

Request for Non-Substantive Change to the American Community Survey (ACS)
OMB Control No. 0607-0810
U.S. Department of Commerce
U.S. Census Bureau

The American Community Survey (ACS) mails survey materials to about 287,000 HU addresses each month. The mailing operations are conducted through the U.S. Postal Service and use first-class postage rates for all pieces. For addresses that were mailed survey materials but did not respond by mail, internet, or by calling the telephone questionnaire assistance line, the Census Bureau selects a subsample of all households and assign them to the CAPI (nonresponse follow-up) data collection mode. Unmailable household addresses are sampled and included in the CAPI data collection mode.

In 2017, the HU sample yielded approximately 135,000 self-response interviews. The HU CAPI follow-up yielded an estimated response rate of approximately 87 percent in 2017. The 2017 final weighted response rate for ACS was 94 percent.

On June 7, 2019, the Office of Management and Budget (OMB) approved the American Community Survey (0607-0810) information collection. The current collection will expire on June 30, 2022. This non-substantive change request includes updates to the Year Structure Built response options, respondent letters used during the Computer Assisted Personal Interviewing operation, and modifications to the fifth mailing in the self-response operation.

In addition, on March 18, 2020, the U.S. Census Bureau announced a two-week suspension of 2020 Census field operations to help protect the American public and our employees from the coronavirus outbreak. (Press release is available here: <https://2020census.gov/en/news-events/press-releases/jeffersonville-statement.html>) On the same day, the Census Bureau also made temporary adjustments to operations at two Census Bureau facilities in Jeffersonville, Indiana: the National Processing Center and Paper Data Capture Center East. Until April 1, 2020, these two facilities will transition to the minimum number of on-site staff necessary to continue operations. After April 1, 2020, it is likely that NPC will continue with minimal operations due to staff absences because of the COVID-19 guidance for federal employees.

Operations, including printing, assembly, mail out, and data capture, for the ACS are already experiencing negative impacts because of this reduction in operations and the significant shortages of available staff. Therefore, it is likely that the ACS program will need to adapt the respondent contact strategy for the ACS to ensure continued high response rates and to lessen the effects on data quality. The Census Bureau plans to engage regularly with OMB on any implementation changes to the respondent contact strategy for ACS and will document changes implemented through a nonsubstantive change request once every month for the effected time period.

Year Structure Built (ACS-1)

We are proposing to modify the Year Structure Built response options for the 2021 American Community Survey (ACS) and the Puerto Rico Community Survey (PRCS). Adding new response categories makes the options more current and have more years as a check box option.

Currently, the response options are as follows:

About when was this building first built?

- 2000 or later - Specific year -
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

The proposed change is as follows:

About when was this building first built?

- 2020 or later - Specific year -
- 2010 to 2019
- 2000 to 2010
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

Respondent Letters

The final mode of data collection is computer-assisted personal interviewing (CAPI) and is used to conduct personal interviews for a sample of addresses for which the Census Bureau has not obtained a self-response (paper or internet). The CAPI interviewers have several tools available to explain the ACS to households, including an introductory letter, a thank you letter, brochures, and letters for reluctant CAPI respondents.

We are proposing to include letters to provide more information to respondents, such as how to respond to the online instrument, information to better understand the benefit and value of the data being collected, information to respondents who the field representative have not been able to contact, and a final attempt letter to encourage participation.

The letter describing how to respond to the survey online is available in English, with a version for each of the six Regional Offices (ROs). The no one home letter is available in English, Spanish, Chinese, Korean, Russian, and Vietnamese, with two versions, one for households with a mailing address and one for households with no mailing address (NMB). The better understanding letter is available in English, Spanish, Chinese, Korean, Russian, and Vietnamese. The final attempt letter is available in English. These letters are included in Attachment V.

Fifth Mailing (ACS-23)

As part of the October 2019 ACS panel, the Census Bureau conducted the 2019 ACS Due Dates Test (OMB Control Number: 0607-0936). The test was designed to determine if including a due date in the fifth mailing increases self-response rates. The current mailing does not contain an explicit due date but does encourage quick response. A message on the address-side of the mailer tells respondents to “Respond Now” and in the letter tells the respondent that “...now is the time to respond.”

The due date is designed to create a sense of urgency, communicate the importance of the survey, and provide a timeframe for response (which may be beneficial, for example, to those with a busy schedule). Research has shown that when a request has a sense of urgency, people are more likely to comply with the request (Kotter, 2008; Gunelius, 2009).

Initial results of the 2019 ACS Due Dates Test indicate that adding an explicit due date in the fifth mailing increased self-response return rates by about 1.5 percentage points prior to the start of Computer-Assisted Personal Interviewing (CAPI). For this test, the due date was set 10 days after the respondent was mailed the fifth letter and about 8 days prior to the start of CAPI. The due date used in production ACS would mirror the timing tested, but may vary month to month based on the data collection schedule.

The updated version of the letter contains the due date in three elements (with an example due date from the October 2019 panel):

- A call-out box in the letter:

Due: November 22, 2019
Respond now at <https://respond.census.gov/acs>
Log in using this user ID:
OR complete and mail back your paper questionnaire.

- Text in the letter after the call-out box that reads:
“Because your response is critically important to your local community and to your country, a Census Bureau interviewer may come to your home to complete the survey in person. **Respond by November 22, 2019 to be removed from our schedule for a visit.**”
- A box on the address-side of the pressure seal mailer:

**FINAL NOTICE
RESPONSE DUE:
NOVEMBER 22, 2019**

See Attachment VI for a copy of the updated fifth mailing.

Burden

There is no change to the burden to the public associated with these changes.

The following materials are attached:

- I. Paper questionnaire (ACS-1)
- II. Internet Data Collection application (ACS-400C)
- III. Failed-edit Follow-up instrument (HU Failed Edit Follow Up Qts)
- IV. Telephone Questionnaire Assistance / Housing Unit Personal Interview instrument (HU CAPI-TQA DY21 YBL Updates)
- V. Respondent Letters
 - Internet Letter
 - Better Understanding Letter (ACS-613BUL)
 - No One Home Letter (ACS-613NOH)
 - No One Home Letter (ACS-613NOH-NMB)
 - ACS Final Attempt Letter
- VI. Fifth Mailing (ACS-23)

Attachment I: Paper Questionnaire (ACS-1)



United States[®]
Census
Bureau

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

First Name

MI

Area Code + Number

 -

➔ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, 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 for more than 2 months. Then complete the rest of the form.**



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

→ **Please print today's date.**

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male Female

4 What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years) Month Day Year of birth

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

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

6 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.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴
- Some other race – *Print race or origin.* ↴



Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

3 What is Person 2's sex? Mark (X) ONE box.

- Male Female

4 What is Person 2's age and what is Person 2's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

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

6 What is Person 2's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

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



Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

3 What is Person 3's sex? Mark (X) ONE box.

- Male Female

4 What is Person 3's age and what is Person 3's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

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

6 What is Person 3's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

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



Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years) Month Day Year of birth

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→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

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

6 What is Person 4's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

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



Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years) Month Day Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

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

6 What is Person 5's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

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



➔ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.** *We may call you for more information about them.* ↗

Person 6

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 7

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 8

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 9

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 10

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 11

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 12

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)



Housing

➔ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 Which best describes this building?
Include all apartments, flats, etc., even if vacant.

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

2 About when was this building first built?

2020 or later – Specify year

- 2010 to 2019
- 2000 to 2009
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month Year

A Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4 How many acres is this house or mobile home on?

- Less than 1 acre → SKIP to question 6a
- 1 to 9.9 acres
- 10 or more acres

5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

6 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend 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 this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms



Housing (continued)

7 Does this house, apartment, or mobile home have –

- | | Yes | No |
|--------------------------------|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |

8 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.

- Yes
 No

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

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

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

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider → *SKIP to question 12*
- No access to the Internet at this house, apartment, or mobile home → *SKIP to question 12*

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

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

12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

13 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used



Housing (continued)

14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
- No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
- Included in electricity payment entered above
- No charge or gas not used

c. IN 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 12 months, estimate the cost.

Past 12 months' cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
- No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
- No charge or these fuels not used

15 IN THE PAST 12 MONTHS, did you or any member of this household 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

16 Is this house, apartment, or mobile home part of a condominium?

- 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.**

Monthly amount – Dollars

\$, .00

OR

- None
- No

17 Is this house, apartment, or mobile home – Mark (X) ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → **SKIP to C on the next page**

B Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.

