ACS Attachments A-I April 1, 2019

Collection Materials

A American Community Survey Household (HU) First Mailing:

- ACS-13(L)(2020)(02-11-2019), ACS Introductory Letter
- ACS-34IM(2020)(11-27-2018), Internet Response Instruction Card
- ACS-9(2020)(2-5-2019), Multilingual Brochure
- ACS-46IM(2020)(12-11-2018), ACS Stateside Outgoing Envelope

B American Community Survey Internet Screen Capture Guide:

 ACS-400C(January 2019), ACS Internet Data Collection Instrument Screen Capture Guide

C American Community Survey Household (HU) Second Mailing:

• ACS-20L(2020)(02-11-2019) ACS HU Reminder Letter (Pressure-seal mailer)

D <u>American Community Survey HU Third Mailing:</u>

- ACS-14L(2020)(02-11-2019), ACS Follow-Up Letter
- ACS-1(2020)(02-11-2019), ACS Stateside Questionnaire
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-46(2020)(12-18-2018), ACS Outgoing Envelope Stateside Replacement Mailing

E American Community Survey HU Fourth Mailing:

ACS-29(2020)(2-11-2019), ACS Reminder Postcard

F American Community Survey HU Fifth Mailing:

• ACS-23(L)(2020)(2-11-2019), ACS Additional Mailing Letter (Pressure-seal mailer)

G American Community Survey HU Spanish Mailing Package:

- ACS-13L(SP)(2020)(2-12-2019), ACS Spanish Introductory Letter
- ACS-1(SP)(2019)(02-08-2018), ACS Stateside Questionnaire in Spanish
- ACS -14L(SP)(2020)(2-12-2019), ACS Spanish Follow-Up Letter
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-29(SP)(2020) (2-5-2019), ACS Spanish Reminder Postcard
- ACS-23(SP)(2020) (2-5-2019), ACS Bilingual Additional Mailing Postcard
- ACS-46(SP)(2020) (12-17-2018), Stateside Spanish Outgoing Envelope

H Puerto Rico Community Survey HU Mailing Forms:

- ACS-12(L)PR(2020)(2-6-2019), PRCS Bilingual Prenotice Letter
- ACS-40PR(2020)(1-29-2019), Prenotice Envelope
- ACS-13(L)PR(2020)(2-6-2019), PRCS Bilingual Introductory Letter
- ACS-10SMPR(2020)(02-31-2019), PRCS Bilingual Frequently Asked Questions Brochure
- ACS-1PR(SP)(2019)(02-07-18), PRCS Spanish Questionnaire in Spanish
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-20PR(2020)(2-12-2019), PRCS Bilingual Reminder Postcard
- ACS-14(L)PR(2020)(2-6-2019), PRCS Bilingual Follow-Up Letter
- ACS-23PR(2020) (2-5-2019), PRCS Bilingual Additional Mailing Postcard
- ACS-46PR(2020) (12-31-2018), PRCS Outgoing Envelope

Puerto Rico Community Survey HU Mailing Forms in English:

- ACS-13(L)PR(2020)(2-6-2019), PRCS Bilingual Introductory Letter
- ACS-10SMPR(2020)(02-31-2019), PRCS Bilingual Frequently Asked Questions Brochure
- ACS-1(2020)PR(1-31-2019), PRCS Questionnaire in English
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-14(L)PR(2020)(2-6-2019), PRCS Bilingual Follow-Up Letter
- ACS-46PR(2020) (12-31-2018), PRCS Outgoing Envelope

The U.S. Census Bureau is conducting the American Community Survey

In a few days you will receive an American Community Survey questionnaire in the mail. Because you are living in the United States, you are required by law to respond to this survey. If you have questions about the form, please call us toll-free at 1-800-354-7271.

What is the American Community Survey?

The American Community Survey is an important survey conducted by the Census Bureau. It is designed to give communities current information about its people and housing. In order to make well-informed decisions, a community needs accurate and reliable information. By responding to this survey, you are helping your community to get this kind of information.

Will my answers to this survey be kept confidential?

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

La Oficina del Censo de los Estados Unidos está realizando la Encuesta sobre la Comunidad Estadounidense

En unos días, recibirá por correo un cuestionario de la Encuesta sobre la Comunidad Estadounidense. Como usted está viviendo en los Estados Unidos, la ley exige que usted responda a esta encuesta. Si tiene preguntas sobre el cuestionario, llámenos al 1-877-833-5625 para hablar con uno de nuestros empleados que habla español. La llamada es gratis. El empleado podrá contestar sus preguntas o usted podrá completar la encuesta por teléfono.

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense es una encuesta importante realizada por la Oficina del Censo de los Estados Unidos. Está diseñada para brindar información actual a las comunidades sobre las personas y las viviendas. Para poder tomar buenas decisiones, una comunidad necesita información precisa y confiable. Al responder a esta encuesta, usted está ayudando a su comunidad a obtener este tipo de información.

¿Serán confidenciales mis respuestas a esta encuesta?

Sí. La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este 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 trasmiten su información.

Important Information From the U.S. Census Bureau

Información Importante de la Oficina del Censo de los Estados Unidos



Thông tin quan trọng từ Văn phòng Thống kê Dân số Hoa Kỳ

Важная информация от Бюро переписи населения США

미국 인구조사국에서 전해드리는 중요한 정보















美国人口普查局正在进行美国社区问卷 调查

您将在几天内收到一份邮寄的美国社区问卷调查。由于您目前居住在美国,因此根据法律规定,您必须答复此问卷调查。这个调查问卷只有英文版。请拨打我们的免费电话: 1-800-638-5945, 我们将有会说中文的工作人员回答您的问题,或者您能够在电话上用中文回答调查的问题。

什么是美国社区问券调查?

美国社区问卷调查由美国人口普查局主持,是一项重要的调查。目的是为了向各个社区提供有关居民和住房方面的最新信息。一个社区要做出明智的决策,需要真实准确的信息。您答复此问卷调查,就是在帮助您所在社区获取这样的信息。

我对这次调查的回答,人口普查局是否会保密?

是的。 根据法律规定,美国人口普查局将对您的信息保密。人口普查局不得以可识别您的身份的方式公开发布您的回复。依据2015年联邦增强网络安全法案,通过监察传输您资料的系统,来确保您个人资料受到保护,避免网络安全风险。

Văn phòng Thống kê Dân số Hoa Kỳ đang thực hiện cuộc Khảo sát Cộng đồng tại Mỹ.

Trong một vài ngày nữa quý vị sẽ nhận được bản câu hỏi Khảo sát Cộng đồng tại Mỹ qua thư tín. Vì quý vị đang sống ở Hoa Kỳ, nên luật bắt buộc quý vị phải trả lời cuộc khảo sát này. Nếu quý vị có thắc mắc về mẫu đơn, xin gọi chúng tôi theo số điện thoại miễn phí 1-877-221-9436. Bản câu hỏi khảo sát chỉ có bằng tiếng Anh.

Cuộc Khảo sát Cộng đồng tại Mỹ là gì?

Cuộc Khảo sát Cộng đồng tại Mỹ là một cuộc khảo sát quan trọng được Văn phòng Thống kê Dân số Hoa Kỳ thực hiện. Nó được thiết kế để cung cấp cho cộng đồng thông tin hiện tại về người dân và nhà cửa. Nhằm có được những quyết định thức thời có ích lợi trực tiếp cho những nhu cầu của cộng đồng quý vị, những thông tin cần được chính xác và đáng tin cậy. Bằng cách trả lời cuộc khảo sát này, quý vị đang giúp cộng đồng mình lấy được loại thông tin này.

Liệu các câu trả lời khảo sát của tôi có được giữ bí mật không?

Có. Cục Thống Kê Dân Số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Cục Thống kê không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện quý vị. Theo Luật Tăng Cường An Ninh Mạng của Liên Bang 2015, số liệu của quí vị sẽ được bảo vệ để tránh khỏi các nguy cơ về an ninh mạng qua cách kiểm duyệt các hệ thống chuyển số liệu của quí vị.

Бюро переписи населения проводит Анкетирование населения США по месту жительства

Через несколько дней Вы получите по почте анкету Анкетирование населения США по месту жительства. Так как Вы проживаете в США, Вы обязаны в соответствие с законом дать ответы на вопросы данного исследования. Анкета составлена только на английском языке. Позвоните по бесплатному номеру 1-866-225-2297, и Вам ответит русскоговорящий сотрудник. Вы сможете получить ответы на Ваши вопросы и Вам помогут заполнить анкету по телефону.

Что представляет собой Анкетирование населения США по месту жительства?

Анкетирование населения США по месту жительства – это важнейшее исследование, проводимое Бюро переписи населения США. Его цель – обеспечить общество актуальной информацией о населении и жилищных условиях. Для принятия обоснованных решений на местах необходимо иметь точную и достоверную информацию. Отвечая на вопросы данного исследования, Вы помогаете своему району получить такую информацию.

Будет ли сохранена конфиденциальность моих ответов?

Да. По закону Бюро переписи населения США обязано соблюдать конфиденциальность ваших данных. Ему запрещено публично разглашать Ваши ответы таким образом, чтобы по ним можно было установить Вашу личность. Защиту Ваших данных от кибер-рисков регулирует федеральный закон «О повышении кибербезопасности» от 2015 года, в соответствии с которым регулярно проводится проверка систем передачи данных.

미국 인구조사국에서는 미국 지역사회조사를 실시하고 있습니다.

며칠 안으로 미국 지역사회조사 설문지를 우편으로 받으실 것 입니다. 미국에 사시는 모든 분은 법에 의해 이 설문에 응답하셔야 합니다. 설문지는 영어로만 되어있습니다. 한국어로 설문을 작성하고 싶으시거나 질문이 있으시면, 무료전화 1-800-772-6728 로 전화를 주십시오. 한국어 담당직원과

미국 지역사회조사란 무엇인가요?

미국 지역사회조사는 미국 인구조사국에서 시행하는 중요한 설문조사입니다. 이 설문조사는 지역사회 주민들과 주택에 관한 최근 정보를 알려드리고자 계획되었습니다. 지역사회가 정보에 기초한 합리적인 결정을 내리기 위해서 정확하고 믿을 수 있는 정보가 필요합니다. 귀하의 설문응답은 지역사회가 이런 정보를 수집하는 데 도움을 줍니다.

설문조사에 대한 답변은 보호됩니까?

