person last work, even for a few days?	Mark (X) ONE box.	
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE	
	1 to 5 years ago	For-profit company or organization	
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)	•
	b. In 2019, did this person work at a job or	GOVERNMENT EMPLOYEE	
	business at any time, even for a few days?	Local government (for example: city or county school district)	
	YesNo → SKIP to question 42	State government (including state colleges/universities)	
	_ No y on to question 42	Active duty U.S. Armed Forces or Commissioned Corps	
40	During the weeks that this person WORKED in 2019, how many HOURS did this person usually work each WEEK?	Federal government civilian employee	
	Usual hours worked each WEEK	SELF-EMPLOYED OR OTHER	
		Owner of non-incorporated business, professional practice, or farm	
		Owner of incorporated business, professional practice, or farm	
41)	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.	Worked without pay in a for-profit fam business or farm for 15 hours or more pe	
	Yes → SKIP to question 42	b. What was the name of this person's employers business, agency, or branch of the	loyer,
	No	Armed Forces?	
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks	c. What kind of business or industry was the Include the main activity, product, or service pat the location where employed. (For example elementary school, residential construction)	provide
		d. Was this mainly – Mark (X) ONE box.	
		manufacturing?	
		wholesale trade?	
		retail trade?	
		other (agriculture, construction, service, government, etc.)?	

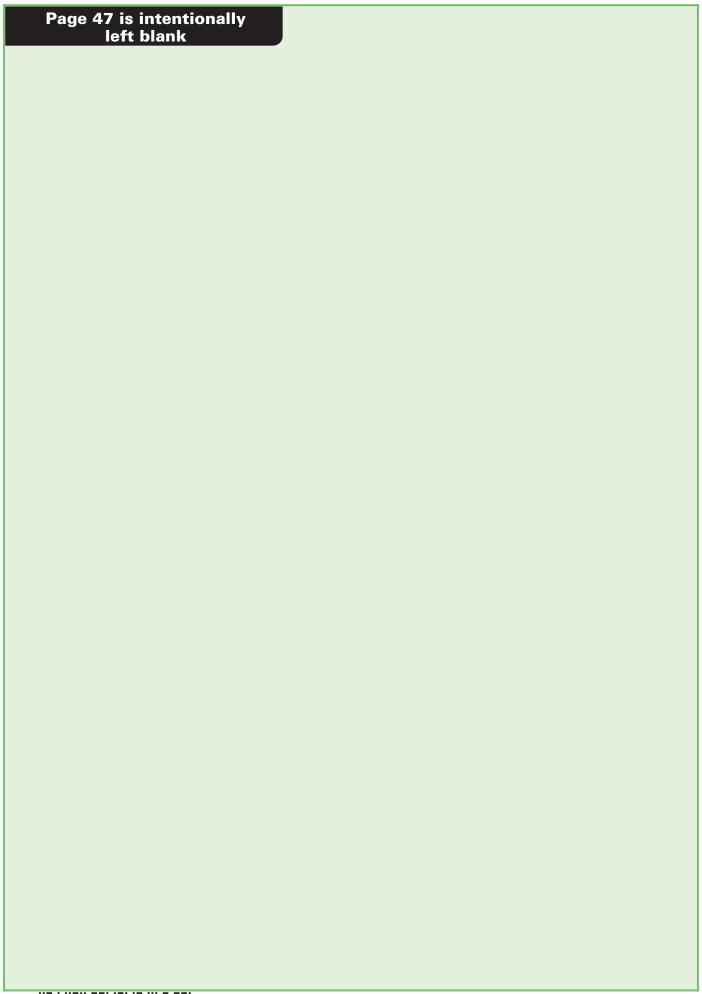


e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Net rental income. Report income after expenses. If net rental income was a loss, mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	No TOTAL AMOUNT for 2019 Loss e. Social Security or Railroad Retirement.
sections and review building plans for work details,	
	Yes → \$.00
	No TOTAL AMOUNT for 2019
	f. Supplemental Security Income (SSI).
INCOME IN 2019	☐ Yes → \$.00
Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.	No TOTAL AMOUNT for 2019
Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.	g. Any financial assistance from the state or local welfare office. Do NOT include non-cash benefits, such as energy or housing assistance, the Food Stamp Program, or SNAP.
Mark (X) the "No" box for each type of income NOT received.	☐ Yes → \$.00
For income received jointly, report the appropriate	No TOTAL AMOUNT for 2019
share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.
□ Yes → \$.00	☐ Yes → \$.00
No TOTAL AMOUNT for 2019	No TOTAL AMOUNT for 2019
b. Self-employment income, including work paid for in cash. Report income from own businesses (farm or non-farm), including proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	i. Any other sources of income received regularly such as Veterans' (VA) payments, unemploymen compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → \$
☐ Yes → \$,	No TOTAL AMOUNT for 2019
No TOTAL AMOUNT for 2019 Loss	
c. Interest, dividends, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Including all types of income, what was this person's total income in 2019? Add entries in questions 43a to 43i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
☐ Yes → \$,	□ OR \$ 0.00 □
No TOTAL AMOUNT for 2019	None TOTAL AMOUNT for 2019



on page 48.

Now continue with the mailing instructions





Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2 – 7
 - answered all Housing questions
 - answered all Person questions for each person
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope

Thank you for participating in the American Community Survey.

For Census Bureau Use					
POP	EDIT	PHONE	JIC1	JIC2	
EDIT CLE	RK TI	ELEPHONE CLERK	JIC3	JIC4	

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(CT)V2 (05-13-2020)