18 a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$, .00

b. Does the monthly rent include any meals?

- Yes
- No



Housing (continued)

C Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to **E**.

19 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$.00

20 What are the annual real estate taxes on THIS property?

Annual amount – Dollars

\$.00

OR

None

21 What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

\$.00

OR

None

22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
 Yes, contract to purchase
 No → SKIP to question 23a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$.00

OR

No regular payment required → SKIP to question 23a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
 No, taxes paid separately or taxes not required

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

23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
 Yes, second mortgage
 Yes, second mortgage and home equity loan
 No → SKIP to **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$.00

OR

No regular payment required

D Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to **E**.

24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.

Annual costs – Dollars

\$.00

E 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

- ➔ Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

- 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.

Year

- 10 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 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 1 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 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)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 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 – Print name of foreign country, or U.S. Virgin Islands, 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)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

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

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



Person 1 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 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

- 18 a. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

H Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

- c. Does this person have difficulty dressing or bathing?**

Yes
 No

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 20 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?**

Yes
 No

- 21 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
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times has this person been married?**

Once
 Two times
 Three or more times

- 24 In what year did this person last get married?**

Year



Person 1 (continued)

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 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.

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

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



Person 1 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 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

- 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.**

- 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 nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 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.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour

Minute

- a.m.
 p.m.

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY 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

- 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



Person 1 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → *SKIP* to **M**
 Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each **WEEK**

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided 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.)?



Person 1 (continued)

- 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)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate 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.

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

- b. **Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** Report NET income after business expenses.

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months Loss

- c. **Interest, dividends, net rental income, royalty income, or income from estates and trusts.** Report even small amounts credited to an account.

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months Loss

- d. **Social Security or Railroad Retirement.**

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

- e. **Supplemental Security Income (SSI).**

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

- f. **Any public assistance or welfare payments from the state or local welfare office.**

 Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

- g. **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 past 12 months

- h. **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 past 12 months

- 44 **What was this person's total income during the PAST 12 MONTHS?** Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

 OR \$, , .00
None TOTAL AMOUNT for past 12 months Loss

➔ 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.



Person 2

- ➔ Please copy the name of Person 2 from page 3, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

- 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.

Year

- 10 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 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 2 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 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)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 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 – Print name of foreign country, or U.S. Virgin Islands, 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)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

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

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



Person 2 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 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

- 18 a. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

H Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

- c. Does this person have difficulty dressing or bathing?**

Yes
 No

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.

- 20 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?**

Yes
 No

- 21 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
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times has this person been married?**

Once
 Two times
 Three or more times

- 24 In what year did this person last get married?**

Year



Person 2 (continued)

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 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.

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

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



Person 2 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 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

- 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.**

- 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 nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 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.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY 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

- 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



Person 2 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → *SKIP* to **M**
 Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each **WEEK**

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided 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.)?



Person 2 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

[Empty text box for occupation]

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)

[Empty text box for duties]

d. Social Security or Railroad Retirement.

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00
 No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00
 No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00
 No TOTAL AMOUNT for past 12 months

g. 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 past 12 months

h. 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 past 12 months

43

INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate 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.

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00
 No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00 Loss
 No TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → \$ [] [] [] [] [] [] [] [] [] [] [] [] .00 Loss
 No TOTAL AMOUNT for past 12 months

44

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None OR \$ [] [] [] [] [] [] [] [] [] [] [] [] .00 Loss
TOTAL AMOUNT for past 12 months



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.



Person 3

- ➔ Please copy the name of Person 3 from page 4, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

- 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.

Year

- 10 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 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 3 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 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)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 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 – Print name of foreign country, or U.S. Virgin Islands, 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)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

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

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



Person 3 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 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

- 18 a. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

H Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

- c. Does this person have difficulty dressing or bathing?**

Yes
 No

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.

- 20 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?**

Yes
 No

- 21 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
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times has this person been married?**

Once
 Two times
 Three or more times

- 24 In what year did this person last get married?**

Year



Person 3 (continued)

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 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.

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

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



Person 3 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 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

- 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.**

- 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 nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 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.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY 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

- 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



Person 3 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY looking for work**?

- Yes
 No → *SKIP to question 39*

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → *SKIP to* **M**
 Over 5 years ago or never worked → *SKIP to question 43*

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP to question 41*
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each **WEEK**

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided 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.)?



Person 3 (continued)

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)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the **TOTAL AMOUNT** during the **PAST 12 MONTHS**. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate 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.

Yes → \$, , , .00

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report **NET** income after business expenses.

Yes → \$, , , .00 Loss

No TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → \$, , , .00 Loss

No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$, , .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$, , .00

No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$, , .00

No TOTAL AMOUNT for past 12 months

g. 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 past 12 months

h. 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 past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR \$, , .00 Loss

None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.



Person 4

- ➔ Please copy the name of Person 4 from page 5, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

- 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.

Year

- 10 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 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 4 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 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)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 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 – Print name of foreign country, or U.S. Virgin Islands, 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)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

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

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



Person 4 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 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

- 18 a. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

H Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

- c. Does this person have difficulty dressing or bathing?**

Yes
 No

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.

- 20 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?**

Yes
 No

- 21 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
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times has this person been married?**

Once
 Two times
 Three or more times

- 24 In what year did this person last get married?**

Year



Person 4 (continued)

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 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.

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

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



Person 4 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 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

- 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.**

- 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 nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 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.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute a.m.
 p.m.

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY 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

- 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



Person 4 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → *SKIP* to **M**
 Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each **WEEK**

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided 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.)?



Person 5

- ➔ Please copy the name of Person 5 from page 6, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

- 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.

Year

- 10 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 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 5 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 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)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 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 – Print name of foreign country, or U.S. Virgin Islands, 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)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

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

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



Person 5 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 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

- 18 a. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

H Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

- c. Does this person have difficulty dressing or bathing?**

Yes
 No

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.

- 20 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?**

Yes
 No

- 21 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
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times has this person been married?**

Once
 Two times
 Three or more times

- 24 In what year did this person last get married?**

Year



Person 5 (continued)

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 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.

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

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



Person 5 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 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

- 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.**

- 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 nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 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.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY 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

- 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



Person 5 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → *SKIP* to **M**
 Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each **WEEK**

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided 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.)?



Person 5 (continued)

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)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the **TOTAL AMOUNT** during the **PAST 12 MONTHS**. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate 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.

Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$, , .00 Loss
 No TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → \$, , .00 Loss
 No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$, .00
 No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$, .00
 No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$, .00
 No TOTAL AMOUNT for past 12 months

g. 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 past 12 months

h. 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 past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR \$, .00 Loss
None TOTAL AMOUNT for past 12 months

➔ **Now continue with the mailing instructions on page 48.**



**Page 47 is intentionally
left blank**



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 CLERK

TELEPHONE 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 aco.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.



Attachment II: Internet Data Collection application (ACS-400C)

ACS-400C

January 2020

American Community Survey

Internet Data Collection Instrument Screen Capture Guide
2020

yearbuilt

- New response categories for internet screen 'yearbuilt' will be as follows:

About when was this building first built?

- 2020 or later - Specific year -

_____ (4 digits)

- 2010 to 2019

- 2000 to 2010

- 1990 to 1999

- 1980 to 1989

- 1970 to 1979

- 1960 to 1969

- 1950 to 1959

- 1940 to 1949

- 1939 or earlier



American Community Survey

[Instructions](#)

[FAQs](#)

[Save and Log Out](#)

2 About when was this building first built? [\(Help\)](#)

2000 or later - *Specify year*

1990 to 1999

1980 to 1989

1970 to 1979

1960 to 1969

1950 to 1959

1940 to 1949

1939 or earlier

[← Previous](#)

[Next →](#)

Where You Are

[Basic Info](#)

[Housing Questions](#)

[Person Info](#)

[Contact Us](#)

[Accessibility](#)

[Privacy](#)

[Security](#)

yearbuilt help

[Return to Top](#)

Help



Why We Ask?