네. 미국 인구조사국은 법에 따라 귀하의 정보를 비밀로 유지해야 할 의무가 있습니다. 미국 인구조사국은 귀하가 응답한 정보를 귀하의 신상을 알 수 있는 형태로 일반에 공개할 수 없으며, 2015년 연방 사이버보안강화법에 따라, 귀하의 데이터는 데이터 전송 시스템의 철저한 검사를 통해 사이버 보안의 위험으로부터 보호됩니다.



U.S. Census Bureau

Washington, DC 20233 Office of the Director

A message from the Director of the U.S. Census Bureau:

Your address has been randomly selected by the U.S. Census Bureau to participate in the **American Community Survey**. The Census Bureau conducts this survey each year to give our country an up-to-date picture of how we live – including our education, housing, and jobs.

Communities across the country rely on information from this survey to decide where important services are needed, including:

- Improving roads and reducing traffic
- Building schools
- Planning for the health care needs of the elderly

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

Your response is required by U.S. law.

Because your household has been asked to participate on behalf of your community, it is vital that you complete this survey to help meet critical needs in your area.

If you are unable to complete the survey online, we will send you a paper questionnaire in a few weeks. The Census Bureau is using the internet to collect this information to conserve natural resources, save taxpayers' money, and process data more efficiently.

If you need help completing the survey or have questions, please call our toll-free number (1–800–354–7271).

Thank you in advance for your prompt response.

V. Velly

Sincerely,

Steven D. Dillingham

Enclosures

American Community Survey data help determine the annual distribution of more than **\$675 billion** in federal funds **to communities nationwide**.

ACS-13(L)(2020) (03-01-2019) census.gov

Will my response be confidential?

Yes. The U.S. Census Bureau is required by law to protect this information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 193. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Am I required to fill out the survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. As a randomly selected representative of your community, you are the voice of your neighbors and peers. To create an accurate picture of your community, it is critical that you respond.

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.



American Community Survey

Go to https://respond.census.gov/acs to complete the American Community Survey online.

(Vea el otro lado para español.)

IMPORTANT: You will need information from the address label on this card to log in. If you need help or have questions about the American Community Survey, call the toll-free number 1-800-354-7271.



American Community Survey

Vaya a **https://respond.census.gov/acs** para completar la Encuesta sobre la Comunidad Estadounidense por Internet en español.

ATENCIÓN: Necesitará información que aparece en la etiqueta en el otro lado de esta tarjeta para iniciar la sesión. Si usted necesita ayuda para llenar la encuesta o tiene preguntas acerca de la Encuesta sobre la Comunidad Estadounidense, llame sin cargo al 1-877-833-5625.

See other side for English.



U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300

The American Community Survey

YOUR RESPONSE IS REQUIRED BY LAW

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

OPEN IMMEDIATELY



American Community Survey

Internet Data Collection Instrument Screen Capture Guide 2019

How to Use This Guide

This document contains copies of screens respondents will see in the ACS Internet Questionnaire¹. You can use this guide as a reference when talking to respondents.

On the next page, you will see a table of contents that contains links rather than page numbers. Because you will be using this guide on your computer, this format will allow you to use **Ctrl + Click** on a page name and navigate directly to that page. Most of the screen capture names are the same as the page names in the instrument. Respondents can provide the page names to you from the URL in the address bar of their browsers. For example, the question for the type of unit at the sample address (e.g., mobile home, single family home detached from any other homes, etc.) is "typeofunit" in the Internet questionnaire. If respondents are on this screen, the address bar will display, "https://respond.census.gov/acs/typeofunit."

Some screens may change text and appearance depending on the situation or makeup of the household. For example, the "pselect" screen asks respondents to choose the person for whom they will answer questions next. If only one person remains on the roster, the text displays differently than if multiple names are available. A second screen capture for the "pselect" screen reads "pselect (one person left on roster)."

Note: in the 2016 data collection year a mobile optimized view was introduced for the Internet Data Collection instrument. If respondents are viewing the online instrument via a mobile device the screen layout will appear different based upon screen size. In addition, navigation buttons containing "Previous" and "Next" are replaced with forward and backward arrows. Instructions, FAQs and Save and Logout text are removed and replaced with links on the right-hand side of the header. Questions with a large amount of text will not be displayed on one screen and users will have to scroll to view the entire questions text.

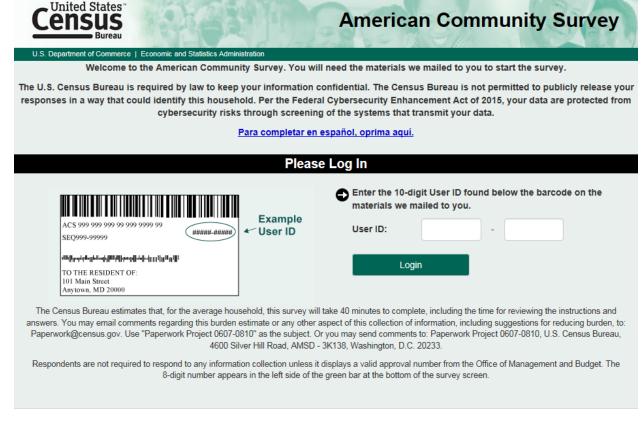
¹ This screen capture guide does not contain any Title 13 data or other personally identifiable information (PII). All data are fictitious and any resemblance to actual data is coincidental.

Table of Contents

		14010 01	O O I I CO I I C		
login	yearbuilt	tenure edit message	whatlanguage	worklocal	ssi
return login	whenmovedin	monthrent	englishprof	transporttowork	ssiamt
address	acres	meals	residencelastyear	numberofriders	publicasst
later2 (wrong address)	agrsales	propvalue	addresslastyear	timeleftforwork	publicasstamt
liveu	rooms	taxes	insurance	mintowork	retirement
live	facilities	propinsurance	premium	fiftymoreweeks	retirementamt
business	telephone	mortgage	deaf	weeksworked	otherincome
thankyoubusiness	compuse	mortgageamt	deaf help	hoursworked	otherincomeamt
thankyoubusiness	netaccess	mortgagetax	difficultyconcent	layoff	totalincome
pin	netsub	mortgageinsurance	difficultywalk	tempabsent	vrfyincome
resp_name	vehicles	2ndmortgage	difficultydress	recalltowork	estincome
roster_a	heatingfuel	2ndmortgageamt	difficultyerrand	activelookforwork	presummary
roster_b	elecpay	mobilehometax	marriedstatus	couldwork	summary
add_1	elecamt	hunitstatus (if vacant)	pmarried	lastworked	housing (review and
roster_c	elecinc	pselect (first time	widow	employeetype	edit) person (review and
add_2	gasuse	viewing) pselect (subsequent	divorce	employer	edit)
away_now	gaspay	viewing, with more	numberofmarriages	militaryemployer	change answer from
remove_one	gasamt	than one person remaining)	yearofmarriage	typeofbusiness	review and edit
another_home	gasinc	pselect (one person left	birth	businessclass	new item on review and edit
another_home_who	waterpay	on roster)	grandchildrenhome	typeofwork	save
more_than_2	wateramt	placeofbirth	grandchildrenhome	duties	welcomeback
roster_check	waterinc	citizenship	help grandparentsresp	wages	security
roster_check (no one on roster)	ofueluse	citizenship (placeofbirth left blank)	lengthofresp	wagesamt	instructions
ref_per	ofuelpay	yearofentry	veteranstat	wagesamt edit message	FAQs
relationship	ofuelamt	attendschool	periodofservice	selfemp	contactus
sex	ofuelinc	whatgrade	vadisability	selfempamt	finalize
dateofbirth	foodstamps	highestlevel	disabilityrate	interest	completed
Hispanic	condo	fieldofdegree	worklastweek	interestamt	document_accessibility
	condofee	ancestry	worklastweek edit	socialsecurity	privacy
typeofunit	condofeeamt	language	message	socialsecurity	
typeorumt	tenure		anywork	isociaisecui ityallit	
	Î.	Î.	İ	Ì	i e

Return to Top

login



U.S. Census Bureau Notice and Consent Warning

You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at https://www.census.gov/about/policies/privacy/privacy-policy.html.

Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

return login

The URL address name respondents see is still "login" as the previous screen name. This screen asks for a PIN when users left the survey previously and are coming back to access their account.



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Welcome to the American Community Survey. You will need the materials we mailed to you to start the survey.

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is 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.

Para completar en español, oprima aquí.



The Census Bureau estimates that, for the average household, this survey will take 40 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject. Or you may send comments to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

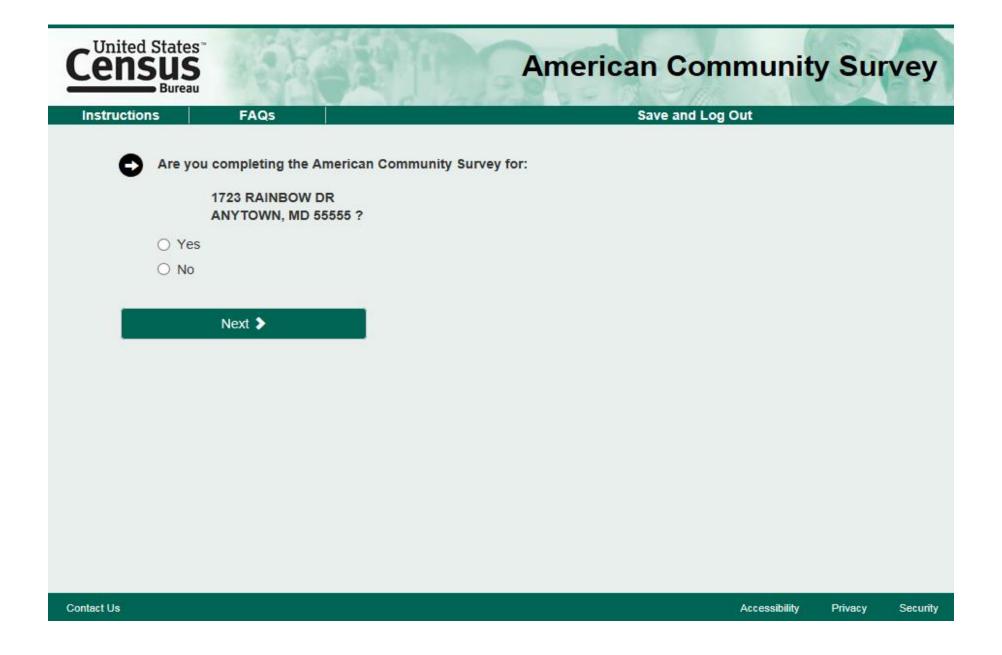
Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. The 8-digit number appears in the left side of the green bar at the bottom of the survey screen.