We ask about when a building was built and when a person moved into that home to produce statistics about housing availability, understand changes in the age of homes, and measure neighborhood stability.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to understand the age of the existing housing stock. State and Local governments receiving certain grants are required by law to describe housing needs.
- Used to fund low-income housing assistance in a fair and equitable manner.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Advocacy groups use this information to educate the public about health hazards in older housing, such as lead.


Help

- For building → select year original construction was completed, NOT remodeling, additions or conversions
- Boat → select manufactured model year
- Mobile home → select manufactured model year
- If year is not known → provide estimate

Close Help

yearbuilt arrow and highlighting

- 'yearbuilt' arrow and highlighting will now be listed under '2020 or later – Specific year' answer category



American Community Survey

Instructions
FAQs
Save and Log Out

2 About when was this building first built? [\(Help\)](#)

2000 or later - *Specify year*

➔

1990 to 1999

1980 to 1989

1970 to 1979

1960 to 1969

1950 to 1959

1940 to 1949

1939 or earlier

◀ Previous
Next ▶

Where You Are

Basic Info

Housing Questions

Person Info

Contact Us
Accessibility
Privacy
Security

yearbuilt edit message

- 'yearbuilt' edit message will now appear when specific year entered does not equal a value in range [2020-current year]

- 'yearbuilt' edit message update will say "between 2020 and [current year]"



American Community Survey

[Instructions](#)

[FAQs](#)

[Save and Log Out](#)

Where You Are

[Basic Info](#)

[Housing Questions](#)

[Person Info](#)

Please enter a year between 2000 and 2018.

2 About when was this building first built? [\(Help\)](#)

2000 or later - *Specify year*

➔

1990 to 1999

1980 to 1989

1970 to 1979

1960 to 1969

1950 to 1959

1940 to 1949

1939 or earlier

[← Previous](#)

[Next →](#)

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[Security](#)

**Attachment III: Failed-edit Follow-up
instrument (HU Failed Edit Follow Up Qts)**

If RAC is <20>:

What is that other Asian group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)

If RAC is <24>:

What is that other Pacific Islander group?

(For example, Fijian, Tongan, and so on.)

If RAC is <20> and <24>

What is that other Asian group and other Pacific Islander group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, Fijian, Tongan, and so on.)

FEFU Screen Name: RCW3

What is {his/her/<Name>'s/your} other race group?

Paper Questionnaire Item Number: Housing 2

FEFU Screen Name: YBL

About when was this <mobile home/house/apartment/unit> first built?

(If you do not know exact year, give your best estimate.)

◇ If the building was built in the year 2020 or later, enter <1> and enter the specific year on the following screen.

- 1. 2020 or later
- 2. 2010 to 2019
- 3. 2000 to 2009
- 4. 1990 to 1999
- 5. 1980 to 1989

- 6. 1970 to 1979
- 7. 1960 to 1969
- 8. 1950 to 1959
- 9. 1940 to 1949
- 10. 1939 or earlier

FEFU Screen Name: YBLW

(What year was this <mobile home/house/apartment/unit> built?)

◇ Enter specific year <mobile home/house/apartment/unit> was built if 2020 or later.

Paper Questionnaire Item Number: Housing 3

FEFU Screen Name: MVM

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?

◇ Select month

FEFU Screen Name: MVY

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?

◇ Enter the year the household moved into this (mobile home/ house/ apartment/ unit).

Paper Questionnaire Item Number: Housing 7a

FEFU Screen Name: RWATPR (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have running water?

Paper Questionnaire Item Number: Housing 7b

FEFU Screen Name: HOTWAT (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have a water heater?

Paper Questionnaire Item Number: Housing 8

**Attachment IV: Telephone Questionnaire
Assistance / Housing Unit Personal Interview
instrument (HU CAPI-TQA DY21 YBL Updates)**

COVER SHEET
Housing Part A
Blaise Item-Level Specifications Report

YBL

Field

Section3.Housing Part A.YBL

Description: Year Built

Form Pane Label: Year Built

SAS Name:

Tag Name:

Inherited Universe:

Universe: If USTAT = 0, 1 or 2

Universe Description: Date Type of Building was built

Help Screen: H_YBL

Question Text: About when was this ^F_BUILDING_TYPE first built?

◆ If the building was built in the year 2020 or later, enter <1> and enter the specific year on the following screen.

Fills: F_BUILDING_TYPE

Instructions: If (BLD=1) OR (BLDA=1), set FILL BUILDING TYPE = "mobile home"

If (BLD=2, 3) OR (BLDA=2), set FILL BUILDING TYPE = "house"

If BLD=4-9, (OR BLDA=3), set FILL BUILDING TYPE = "apartment"

If BLD=10, D, R, (OR BLDA=4,D,R), set FILL BUILDING TYPE = "unit"

Type: Enumerated

Length: 1

Answer List: T_YBL

Value:	Mnemonic:	Description:
1		2020 or later
2		2010-2019
3		2000-2009
4		1990-1999
5		1980-1989
6		1970-1979
7		1960-1969
8		1950-1959

9	1940-1949
10	1939 or earlier

- Don't Know
- Refuse
- Empty

- On Input
- On Output

Array:

Skip Instructions: <1> [go to YBL1>
<2-8,D,R>
If USTAT=2 [go to MVY]
If USTAT=0,1 and (BLD=1,2,3 or BLDA=1,2) [go to ACR]
If USTAT=0,1 and (BLD=4-9 or BLDA=3) [go to EFFIC]
If USTAT=0,1 and (BLD=10,D,R or BLDA=4,D,R) [go to RMS]

YBL1

Field

Section3.Housing Part A.YBL1

Description: Specific Year Built

Form Pane Label: Specific Year Built

SAS Name:

Tag Name:

Inherited Universe:

Universe: If USTAT = 0, 1 or 2
AND YBL=1

Universe Description: Specific year building was built

Help Screen: H_YBL1

Question Text: (What year was this ^F_BUILDING_TYPE built?)

◆ Enter specific year ^F_BUILDING_TYPE was built if 2020 or later

Fills: F_BUILDING_TYPE

Instructions: If (BLD=1) OR (BLDA=1), set FILL BUILDING TYPE = "mobile home"

If (BLD=2, 3) OR (BLDA=2), set FILL BUILDING TYPE = "house"

If BLD=4-9, (OR BLDA=3), set FILL BUILDING TYPE = "apartment"

If BLD=10, D, R, (OR BLDA=4,D,R), set FILL BUILDING TYPE = "unit"

Type: String

Length: 4

Don't Know

Refuse

Empty

On Input

On Output

Array:

Skip Instructions: <2020 - Current Year,D,R>

IF USTAT=2 [go to MVY]

IF USTAT=0,1 AND (BLD=1,2,3 or BLDA=1,2) [go to ACR]

IF USTAT=0,1 AND (BLD=4-9 or BLDA=3) [go to EFFIC]

IF USTAT=0,1 AND (BLD=10,D,R or BLDA=4,D,R) [go to RMS]

YBL1_HRDCHK

Check

Section3.Housing Part A.YBL1_HRDCHK

Description: IF YBL1 is in the future or before 2020

Inherited Universe:

Universe: IF YBL1 > Current Year

Universe Description:

Text: - [Input invalid. Value not in range 2020 to ^F_currentyear.](#)

Check Instructions:

Type: Hard

Fills: F_currentyear

Instructions: fill with the current year

Check

MVY_SFTCHK
Section3.Housing Part A.MVY_SFTCHK

Description: MVY before Year Built

Inherited Universe:

Universe: IF MVY<>(D,R) and ((YBL=1 and YBL1 > MVY) or
(YBL in (2-8,D,R) and MVY < YBL Year))

Universe Description: Moved in before 'YBL Year', defined in the instructions below.

Text: I recorded that this ^F_BUILDING_TYPE was built ^F_YBL_year and you also reported that ^F_you_HHholdername moved in ^F_MVY. Which is correct?

Check Instructions: YBL Year definition:

If YBL=1 and YBL1 <>D,R, then YBL Year= [YBL1 value]
If YBL=1 and YBL1=D,R, then YBL Year= 2020
if YBL=2, then YBL Year= 2010
if YBL=3, then YBL Year= 2000
if YBL=4, then YBL Year= 1990
if YBL=5, then YBL Year= 1980
if YBL=6, then YBL Year= 1970
if YBL=7, then YBL Year= 1960
if YBL=8, then YBL Year= 1950
if YBL=9, then YBL Year= 1940
if YBL=10, Calculate: Current year -126 = [goto MVY_HRDCHK1]

Type: Soft

Fills: F_BUILDING_TYPE

Instructions: If (BLD=1) OR (BLDA=1), set FILL BUILDING TYPE = "mobile home"
If (BLD=2, 3) OR (BLDA=2), set FILL BUILDING TYPE = "house"
If BLD=4-9, (OR BLDA=3), set FILL BUILDING TYPE = "apartment"
If BLD=10, D, R, (OR BLDA=4,D,R), set FILL BUILDING TYPE = "unit"

Fills: F_YBL_year

Instructions: If YBL=1 and YBL1 <>D,R, then "[YBL1 value]"
If YBL=1 and YBL1=D,R, "in 2020"
if YBL=2, "after 2010"
if YBL=3, "after 2000"
if YBL=4, "after 1990"
if YBL=5, "after 1980"
if YBL=6, "after 1970"

if YBL=7, "after 1960"

if YBL=8, "after 1950"

if YBL=9, "after 1940"

if YBL=10, Calculate: Current year -126 = [goto MVY_HRDCHK1]

Fills: F_you_HHoldername

Instructions: If respondent is householder, THEN "you"

if householder is not respondent, THEN "[HHoldername]"

Fills: F_MVY

Instructions: Fill MVY value

Attachment V: Respondent Letters

- **Internet Letter**
- **Better Understanding Letter (ACS-613BUL)**
- **No One Home Letter (ACS-613NOH)**
- **No One Home Letter (ACS-613NOH-NMB)**
- **ACS Final Attempt Letter**



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Philadelphia Regional Office

Philadelphia, PA 19106-2320

<<DATE>>

Dear Resident:

A U.S. Census Bureau representative will soon contact you in person to complete the American Community Survey. You can complete the survey online by going to <https://respond.census.gov/acs> and logging on with your user ID: <<INETUSERID>>. The Census Bureau is conducting this survey under the authority of Title 13, Sections 141, 193, and 221, of the United States Code. The following is provided to give you an explanation of the importance of the survey and the uses of the results.

The American Community Survey contains questions about household characteristics including such topics as education, employment, and housing. It produces critical, up-to-date information that is used to meet the needs of communities across the United States. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Survey data are used by federal, state, and local governments to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. This survey information also helps communities plan for emergency situations that might affect you and your neighbors.

The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics.

A member of our staff will contact you in a few days. Your participation and cooperation are important to the success of the survey. Your response does make a difference! If you have any questions, call us at the phone number provided at the bottom of this letter. We will be pleased to help you. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Regional Director

Office Phone Number: <<OFFICEPHONE>>

Control Number: <<CONTROL NUMBER>>



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Atlanta Regional Office
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Sincerely,

Regional Director

Office Phone Number: <<OFFICEPHONE>>

Control Number: <<CONTROL NUMBER>>



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U.S. Census Bureau

Chicago Regional Office

Oak Brook, IL 60523-1918

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Sincerely,

Regional Director

Office Phone Number: <<OFFICEPHONE>>

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Denver Regional Office

Lakewood, CO 80235

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Sincerely,

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Office Phone Number: <<OFFICEPHONE>>

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Sincerely,

Regional Director

Office Phone Number: <<OFFICEPHONE>>

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A member of our staff will contact you in a few days. Your participation and cooperation are important to the success of the survey. Your response does make a difference! If you have any questions, call us at the phone number provided at the bottom of this letter. We will be pleased to help you. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Regional Director

Office Phone Number: <<OFFICEPHONE>>

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APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Dear <<F_RESPNAME>>:

Recently, a U.S. Census Bureau representative, <<FRNAME>>, contacted you in connection with the American Community Survey. The Census Bureau is conducting this survey under the authority of Title 13, Sections 141, 193, and 221, of the United States Code. The following is provided to give you an explanation of the importance of the survey and the uses of the results.

The American Community Survey contains questions about household characteristics including such topics as education, employment, and housing. It produces critical, up-to-date information that is used to meet the needs of communities across the United States. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Survey data are used by federal, state, and local governments to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. This survey information also helps communities plan for emergency situations that might affect you and your neighbors.

The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics. We enclosed some published survey results compiled from other households like yours that participated in this survey.

A member of our staff will contact you again in a few days, or you can contact <<FRNAME>> at <<FRPHONE>>. Your participation and cooperation are important to the success of the survey. Your response does make a difference! If you have any questions, call <<SUPERVISOR1>>, Program Supervisor, on<<OFFICEPHONE>>. We will be pleased to help you. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Program Supervisor

Enclosures

APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Estimado(a) <<F_RESPNAME>>:

Recientemente, un representante de la Oficina del Censo de los EE. UU., <<FRNAME>>, se comunicó con usted en relación con la Encuesta sobre la Comunidad Estadounidense. La Oficina del Censo realiza esta encuesta en conformidad con las Secciones 141, 193 y 221 del Título 13 del Código de los Estados Unidos. A continuación, le damos una explicación sobre la importancia de la encuesta y los usos de los resultados.

La Encuesta sobre la Comunidad Estadounidense contiene preguntas sobre las características del hogar, incluidos temas como la educación, el empleo y la vivienda. La encuesta genera información fundamental y actualizada que se usa para satisfacer las necesidades de las comunidades en todos los Estados Unidos. Por ejemplo, los resultados de esta encuesta pueden usarse para decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Los gobiernos federal, estatales y locales usan los datos de la encuesta para tomar decisiones y desarrollar programas que brindarán servicios de salud, educación y transporte que les afectan a usted y a su comunidad. Esta información también ayuda a las comunidades a planificar para lidiar con situaciones de emergencia que puedan afectarles a usted y a sus vecinos.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten. Por ley, la Oficina del Censo puede usar sus respuestas solamente para producir estadísticas. Adjuntamos algunos resultados de encuestas que se han publicado, recopilados de otros hogares como el suyo que participaron en esta encuesta.

Uno de nuestros empleados se comunicará de nuevo con usted en los próximos días, o usted puede comunicarse con <<FRNAME>> al <<FRPHONE>>. Su participación y cooperación son importantes para el éxito de la encuesta. ¡Su respuesta marca la diferencia! Si tiene preguntas, llame a <<SUPERVISOR1>>, el supervisor del programa, al <<OFFICEPHONE>>. Lo ayudaremos con gusto. Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, visite nuestro sitio web en <http://www.census.gov/acs>.

Atentamente,

Supervisor del programa

Documentos adjuntos

APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

尊敬的 <<F_RESPNAME>>:

近期，美国人口普查局代表 <<FRNAME>> 就美国社区调查事宜联系了您。人口普查局在美国法典第 13 章第 141、193 和 221 节的授权下进行这项调查。提供以下信息是为了向您说明调查的重要性及调查结果的使用。

美国社区调查包含关于家庭特征的问题，包括教育、就业和住房等主题。它生成重要、最新信息，用于满足美国各个社区的需求。例如，本调查的结果可用于决定是否需要新学校、医院和消防站。联邦、州和地方政府使用调查数据作出决定并制定计划，提供影响您和您的社区的医疗保健、教育和交通服务。本调查信息还帮助社区为可能影响您和您的邻居的紧急情况制定计划。

法律要求美国人口普查局将您的信息保密。我们不允许以可能识别此家庭的方式公开发布您的回复。根据 2015 年联邦网络安全增强法案，我们通过筛查传输您的数据的系统，消除您的数据的网络安全风险。根据法律，人口普查局只能使用您的回复生成统计数据。我们附上根据参加本调查的其他家庭（和您的家庭一样）的数据编写而成的某些已公布的调查结果。

我们的员工将在几天内再次联系您，或者您可拨打电话 <<FRPHONE>> 联系 <<FRNAME>>。您的参与和合作对调查取得成功很重要。您的回复意义非凡！如果您有任何问题，请拨打电话 <<OFFICEPHONE>> 联系项目主管 <<SUPERVISOR1>>。我们将很高兴向您提供帮助。有关美国社区调查的详细信息，请访问我们的网站 <http://www.census.gov/acs>。

此致，

项目主管

附件

APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

<<F_RESPNAME>>님께:

최근에 미국 통계청(U.S. Census Bureau) 직원인 <<FRNAME>>이(가) 미국 지역사회 설문조사와 관련하여 귀하께 연락을 드렸습니다. 통계청은 미국 연방 법령 제 13 장 141, 193 및 221 조항에 의거하여 본 설문조사를 실시하고 있습니다. 다음 내용은 설문조사의 중요성과 결과의 활용에 대한 설명을 드리고자 제공되었습니다.