U.S. Census Bureau Notice and Consent Warning

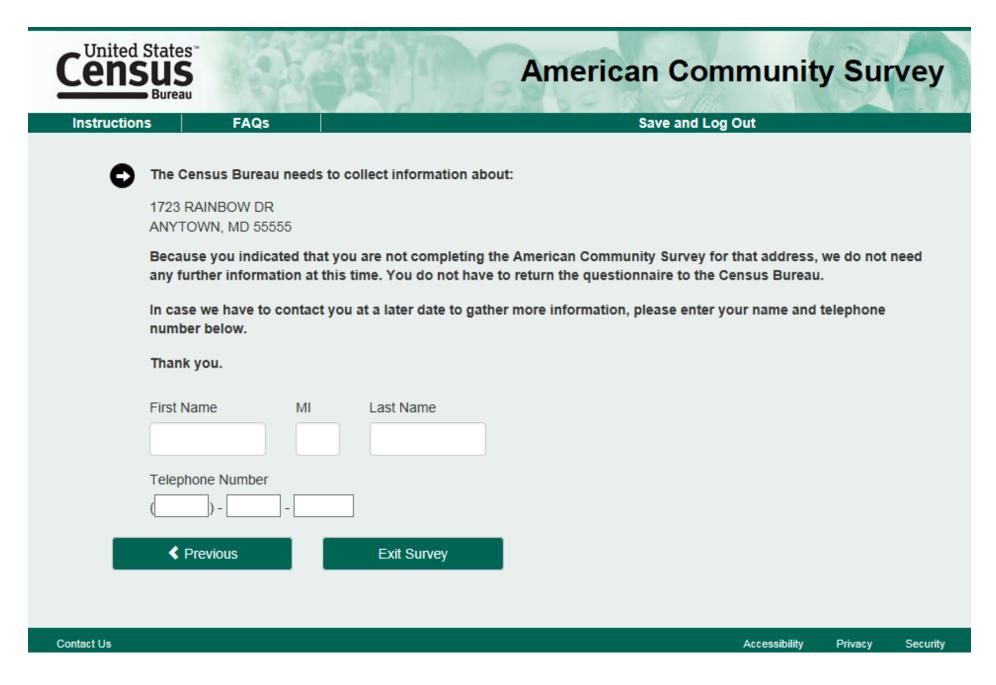
You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at https://www.census.gov/about/policies/privacy/privacy-policy.html.

Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

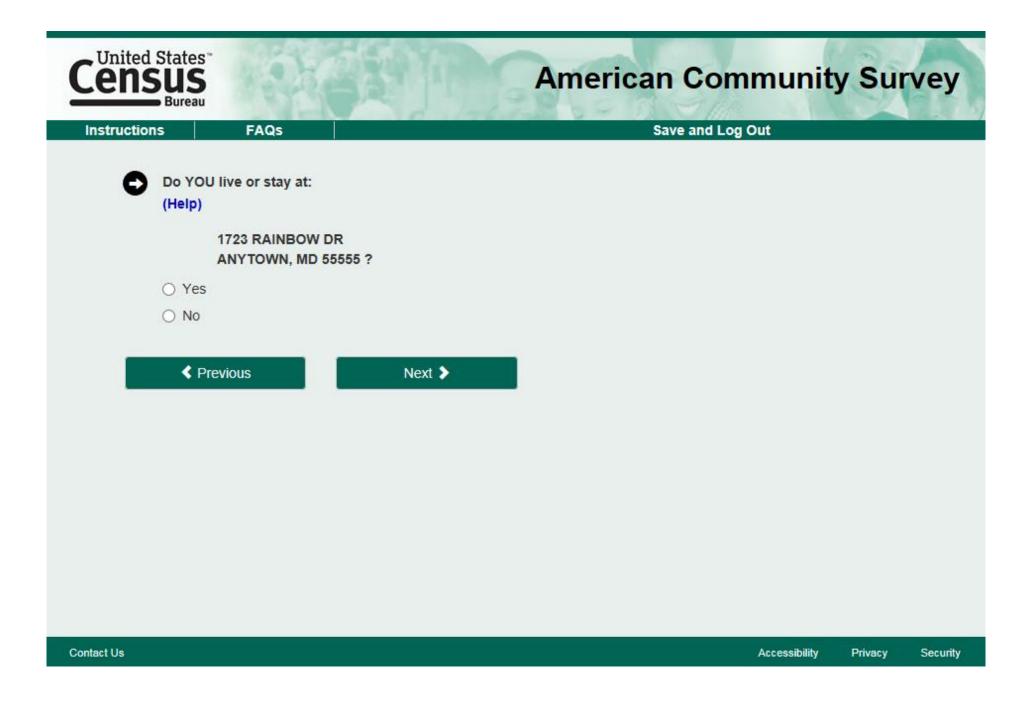
address



later2 (wrong address)



liveu



liveu help

Help

×

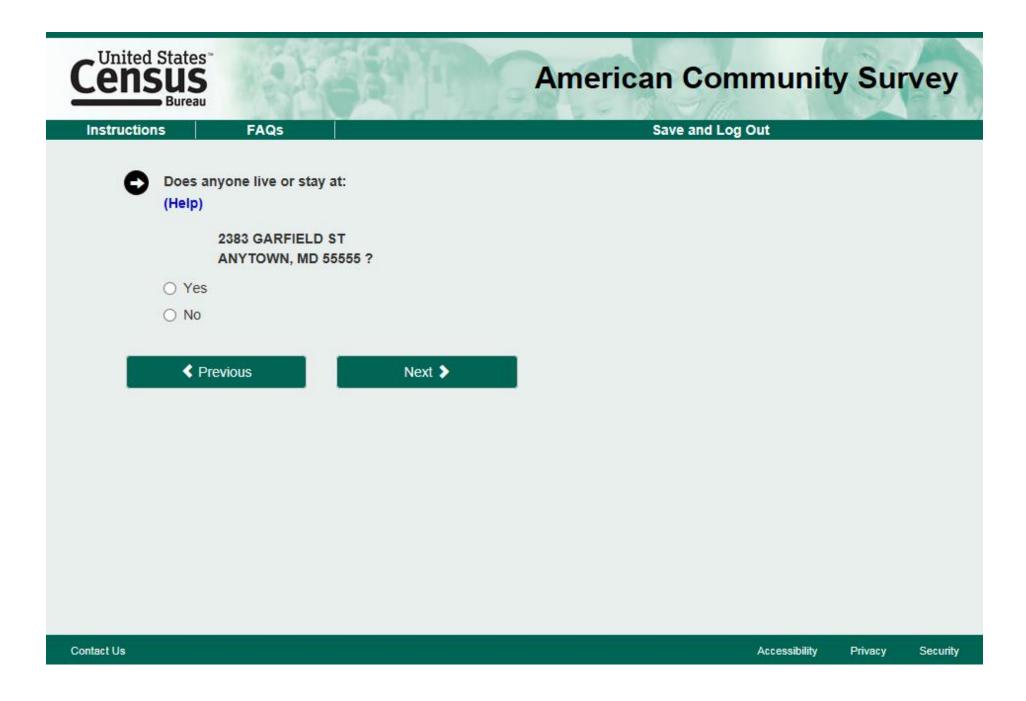
Help

Select "Yes" if you:

- · Have been staying at the address for more than two months
- Intend to be at the address for more than two months, but have been there less time than that as of the current date
- · Have no other PERMANENT place to stay AND are living or staying there
- · Are staying at the address even for a short time
- · Are away from the address, but do not plan to be away for more than two months

Close Help

live



live help

Help



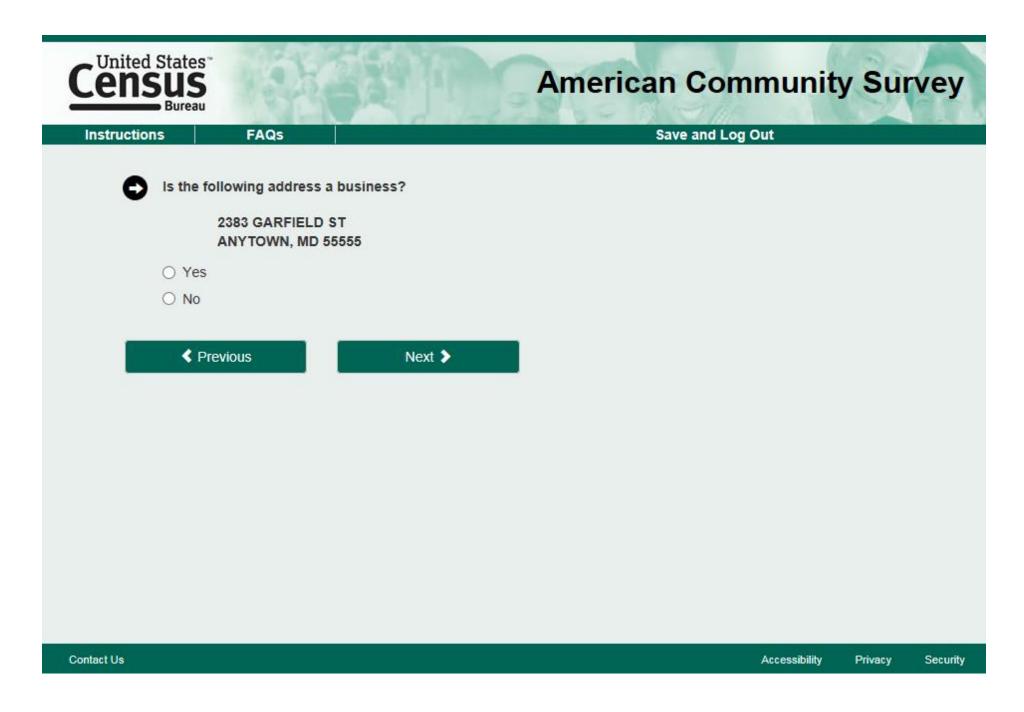
Help

Select "Yes" if:

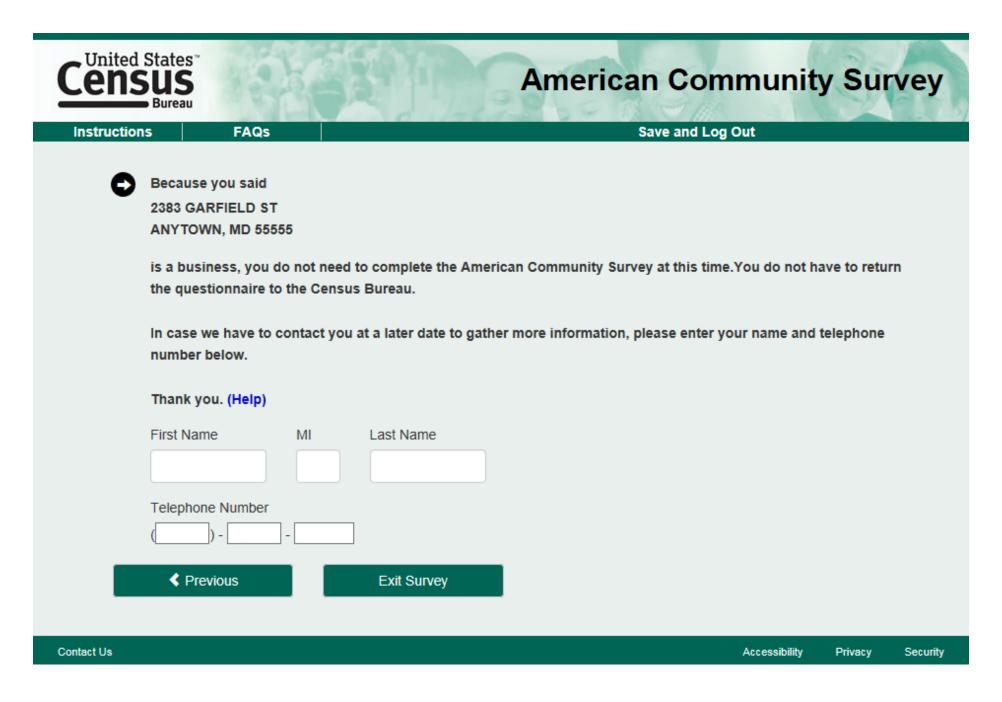
- · Anyone has been staying at the address for more than two months
- Anyone intends to be at the address for more than two months, but has been there less time than that as of the current date
- · Anyone lives or stays at the address such as a caretaker or live-in employee
- · Someone who has no other PERMANENT place to stay is living or staying there
- · Anyone is staying at the address even for a short time
- Someone is away from the address, but does not plan to be away for more than two months

Close Help

business



thankyoubusiness



thankyoubusiness help

Help

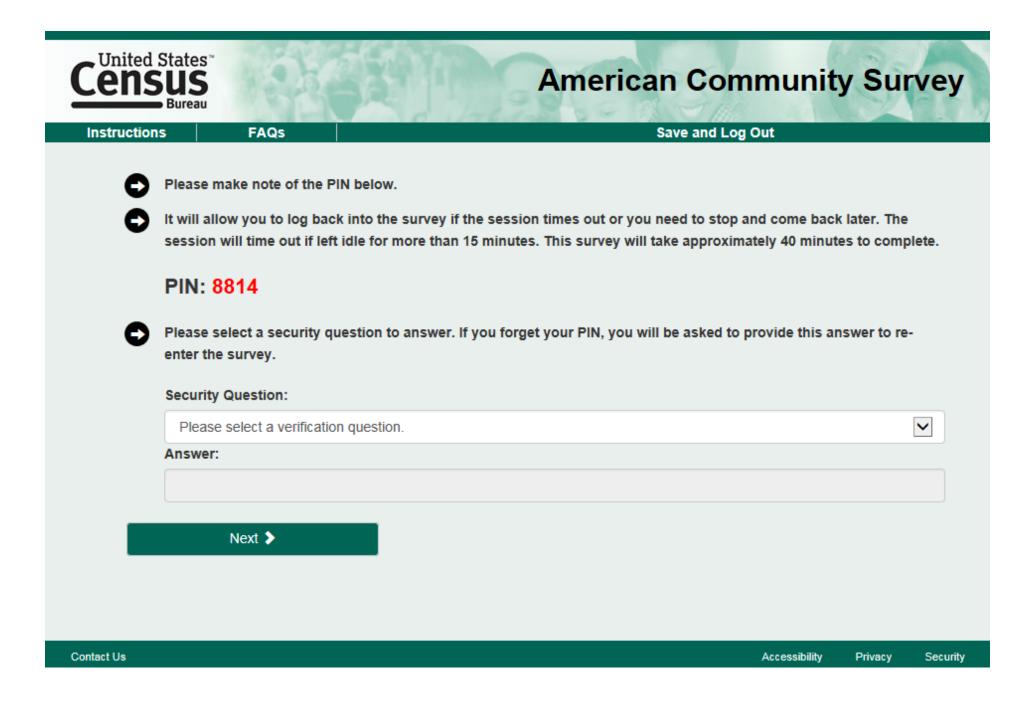
 \times

Why We Ask?

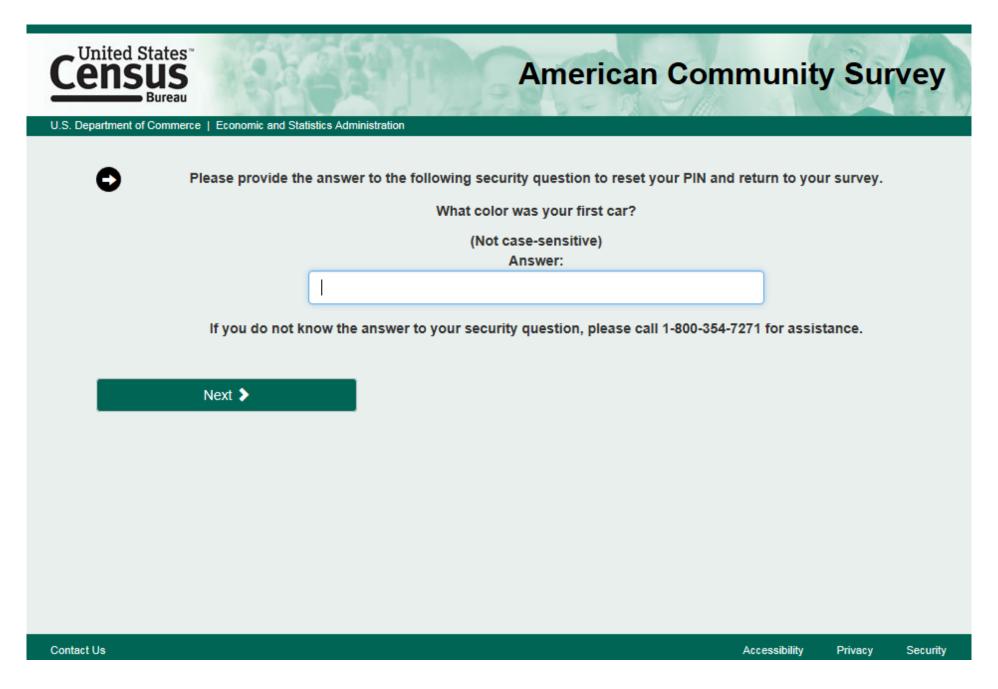
We ask for names in case we need to contact someone to ask about incomplete or missing information. The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Close Help

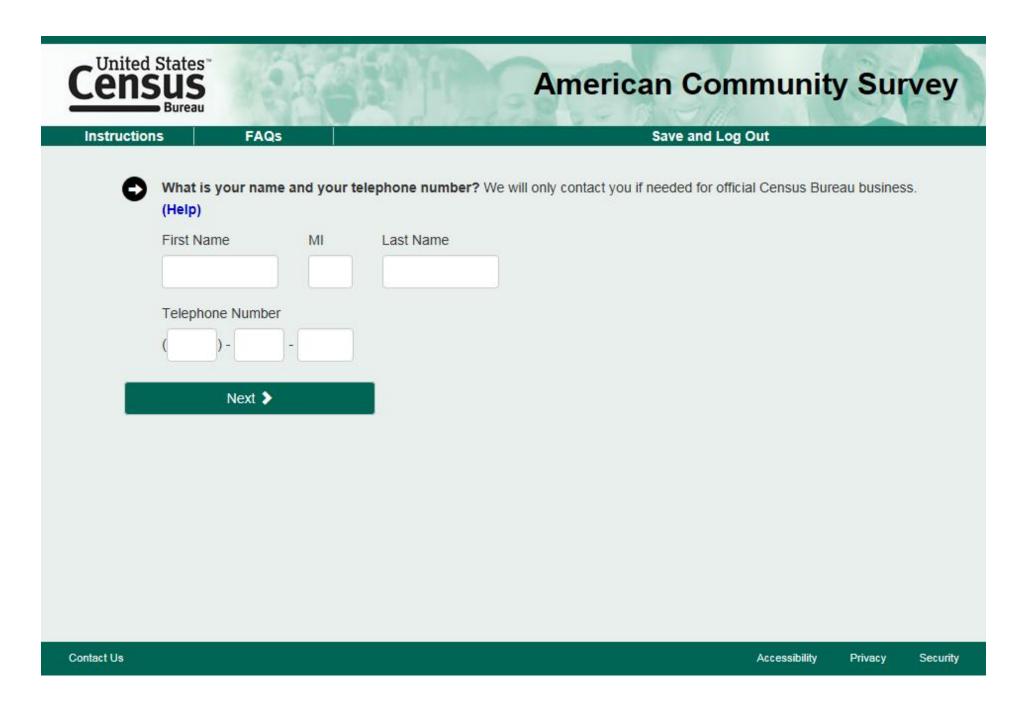
pin



recovery (pin reset)



resp_name



resp_name help

Help

×

Why We Ask?