미국 지역사회 설문조사는 교육, 고용 및 주택과 같은 주제를 포함하여 가정의 특성과 관련된 질문을 포함하고 있습니다. 질문 내용은 미국 전역에 걸친 지역의 필요에 부합하기 위하여 사용되는 매우 중요한 최신 정보를 얻기 위한 것입니다. 예를 들면, 본 설문조사의 결과는 신설 학교, 병원 및 소방서가 어디에 필요한지를 결정하는데 사용될 수 있습니다. 설문조사 자료는 연방, 주 및 지방 정부에서 의사결정을 하고, 여러분과 지역사회에 영향을 미치는 의료 서비스, 교육 및 교통 서비스를 제공하는 프로그램을 개발하기 위해 사용됩니다. 본 설문조사 정보는 또한 귀하 및 귀하의 이웃들에 영향을 미칠 수 있는 긴급 상황에 대한 지역사회 계획에 도움이 됩니다.

미국 통계청은 법률에 따라 귀하의 정보를 기밀로 유지합니다. 저희가 참여 가정을 식별할 수 있는 방법으로 귀하의 답변을 공개적으로 발표하는 것은 허용되지 않습니다. 2015 년 연방 사이버보안 개선 법안에 따라서 데이터를 전송하는 시스템의 검사를 통하여 귀하의 데이터를 사이버 보안 위협으로부터 보호합니다. 법률에 의거하여 통계청에서는 귀하의 응답을 통계 목적으로만 사용할 수 있습니다. 귀하와 마찬가지로 본 설문조사에 참여한 다른 가정으로부터 수집한 일부 설문조사 결과를 첨부하였습니다.

저희 직원이 수 일 내로 귀하께 다시 연락드리거나 전화번호<<FRPHONE>>로 <<FRNAME>>에게 연락하실 수 있습니다. 귀하의 참여와 협조는 성공적인 설문조사를 위해 중요합니다. 귀하의 답변이 변화를 만듭니다! 문의사항이 있으신 경우에는 프로그램 감독관인 <<SUPERVISOR1>>에게 <<OFFICEPHONE>>번으로 연락하여

주십시오. 기쁜 마음으로 여러분을 도와 드릴 것입니다. 미국 지역사회 설문조사에 관한 보다 자세한 정보는 웹사이트 <http://www.census.gov/acs> 에서 확인하십시오.

감사합니다.

프로그램 감독관

첨부

APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Уважаемый(-ая) <<F_RESPNAME>>:

Недавно представитель Бюро переписи США, <<FRNAME>>, связался с вами по поводу Анкетирования населения США по месту жительства. Бюро переписи проводит это анкетирование в соответствии с пунктом 13, разделов 141, 193 и 221 Кодекса Соединенных Штатов. В настоящем документе дается разъяснение в отношении важности этого анкетирования и использования его результатов.

В Анкетировании населения США по месту жительства содержатся вопросы о характеристиках домохозяйств, включая такие темы, как образование, занятость и жилье. Оно позволяет получить критически важную и актуальную информацию, которая используется для удовлетворения потребностей сообществ, проживающих на всей территории Соединенных Штатов. Например, результаты этого анкетирования могут быть использованы для определения того, где необходимы новые школы, больницы и пожарные станции. Данные анкетирования используются федеральными и местными органами власти для принятия решений и разработки программ, которые будут предоставлять услуги в области здравоохранения, образования и перевозок, которые оказывают влияние на вас и ваше сообщество. Информация, полученная в результате этого анкетирования, также помогает сообществам разрабатывать планы на случай чрезвычайных ситуаций, которые могут оказать влияние на вас и ваших соседей.

В соответствии с законом Бюро переписи США обязано сохранять конфиденциальность вашей информации. Нам не разрешается публиковать ваши ответы таким образом, чтобы можно было идентифицировать конкретное домохозяйство. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года ваши данные защищены от рисков нарушения кибербезопасности посредством скрининга систем, которые передают ваши данные. По закону Бюро переписи может использовать ваши ответы только для получения статистических данных. Во вложениях находятся некоторые опубликованные результаты анкетирования других домохозяйств, подобных вашему, которые участвовали в этом анкетировании.

Через несколько дней наш сотрудник снова свяжется с вами, или вы сможете связаться с <<FRNAME>>, позвонив по номеру <<FRPHONE>>. Ваше участие и сотрудничество очень важны для успешного проведения анкетирования. Ваши ответы действительно имеют значение! Если у вас есть какие-либо вопросы, звоните <SUPERVISOR1>, руководителю программы, по номеру <<OFFICERPHONE>>. Мы будем рады помочь вам. Для получения дополнительной информации об Анкетировании населения США по месту жительства посетите наш веб-сайт по адресу <http://www.census.gov/acs>.

С уважением,

руководитель программы

Вложения

APPROVED BETTER UNDERSTANDING LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Kính gửi <<F_RESPNAME>>:

Gần đây, một đại diện của Cục Thống Kê Dân Số, <<FRNAME>>, đã liên hệ với quý vị về cuộc Khảo Sát Cộng Đồng tại Mỹ. Cục Thống Kê Dân Số tiến hành cuộc khảo sát này theo thẩm quyền của Mục 13, Phần 141, 193 và 221 của Đạo Luật Hoa Kỳ. Phần sau đây sẽ giải thích cho quý vị về tầm quan trọng của cuộc khảo sát và mục đích sử dụng các kết quả.

Cuộc Khảo Sát Cộng Đồng tại Mỹ gồm các câu hỏi về đặc điểm hộ gia đình bao gồm các chủ đề như giáo dục, việc làm và nhà ở. Cuộc khảo sát cung cấp thông tin quan trọng, cập nhật được sử dụng để đáp ứng nhu cầu của cộng đồng trên toàn Hoa Kỳ. Ví dụ, kết quả từ cuộc khảo sát có thể được sử dụng để quyết định nơi nào cần trường học, bệnh viện và trạm cứu hỏa mới. Dữ liệu khảo sát được chính quyền liên bang, tiểu bang và địa phương sử dụng để ra quyết định và phát triển những chương trình để cung cấp dịch vụ chăm sóc sức khỏe, giáo dục và giao thông vận tải ảnh hưởng tới quý vị và cộng đồng của quý vị. Thông tin khảo sát này cũng giúp các cộng đồng lập kế hoạch cho các tình huống khẩn cấp có thể ảnh hưởng tới quý vị và hàng xóm của quý vị.

Luật pháp yêu cầu Cục Thống Kê Dân Số Hoa Kỳ giữ bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai phần trả lời của quý vị theo cách thức có thể xác định hộ gia đình này. Theo Đạo Luật Củng Cố An Ninh Mạng Liên Bang 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền tải dữ liệu của quý vị. Theo luật, Cục Thống Kê Dân Số chỉ có thể sử dụng phần trả lời của quý vị để lập số liệu thống kê. Chúng tôi đính kèm các kết quả khảo sát đã công bố được thu thập từ những hộ gia đình khác giống quý vị tham gia vào cuộc khảo sát này.

Một nhân viên của chúng tôi sẽ liên hệ lại với quý vị trong vài ngày tới, hoặc quý vị có thể liên hệ với <<FRNAME>> theo số <<FRPHONE>>. Sự tham gia và hợp tác của quý vị rất quan trọng để khảo sát này thành công. Câu trả lời của quý vị thực sự tạo ra sự khác biệt! Nếu quý vị có bất kỳ thắc mắc nào, xin hãy gọi tới <<SUPERVISOR1>>, Giám Sát Viên Chương Trình, theo số <<OFFICEPHONE>>. Chúng tôi sẽ sẵn lòng giúp đỡ quý vị. Để biết thêm thông tin về Khảo Sát Cộng Đồng tại Mỹ, xin hãy truy cập trang web của chúng tôi tại địa chỉ <http://www.census.gov/acs>.

Trân trọng,

Giám Sát Viên Chương Trình

Tài liệu đính kèm

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Dear <<F_RESPNAME>>:

Your address has been selected for participation in the American Community Survey (ACS). A U.S. Census Bureau representative, <<FRNAME>>, recently tried to contact you to complete the survey. This survey is conducted by the Census Bureau to produce critical, up-to-date information that is used to meet the needs of communities across the United States. All information is collected under the authority of Title 13, Sections 141, 193, and 221, of the United States Code.

The American Community Survey contains questions about your household characteristics including such topics as education, employment, and housing. These questions are required to collect data needed to manage or evaluate government programs. The ACS will provide communities annually updated, detailed information previously available only when the Census Bureau conducted a census every 10 years.

Because of the importance of the survey, we would appreciate if you would let us know how to contact you by completing the information at the bottom of this letter and returning it in the postage paid envelope. You may also call <<FRNAME>> at <<FRPHONE>> or <<SUPERVISOR1>>, Program Supervisor, on<<OFFICEPHONE>>. We will be happy to arrange an interview at your convenience and conduct the interview as quickly as possible.

The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics. Your participation and cooperation are important to the success of the survey. Thank you for your help. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Program Supervisor

Time when I can usually be reached: _____

Telephone number where I can usually be reached: _____

Language Preference: _____

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Estimado(a) <<F_RESPNAME>>:

Su dirección fue seleccionada para participar en la Encuesta sobre la Comunidad Estadounidense (ACS). Un representante de la Oficina del Censo de los EE. UU., <<FRNAME>>, intentó comunicarse con usted recientemente para completar la encuesta. La Oficina del Censo lleva a cabo esta encuesta a fin de generar información fundamental y actualizada que se usa para satisfacer las necesidades de las comunidades en todos los Estados Unidos. Toda la información se recopila en conformidad con la autoridad del Título 13, Secciones 141, 193 y 221 del Código de los Estados Unidos.

La Encuesta sobre la Comunidad Estadounidense contiene preguntas sobre las características de su hogar, incluidos temas como la educación, el empleo y la vivienda. Estas preguntas son necesarias para recopilar datos precisos para gestionar o evaluar programas del gobierno. La ACS les proporcionará a las comunidades información anual actualizada y detallada que previamente solo estaba disponible cuando la Oficina del Censo llevaba a cabo el censo cada 10 años.

Debido a la importancia de la encuesta, le agradeceríamos que nos informara cómo comunicarnos con usted al completar la información que se encuentra al final de esta carta y devolverla en el sobre con franqueo pagado. También puede comunicarse con <<FRNAME>> al <<FRPHONE>> o con <<SUPERVISOR1>>, el supervisor del programa, al <<OFFICEPHONE>>. Será un placer concertar una entrevista a su conveniencia y realizarla tan rápido como sea posible.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten. Por ley, la Oficina del Censo puede usar sus respuestas solamente para producir estadísticas. Su participación y cooperación son importantes para el éxito de la encuesta. Le agradecemos por su ayuda. Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, visite nuestro sitio web en <http://www.census.gov/acs>.

Atentamente,

Supervisor del programa

Hora a la que generalmente me pueden contactar:

Número de teléfono donde generalmente me pueden contactar:

Idioma de preferencia:

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

尊敬的 <<F_RESPNAME>>:

您的地址已被选中参加美国社区调查 (ACS)。美国人口普查局代表 <<FRNAME>> 最近试图联系您以完成调查。本调查由人口普查局执行, 以生成重要、最新信息, 用于满足美国各个社区的需求。人口普查局在美国法典第 13 章第 141、193 和 221 节的授权下收集所有信息。

美国社区调查包含关于家庭特征的问题, 包括教育、就业和住房等主题。收集管理或评估政府计划所需数据必须提出这些问题。ACS 将每年向社区提供最新、详细的信息, 以前只有在人口普查局每隔 10 年进行人口普查时才会提供这些信息。

因为调查的重要性, 如果您能够填写本信函底部的信息并用邮资已付信封寄回它来告诉我们如何联系您, 我们将不胜感激。您也可拨打电话 <<FRPHONE>> 联系 <<FRNAME>>, 或拨打 <<OFFICEPHONE>> 联系项目主管 <<SUPERVISOR1>>。我们将很乐意安排在您方便的时间尽快进行面谈。

法律要求美国人口普查局将您的信息保密。我们不允许以可能识别此家庭的方式公开发布您的回复。根据 2015 年联邦网络安全增强法案, 我们通过筛查传输您的数据的系统, 消除您的数据的网络安全风险。根据法律, 人口普查局只能使用您的回复生成统计数据。您的参与和合作对调查取得成功很重要。感谢您的帮助。有关美国社区调查的详细信息, 请访问我们的网站 <http://www.census.gov/acs>。

此致,

项目主管

通常可联系到我的时间是：

通常可联系到我的电话号码是：

首选语言：

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

<<F_RESPNAME>>님께:

귀하의 주소는 미국 지역사회 설문조사 (ACS)에 참여하기 위하여 선택되었습니다. 미국 통계청 직원인 <<FRNAME>>이(가) 최근에 설문조사 작성을 위하여 귀하께 연락을 시도하였습니다. 본 설문조사는 매우 중요한 최신 정보를 얻기 위해 통계청에 의해서 수행되며, 이 정보는 미국 전역에 걸친 지역의 요구에 부합하기 위하여 사용됩니다. 모든 정보는 미국 연방 법령 제13장 141, 193 및 221 조항에 의거하여 수집됩니다.

미국 지역사회 설문조사는 교육, 고용 및 주택과 같은 주제를 포함하여 가정의 특성과 관련된 질문을 포함하고 있습니다. 이러한 질문사항은 정부 프로그램을 관리하거나 평가하기 위해 필요한 정보를 수집하기 위해 요구됩니다. ACS는 통계청이 예전에는 10년 마다 인구조사를 수행했을 경우에만 이용가능한 상세 정보를 매년 갱신해서 지역사회에 제공합니다.

설문조사의 중요성으로 인하여 본 서신의 아래에 있는 정보를 작성하셔서 요금별납 봉투를 이용하여 회신해서 연락 방법을 알려주시면 감사하겠습니다. 또한 <<FRPHONE>>번으로 <<FRNAME>>에게 전화하시거나 프로그램 감독관인 <<SUPERVISOR1>>에게 <<OFFICEPHONE>>번으로 전화하실 수 있습니다. 귀하의 편의에 맞추어 인터뷰를 예약하고 가능한 빠른 시간내에 인터뷰를 수행하도록 하겠습니다.

미국 통계청은 법률에 따라 귀하의 정보를 기밀로 유지합니다. 저희가 참여 가정을 식별할 수 있는 방법으로 귀하의 답변을 공개적으로 발표하는 것은 허용되지 않습니다. 2015년 연방 사이버보안 개선 법안에 따라서 데이터를 전송하는 시스템의 검사를 통하여 귀하의 데이터를 사이버 보안 위협으로부터 보호합니다. 법률에 의거하여 통계청에서는 귀하의 응답을 통계 목적으로만 사용할 수 있습니다. 귀하의 참여와

협조는 성공적인 설문조사를 위해 중요합니다. 귀하의 도움에 감사드립니다. 미국 지역사회 설문조사에 관한 보다 자세한 정보는 웹사이트 <http://www.census.gov/acs> 에서 확인하십시오.

감사합니다.

프로그램 감독관

전화 통화 가능한 시간:

전화 통화 가능한 번호:

선호하는 언어:

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Уважаемый(-ая) <<F_RESPNAME>>:

Ваш адрес выбран для участия в Анкетировании населения США по месту жительства (ACS). Представитель Бюро переписи США, <<FRNAME>>, недавно пытался связаться с вами для прохождения анкетирования. Это анкетирование проводится Бюро переписи и позволяет получить критически важную и актуальную информацию, которая используется для удовлетворения потребностей сообществ, проживающих на всей территории Соединенных Штатов. Вся информация собирается согласно пункту 13, разделов 141, 193 и 221 Кодекса Соединенных Штатов.

В Анкетировании населения США по месту жительства содержатся вопросы о характеристиках домохозяйств, включая такие темы, как образование, занятость и жилье. Эти вопросы позволяют осуществить сбор данных, необходимых для управления и оценки функционирования государственных программ. Анкетирование населения США по месту жительства (ACS) будет предоставлять сообществам ежегодно обновляемую подробную информацию, ранее доступную только каждые 10 лет, когда Бюро переписи проводило перепись населения.