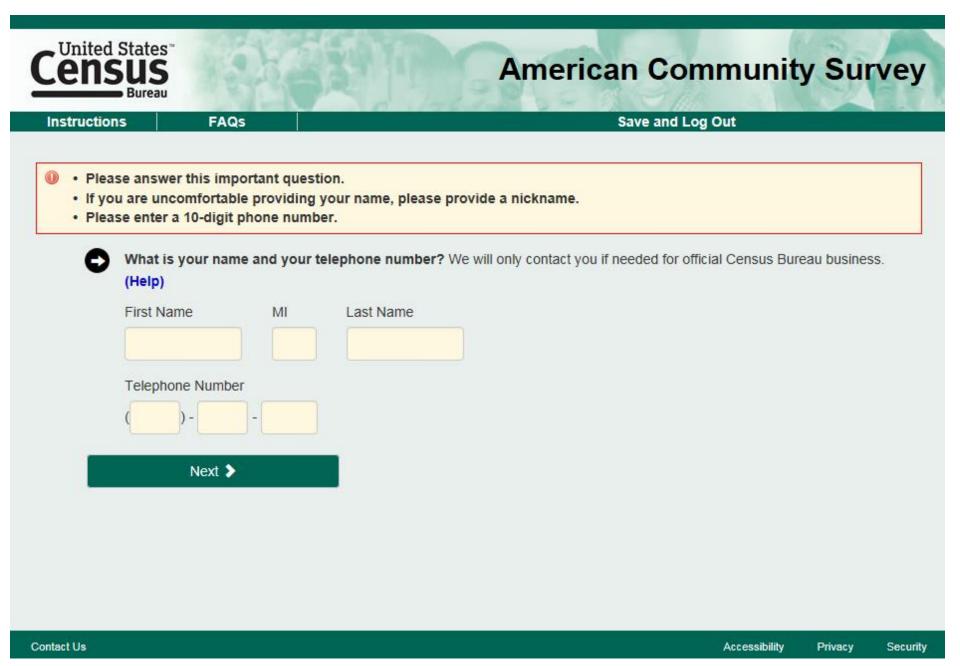
We ask for a respondent's name and contact information in case we need to contact someone to ask about incomplete or missing survey information.

Help

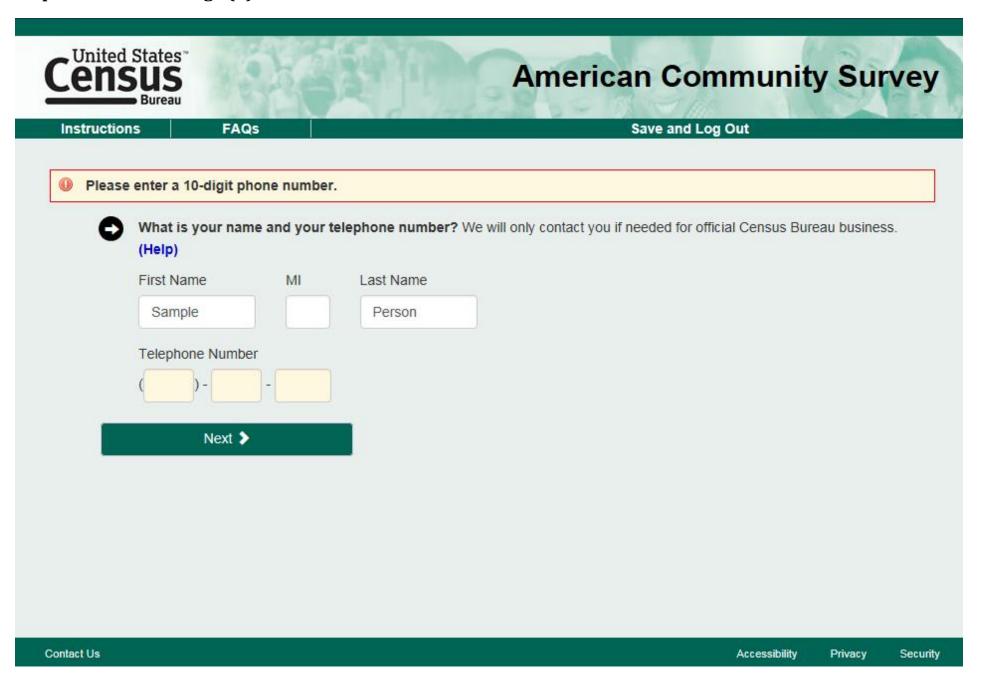
- The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
- Providing a name helps eliminate confusion as you proceed through the survey to know about whom questions are being asked.
- The Census Bureau will only use the phone number you provide for official business.
 You may be asked to participate in other Census Bureau surveys.

Close Help

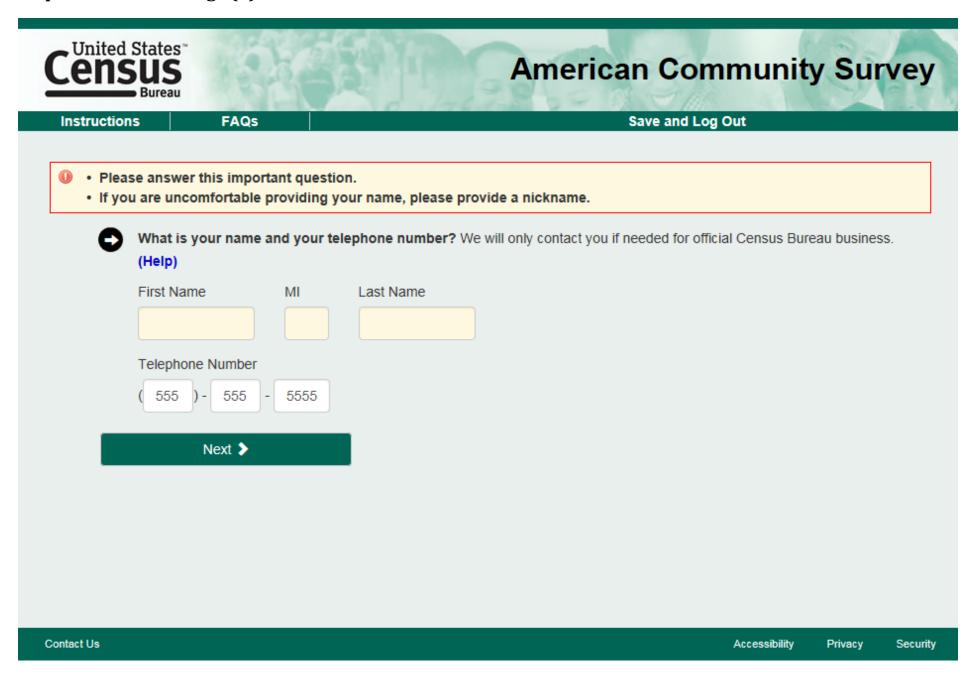
resp_name edit message (1)



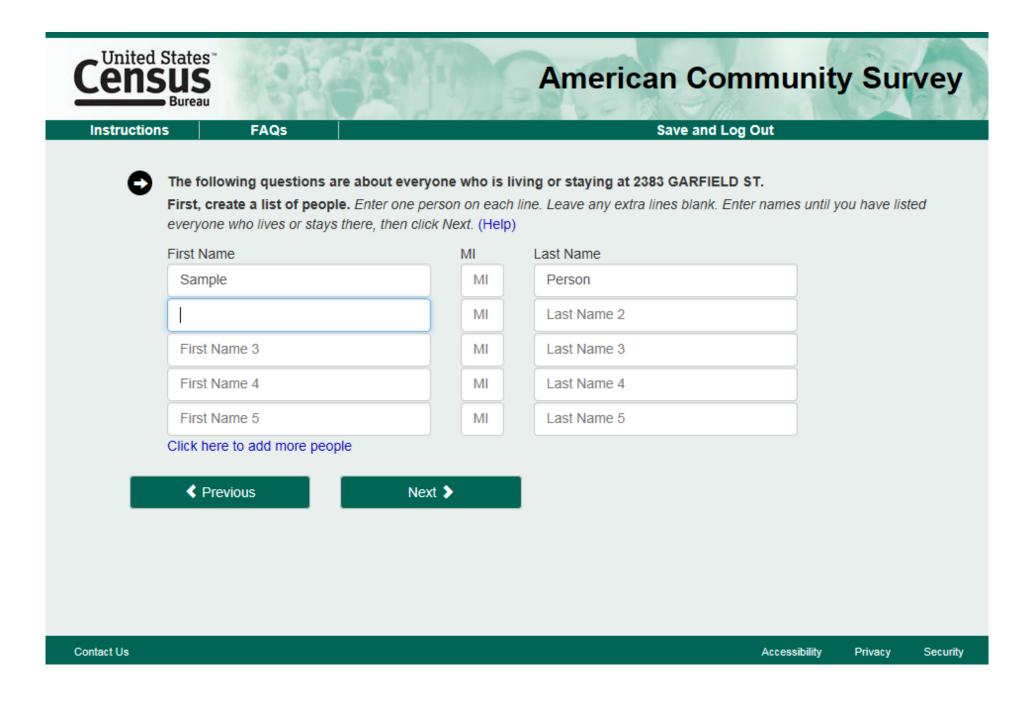
resp_name edit message (2)



resp_name edit message (3)



roster_a



roster_a help

Help

×

Why We Ask?

We request names of everyone living in the household to make it easier for you to keep track of each person's information when completing the survey.

Help

Create a list of everyone who is living or staying at this address. You can list up to 20 people.

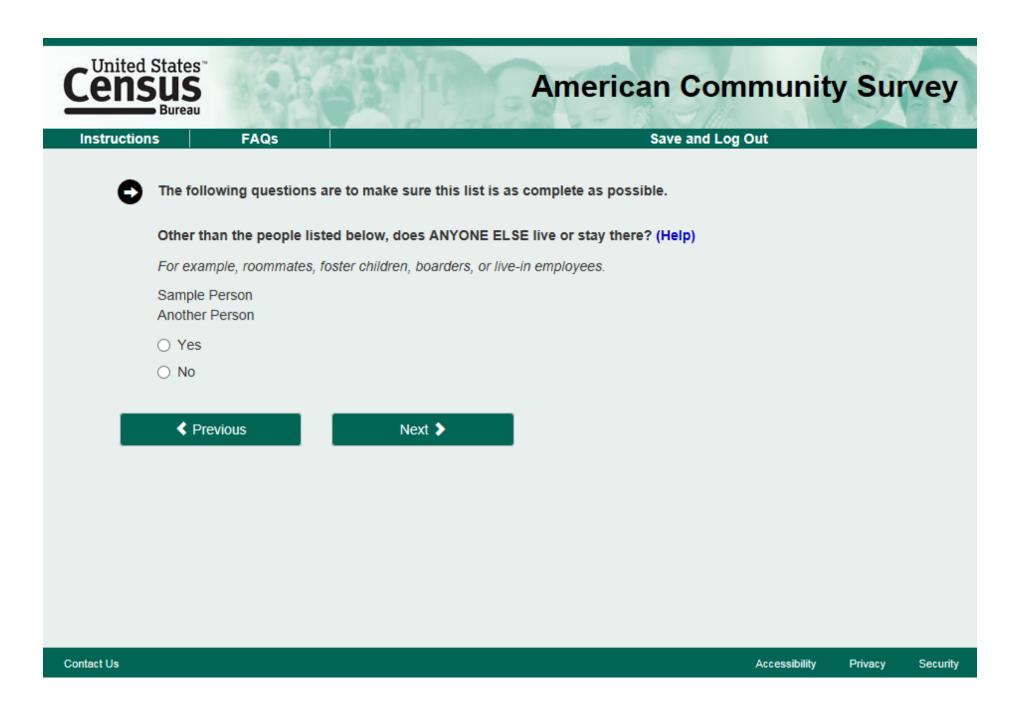
Do Include yourself and everyone else who is living or staying there.