В силу важности этого анкетирования мы будем признательны, если вы сообщите нам, как связаться с вами, заполнив информационную форму в нижней части этого письма и отправив ее нам в конверте с предварительно оплаченным почтовым сбором. Вы также можете позвонить <<FRNAME>> по номеру <<FRPHONE>> или <<SUPERVISOR1>>, руководителю программы, по номеру <<OFFICEPHONE>>. Мы будем рады организовать интервью в удобное для вас время и провести его в кратчайшие сроки.

В соответствии с законом Бюро переписи США обязано сохранять конфиденциальность вашей информации. Нам не разрешается публиковать ваши ответы таким образом, чтобы можно было идентифицировать конкретное домохозяйство. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года ваши данные защищены от рисков нарушения кибербезопасности посредством скрининга систем, которые передают ваши данные. По закону Бюро переписи может использовать ваши ответы только для получения статистических данных. Ваше участие и сотрудничество очень важны для успешного проведения анкетирования. Благодарю за помощь! Для получения дополнительной информации об Анкетировании населения США по месту жительства посетите наш веб-сайт по адресу <http://www.census.gov/acs>.

С уважением,

руководитель программы

Время, когда со мной обычно можно связаться:

Номер телефона, по которому со мной обычно можно связаться:

Предпочтительный язык:

APPROVED NO ONE HOME LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Kính gửi <<F_RESPNAME>>:

Địa chỉ của quý vị đã được chọn để tham gia vào cuộc Khảo Sát Cộng Đồng tại Mỹ (American Community Survey, ACS). Gần đây, một đại diện của Cục Thống Kê Dân Số Hoa Kỳ, <<FRNAME>>, đã cố gắng liên hệ với quý vị để hoàn tất bài khảo sát. Cuộc khảo sát này do Cục Thống Kê Dân Số tiến hành để cung cấp các thông tin quan trọng, cập nhật được sử dụng nhằm đáp ứng nhu cầu của các cộng đồng trên toàn Hoa Kỳ. Mọi thông tin được thu thập theo thẩm quyền của Mục 13, Phần 141, 193 và 221 của Đạo Luật Hoa Kỳ.

Cuộc Khảo Sát Cộng Đồng tại Mỹ gồm các câu hỏi về đặc điểm hộ gia đình của quý vị bao gồm các chủ đề như giáo dục, việc làm và nhà ở. Những câu hỏi này được yêu cầu để thu thập dữ liệu cần thiết nhằm quản lý hoặc đánh giá chương trình của chính phủ. ACS sẽ cung cấp cho cộng đồng thông tin cập nhật, chi tiết hàng năm mà trước đó chỉ có khi Cục Thống Kê Dân Số tiến hành điều tra dân số 10 năm một lần.

Do tầm quan trọng của cuộc khảo sát này, chúng tôi sẽ đánh giá cao nếu quý vị cho chúng tôi biết cách liên hệ với quý vị bằng cách điền thông tin vào phần cuối thư này và gửi lại bằng phong bì đã trả bưu phí. Quý vị cũng có thể gọi cho <<FRNAME>> theo số <<FRPHONE>> hoặc <<SUPERVISOR1>>, Giám Sát Viên Chương Trình, theo số <<OFFICEPHONE>>. Chúng tôi sẽ sẵn lòng bố trí phỏng vấn theo lịch của quý vị và tiến hành phỏng vấn nhanh nhất có thể.

Luật pháp yêu cầu Cục Thống Kê Dân Số Hoa Kỳ giữ bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai phần trả lời của quý vị theo cách thức có thể xác định hộ gia đình này. Theo Đạo Luật Củng Cố An Ninh Mạng Liên Bang 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền tải dữ liệu của quý vị. Theo luật, Cục Thống Kê Dân Số chỉ có thể sử dụng phần trả lời của quý vị để lập số liệu thống kê. Sự tham gia và hợp tác của quý vị rất quan trọng để khảo sát này thành công. Cảm ơn sự giúp đỡ của quý vị. Để biết thêm thông tin về Khảo Sát Cộng Đồng tại Mỹ, xin hãy truy cập trang web của chúng tôi tại địa chỉ <http://www.census.gov/acs>.

Trân trọng,

Giám Sát Viên Chương Trình

Thời gian có thể liên hệ với tôi:

Số điện thoại có thể liên hệ với tôi:

Ưu Tiên Ngôn Ngữ:

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Dear <<F_RESPNAME>>:

Your address has been selected for participation in the American Community Survey (ACS). A U.S. Census Bureau representative, <<FRNAME>>, recently tried to contact you to complete the survey. This survey is conducted by the Census Bureau to produce critical, up-to-date information that is used to meet the needs of communities across the United States. All information is collected under the authority of Title 13, Sections 141, 193, and 221, of the United States Code.

The American Community Survey contains questions about your household characteristics including such topics as education, employment, and housing. These questions are required to collect data needed to manage or evaluate government programs. The ACS will provide communities annually updated, detailed information previously available only when the Census Bureau conducted a census every 10 years.

Because of the importance of the survey, we would appreciate if you would call <<FRNAME>> at <<FRPHONE>> or <<SUPERVISOR1>>, Program Supervisor, on<<OFFICEPHONE>>. We will be happy to arrange an interview at your convenience and conduct the interview as quickly as possible.

The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics. Your participation and cooperation are important to the success of the survey. Thank you for your help. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Program Supervisor

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

尊敬的 <<F_RESPNAME>>:

您的地址已被选中参加美国社区调查 (ACS)。美国人口普查局代表 <<FRNAME>> 最近试图联系您以完成调查。本调查由人口普查局执行, 以生成重要、最新信息, 用于满足美国各个社区的需求。人口普查局在美国法典第 13 章第 141、193 和 221 节的授权下收集所有信息。

美国社区调查包含关于家庭特征的问题, 包括教育、就业和住房等主题。收集管理或评估政府计划所需数据必须提出这些问题。ACS 将每年向社区提供最新、详细的信息, 以前只有在人口普查局每隔 10 年进行人口普查时才会提供这些信息。

因为调查的重要性, 如果您能够拨打电话 <<FRPHONE>> 联系 <<FRNAME>>, 或拨打 <<OFFICEPHONE>> 联系项目主管 <<SUPERVISOR1>>, 我们将不胜感激。我们将很乐意安排在您方便的时间尽快进行面谈。

法律要求美国人口普查局将您的信息保密。我们不允许以可能识别此家庭的方式公开发布您的回复。根据 2015 年联邦网络安全增强法案, 我们通过筛查传输您的数据的系统, 消除您的数据的网络安全风险。根据法律, 人口普查局只能使用您的回复生成统计数据。您的参与和合作对调查取得成功很重要。感谢您的帮助。有关美国社区调查的详细信息, 请访问我们的网站 <http://www.census.gov/acs>。

此致,

项目主管

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

<<F_RESPNAME>>님께:

귀하의 주소는 미국 지역사회 설문조사 (ACS)에 참여하기 위하여 선택되었습니다. 미국 통계청 직원인 <<FRNAME>>이(가) 최근에 설문조사 작성을 위하여 귀하께 연락을 시도하였습니다. 본 설문조사는 매우 중요한 최신 정보를 얻기 위해 통계청에 의해서 수행되며, 이 정보는 미국 전역에 걸친 지역사회의 요구에 부합하기 위하여 사용됩니다. 모든 정보는 미국 연방 법령 제13장 141, 193 및 221 조항에 의거하여 수집됩니다.

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설문조사의 중요성으로 인하여 <<FRPHONE>>번으로 <<FRNAME>>에게 전화주시거나 프로그램 감독관인 <<SUPERVISOR1>>에게 <<OFFICEPHONE>>번으로 연락주시면 감사하겠습니다. 귀하의 편의에 맞추어 인터뷰를 예약하고 가능한 빠른 시간내에 인터뷰를 수행하도록 하겠습니다.

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지역사회 설문조사에 관한 보다 자세한 정보는 웹사이트 <http://www.census.gov/acs>
에서 확인하십시오.

감사합니다.