Do NOT Include anyone who lives separately from you in the same building/structure if they have direct access from the outside or through a common hall.

If a person has a suffix on their name, such as "Jr." or "Sr." enter it into the last name field.

Close Help

roster_b



roster_b help

Help

×

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

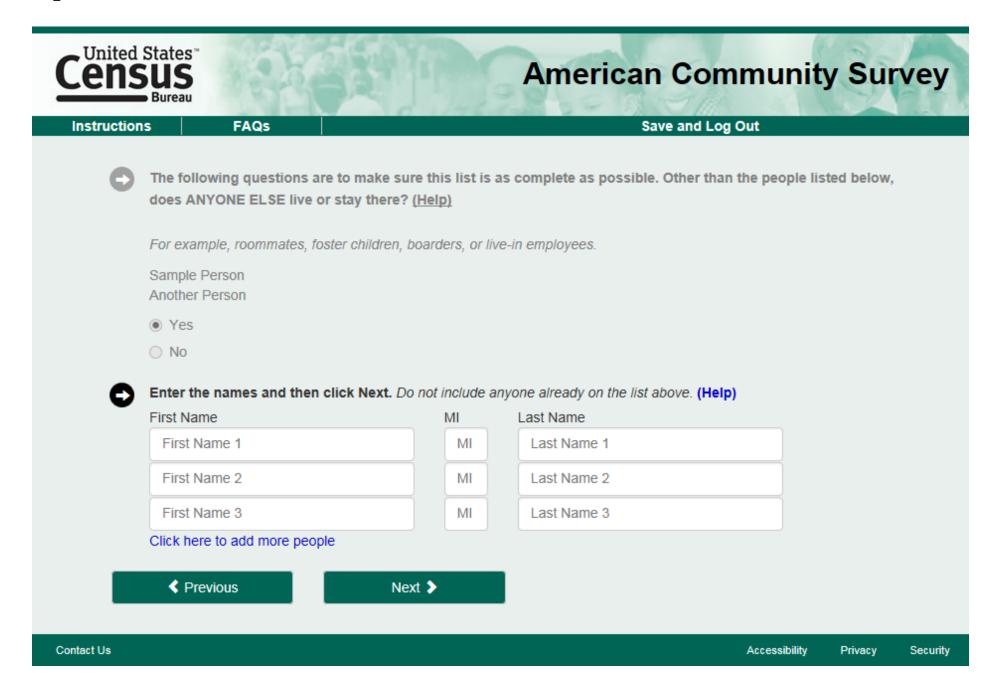
This question is asked to make sure you included all the people living or staying there. The examples presented in the question are some types of people that are often forgotten. Consider these, and other, types of people.

Select "Yes" to report more people, who live or stay there, that you have not yet listed.

Select "No" if you have already reported everyone who lives or stays there.

Close Help

add_1



add_1 help

Help

\times

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

roster_c



American Community Survey FAQs Save and Log Out Instructions Other than the people listed below, is there ANYONE ELSE staying there even for a short time? (Help) For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else. Sample Person Another Person Third Person O Yes O No Previous Next > Contact Us Accessibility Privacy Security

Return to Top

roster_c help

Help

×

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

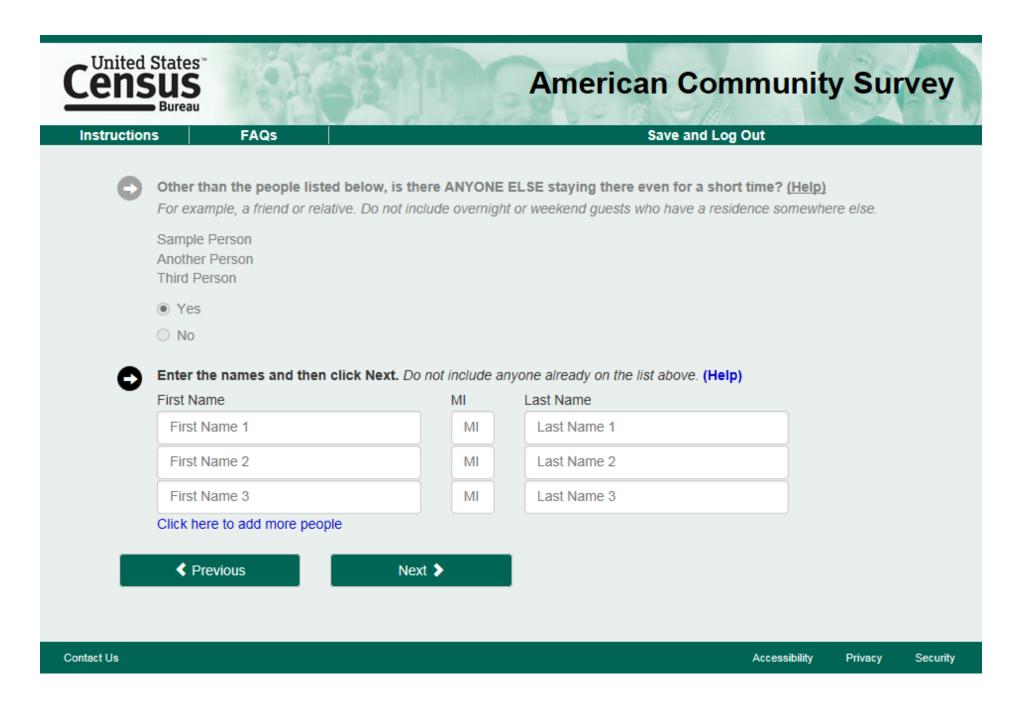
Help

Select "Yes" to report more people you have not listed yet. Consider:

- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there while going through a personal crisis
- · Anyone who has no permanent place to stay

Select "No" if you have already reported everyone who is staying there. You do not need to consider anyone who is ONLY staying overnight or for the weekend AND has a residence somewhere else.

add_2



add_2 help

Help

×

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

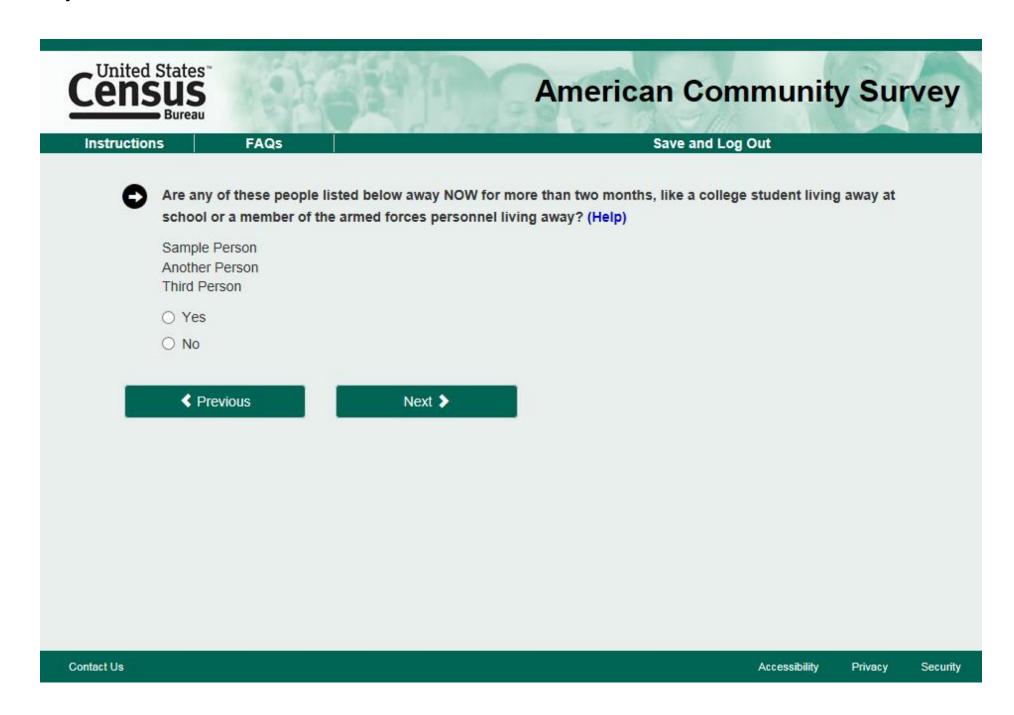
Do Include:

- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there
 while going through a personal crisis
- · Anyone who has no permanent place to stay

Do NOT include:

 Anyone who is only staying overnight or for the weekend AND has a residence somewhere else

away_now



away_now help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people are away now for more than two months.

By "away now for more than two months," we mean that a person:

- · Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

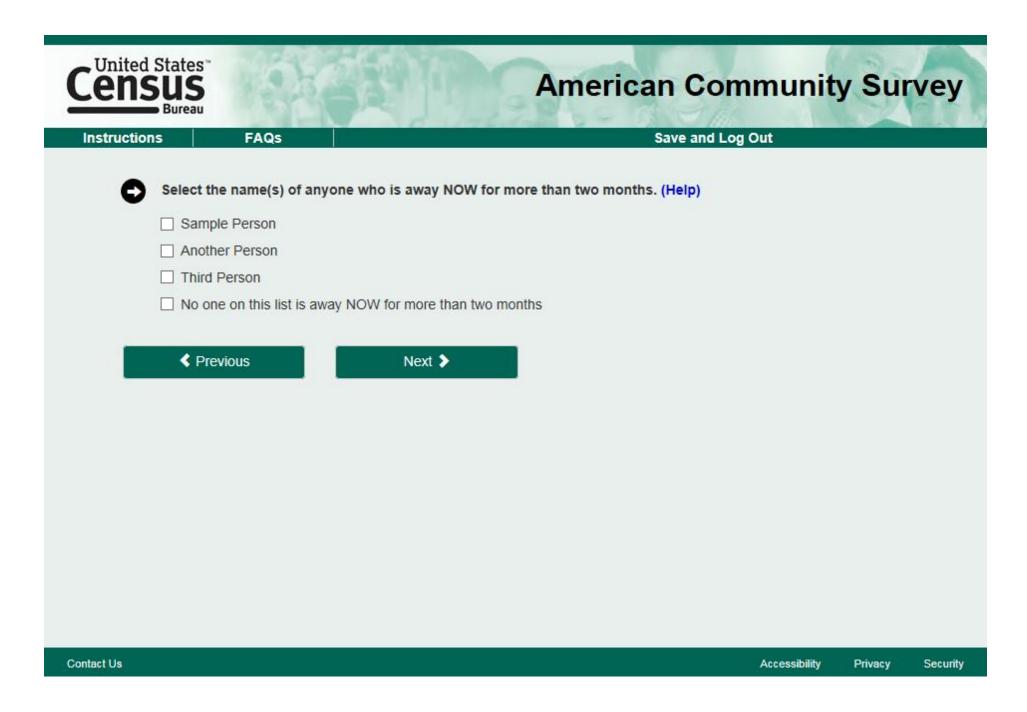
Select "Yes" if anyone on this list:

- Is a college student and is living away at school for more than two months, either in on-campus or off-campus housing
- Is in the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Is away now for more than two months for any other reason, for example someone
 who is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Select "No" if:

- Everyone on this list is there now
- · The people who are away now do NOT plan to be away for more than two months
- The only people staying away now for more than two months are children in boarding school or summer camp

remove_one



remove_one help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

By "away now for more than two months," we mean that a person:

- · Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

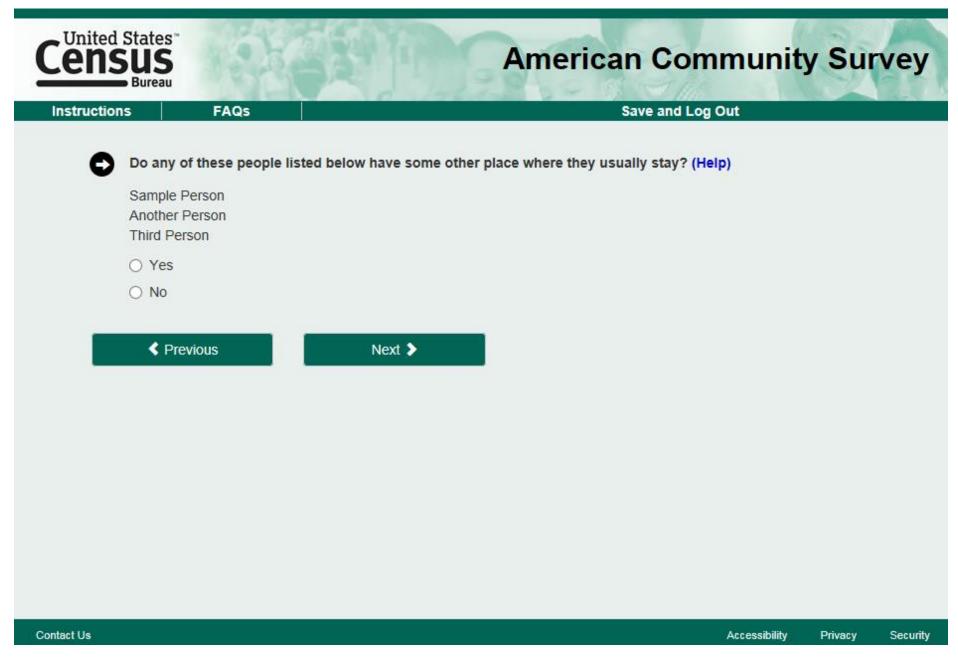
Do Select anyone who is:

- A college student and is living away at school for more than two months, either in oncampus or off-campus housing
- In the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Away now for more than two months for any other reason, for example someone who
 is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Do NOT Select anyone who is:

- · There now
- · Away now, but who is not planning to be away for more than two months
- A child in boarding school or summer camp, even if he or she is away now for more than two months

another_home



another_home help

Help

X

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people have another place where they usually stay.

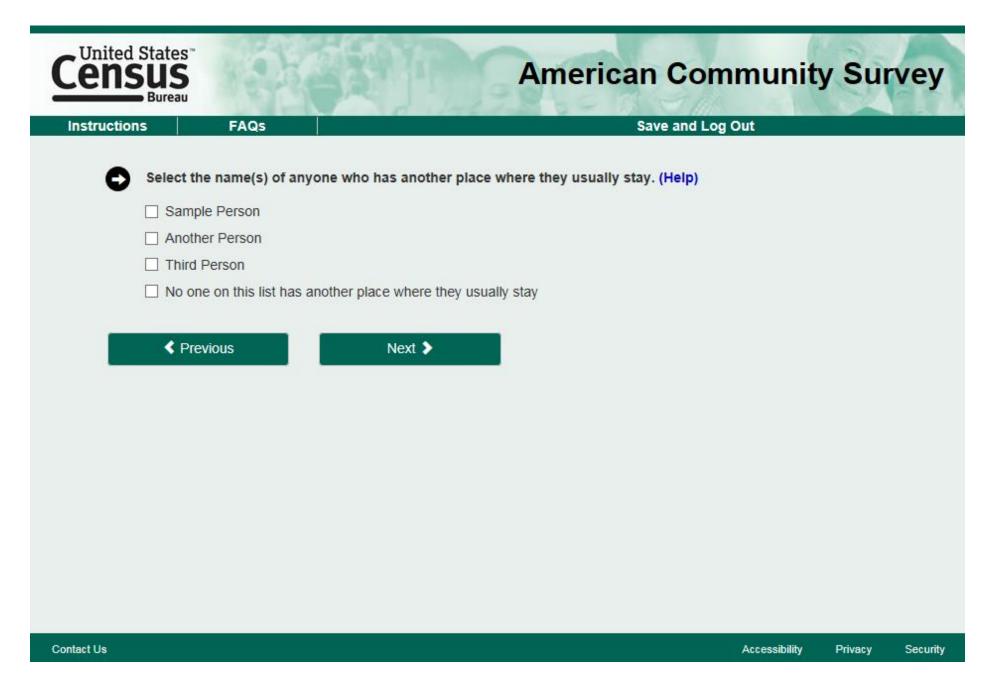
Select "Yes" if anyone on this list:

- · Is a child in shared custody
- Stays at another residence part of the time to be closer to work
- · Has another place to stay or live, like a vacation or seasonal home
- · Has another place to stay or live for any other reason

Select "No" if:

- No one on this list has another place to live or stay
- The only person who has another place to stay is a child in boarding school or summer camp

$another_home_who$



another_home_who help

Help

×

Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Select the names of anyone who has another place to live or stay.

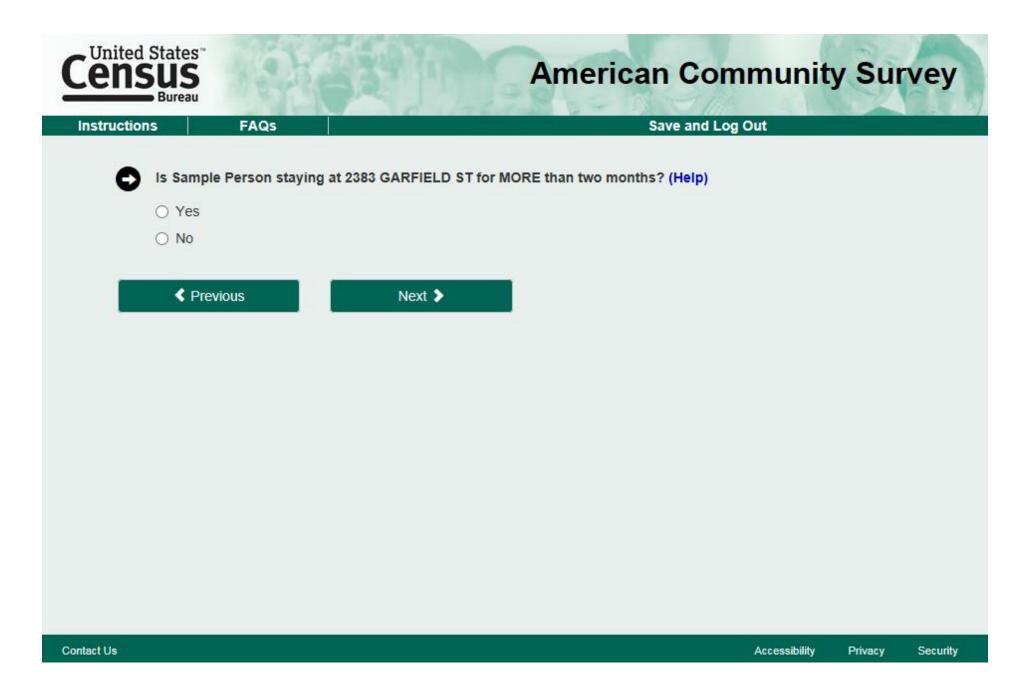
Do Select:

- College students on this list who are living away at school for more than two months, either in on-campus or off-campus housing
- Armed forces personnel who are living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- · Children in shared custody who are NOT staying there right now
- Anyone who stays somewhere else part of the week to be closer to work if this address IS the place that is closer to work
- · Anyone who has another place to stay or live, like a vacation or seasonal home
- · Anyone who has another place to stay or live for any other reason

Do NOT Select:

- · People on this list if they live there and have no other place where they live or stay
- Children in shared custody who ARE staying there right now
- · Children who live at boarding school or summer camp
- Anyone who stays somewhere else part of the week to be closer to work if this address is NOT the place that is closer to work

more_than_2



more_than_2 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Please determine whether this person is staying there for MORE than two months. If they have been there, or intend to be there, for more than two months then select "Yes".