프로그램 감독관

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Уважаемый(-ая) <<F_RESPNAME>>:

Ваш адрес выбран для участия в Анкетировании населения США по месту жительства (ACS). Представитель Бюро переписи США, <<FRNAME>>, недавно пытался связаться с вами для прохождения анкетирования. Это анкетирование проводится Бюро переписи и позволяет получить критически важную и актуальную информацию, которая используется для удовлетворения потребностей сообществ, проживающих на всей территории Соединенных Штатов. Вся информация собирается согласно пункту 13, разделов 141, 193 и 221 Кодекса Соединенных Штатов.

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В силу важности этого анкетирования мы будем признательны, если вы позвоните <<FRNAME>> по номеру << FRPHONE >> или <<SUPERVISOR1>>, руководителю программы, по номеру <<OFFICEPHONE>>. Мы будем рады организовать интервью в удобное для вас время и провести его в кратчайшие сроки.

В соответствии с законом Бюро переписи США обязано сохранять конфиденциальность вашей информации. Нам не разрешается публиковать ваши ответы таким образом, чтобы можно было идентифицировать конкретное домохозяйство. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года ваши данные защищены от рисков нарушения кибербезопасности посредством скрининга систем, которые передают ваши данные. По закону Бюро переписи может использовать ваши ответы только для получения статистических данных. Ваше участие и сотрудничество очень важны для успешного проведения анкетирования. Благодарю за помощь! Для получения дополнительной информации об Анкетировании населения США по месту жительства посетите наш веб-сайт по адресу <http://www.census.gov/acs>.

С уважением,

руководитель программы

ACS-613N(L)(RUSSIAN) No Mail Back
Revised January 2018

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Estimado(a) <<F_RESPNAME>>:

Su dirección fue seleccionada para participar en la Encuesta sobre la Comunidad Estadounidense (ACS). Un representante de la Oficina del Censo de los EE. UU., <<FRNAME>>, intentó comunicarse con usted recientemente para completar la encuesta. La Oficina del Censo lleva a cabo esta encuesta a fin de generar información fundamental y actualizada que se usa para satisfacer las necesidades de las comunidades en todos los Estados Unidos. Toda la información se recopila en conformidad con la autoridad de las Secciones 141, 193 y 221 del Título 13 del Código de los Estados Unidos.

La Encuesta sobre la Comunidad Estadounidense contiene preguntas sobre las características del hogar, incluidos temas como la educación, el empleo y la vivienda. Estas preguntas son necesarias para recopilar datos precisos para gestionar o evaluar programas del gobierno. La ACS les proporcionará a las comunidades información anual actualizada y detallada que previamente solo estaba disponible cuando la Oficina del Censo llevaba a cabo el censo cada 10 años.

Debido a la importancia de la encuesta, le agradeceríamos que llamara a <<FRNAME>> al <<FRPHONE>> o a <<SUPERVISOR1>>, el supervisor del programa, al <<OFFICEPHONE>>. Será un placer concertar una entrevista a su conveniencia y realizarla tan rápido como sea posible.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten. Por ley, la Oficina del Censo puede usar sus respuestas solamente para producir estadísticas. Su participación y cooperación son importantes para el éxito de la encuesta. Le agradecemos por su ayuda. Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, visite nuestro sitio web en <http://www.census.gov/acs>.

Atentamente,

Supervisor del programa

APPROVED NO ONE HOME LETTER (NO MAIL BACK)

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Kính gửi <<F_RESPNAME>>:

Địa chỉ của quý vị đã được chọn để tham gia vào cuộc Khảo Sát Cộng Đồng tại Mỹ (American Community Survey, ACS). Gần đây, một đại diện của Cục Thống Kê Dân Số Hoa Kỳ, <<FRNAME>>, đã cố gắng liên hệ với quý vị để hoàn tất bài khảo sát. Cuộc khảo sát này do Cục Thống Kê Dân Số tiến hành để cung cấp các thông tin quan trọng, cập nhật được sử dụng nhằm đáp ứng nhu cầu của các cộng đồng trên toàn Hoa Kỳ. Mọi thông tin được thu thập theo thẩm quyền của Mục 13, Phần 141, 193 và 221 của Đạo Luật Hoa Kỳ.

Cuộc Khảo Sát Cộng Đồng tại Mỹ gồm các câu hỏi về đặc điểm hộ gia đình của quý vị bao gồm các chủ đề như giáo dục, việc làm và nhà ở. Những câu hỏi này được yêu cầu để thu thập dữ liệu cần thiết nhằm quản lý hoặc đánh giá chương trình của chính phủ. ACS sẽ cung cấp cho cộng đồng thông tin cập nhật, chi tiết hàng năm mà trước đó chỉ có khi Cục Thống Kê Dân Số tiến hành điều tra dân số 10 năm một lần.

Vì tầm quan trọng của cuộc khảo sát này, chúng tôi sẽ đánh giá cao nếu quý vị gọi cho <<FRNAME>> theo số <<FRPHONE>> hoặc <<SUPERVISOR1>>, Giám Sát Viên Chương Trình, theo số <<OFFICEPHONE>>. Chúng tôi sẽ sẵn lòng bố trí phỏng vấn theo lịch của quý vị và tiến hành phỏng vấn nhanh nhất có thể.

Luật pháp yêu cầu Cục Thống Kê Dân Số Hoa Kỳ giữ bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai phần trả lời của quý vị theo cách thức có thể xác định hộ gia đình này. Theo Đạo Luật Củng Cố An Ninh Mạng Liên Bang 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền tải dữ liệu của quý vị. Theo luật, Cục Thống Kê Dân Số chỉ có thể sử dụng phần trả lời của quý vị để lập số liệu thống kê. Sự tham gia và hợp tác của quý vị rất quan trọng để khảo sát này thành công. Cảm ơn sự giúp đỡ của quý vị. Để biết thêm thông tin về Khảo Sát Cộng Đồng tại Mỹ, xin hãy truy cập trang web của chúng tôi tại địa chỉ <http://www.census.gov/acs>.

Trân trọng,

Giám Sát Viên Chương Trình

APPROVED FINAL ATTEMPT LETTER

<<DATE>>

<<F_RESPNAME>>

<<CONTROLNUMBER>>

<<ADDRESS>>

Dear <<F_RESPNAME>>:

Your address has been selected for participation in the American Community Survey. A U.S. Census Bureau representative, <<FRNAME>>, recently tried to contact you to complete the survey. This survey is conducted by the Census Bureau to produce critical, up-to-date information that is used to meet the needs of communities across the United States. All information is collected under the authority of Title 13, Sections 141, 193, and 221, of the United States Code.

The American Community Survey contains questions about household characteristics including such topics as education, employment, and housing. It produces critical, up-to-date information that is used to meet the needs of communities across the United States. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Survey data are used by federal, state, and local governments to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. This survey information also helps communities plan for emergency situations that might affect you and your neighbors.

The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics.

We are in the final days of collecting data on the American Community Survey for your address, and we have not been able to include data from your household. Because of the importance of the survey, we would appreciate if you would contact us to conduct the interview by telephone or in person. You may call the Field Representative who has previously attempted to contact you, or call us at our Regional Office at <<OFFICEPHONE>>. We would like to complete your interview within the next five (5) days.

You can also complete the survey online by going to <https://respond.census.gov/acs> and logging on using the following User ID number: <<INETUSERID>>. Your participation and cooperation are important to the success of the survey. Your response does make a difference! If you have further concerns or questions, please call <<FRNAME>> at <<FRPHONE>>, or the Program Supervisor, <<OFFICEPHONE>>. We will be pleased to help you. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Final Attempt
Revised June 2017

Sincerely,

Program Supervisor

Attachment VI: Fifth Mailing Letter (ACS-23)



United States®
Census
Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau has sent you several requests to complete the **American Community Survey**. If you have not already done so, now is the time to respond.

Due: November 22, 2019

Respond now at <https://respond.census.gov/acs>

Log in using this user ID:

OR complete and mail back your paper questionnaire.

Your response is required by law.

Because your response is critically important to your local community and to your country, a Census Bureau interviewer may come to your home to complete the survey in person.

Respond by November 22, 2019 to be removed from our schedule for a visit.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

Sincerely,

Steven D. Dillingham



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**FINAL NOTICE
RESPONSE DUE:
NOVEMBER 22, 2019**