Select "Yes" if this person:

- Has been there for more than two months
- Intends to be there for more than two months, but has been there less time than that as of today

Also, select "Yes" if this person has not been there for more than 2 months BUT:

- Lives away to be closer to work and this is the place where he or she lives when he or she is NOT at work
- · Is a boarding school student or a child in summer camp
- · Is a child in shared custody and IS staying there now

Select "No" if this person:

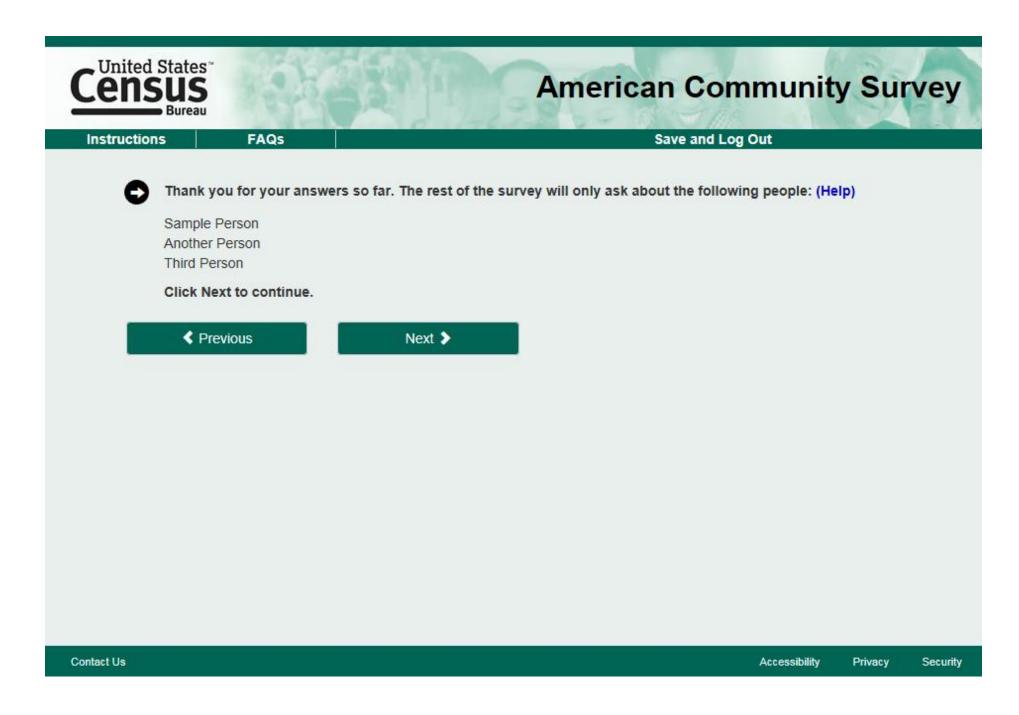
Has not stayed there, and does not intend to stay there, for more than two months

Also, select "No" if this person:

- Lives away to be closer to work and this is the place where he or she lives when he or she IS at work
- Is a child in shared custody and is NOT staying there now

This question helps the Census Bureau determine which people will be asked additional questions for this survey.

roster_check



roster_check help

Help

\times

Why We Ask?

This screen allows the respondent to review the list of people living or staying at an address to make sure it is correct based on the Census Bureau's definition.

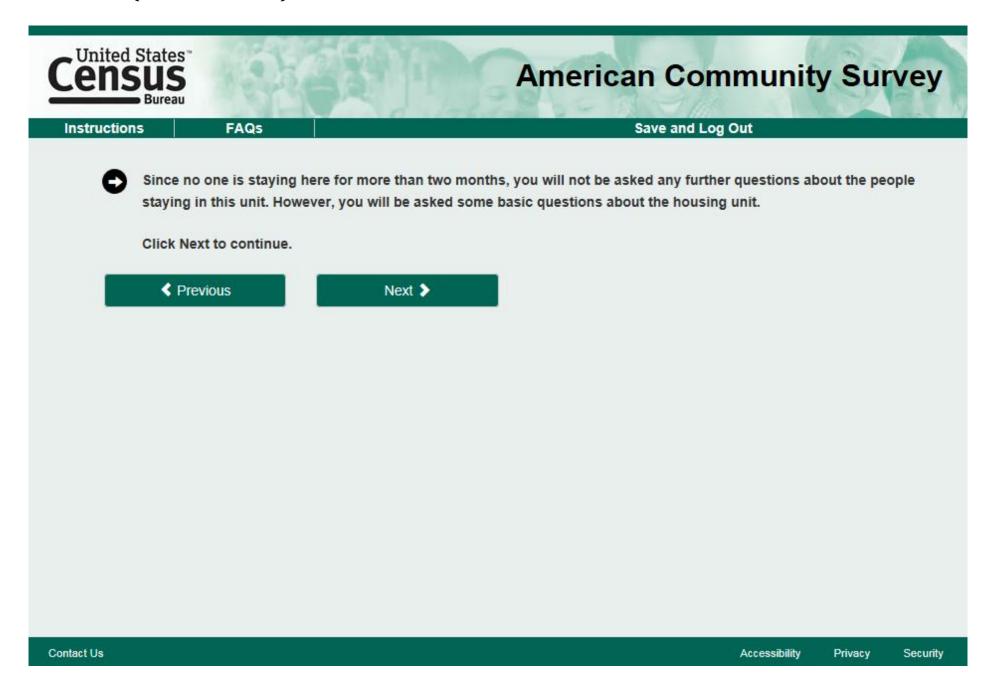
Help

These are the people who we need to collect data for today.

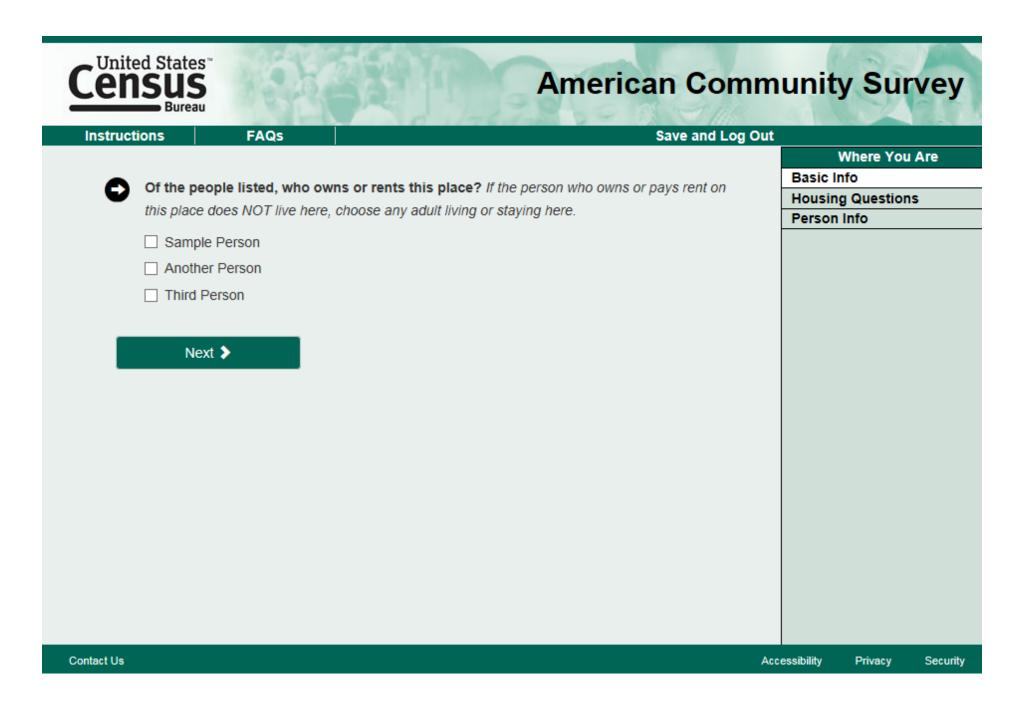
Some of the people you told us about in previous questions might not have been eligible for this survey. Those people will no longer appear in the list of people you created.

The rest of the survey questions will only ask about the people on this final list. In addition, the survey will also collect information about the housing unit where these people live.

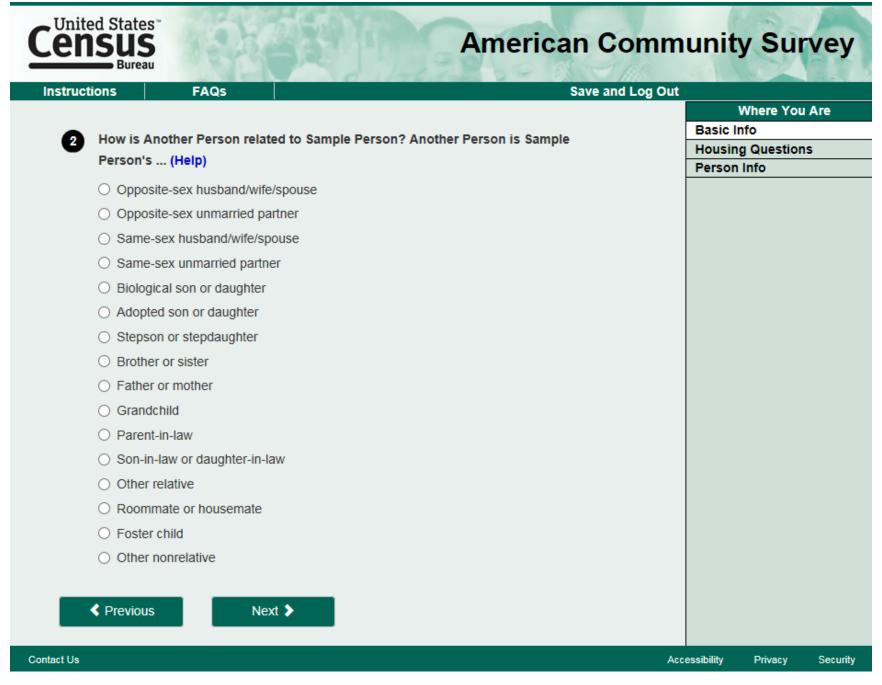
roster_check (no one on roster)



ref_per



relationship



relationship help

Help

×

Why We Ask?

We ask about the relationship of each person in a household to the person who owns or rents the home -- the householder. This allows the creation of estimates about families, households, and other groups, and to present other estimates.

- Click Here to Collapse Additional Text

Examples of Federal Uses

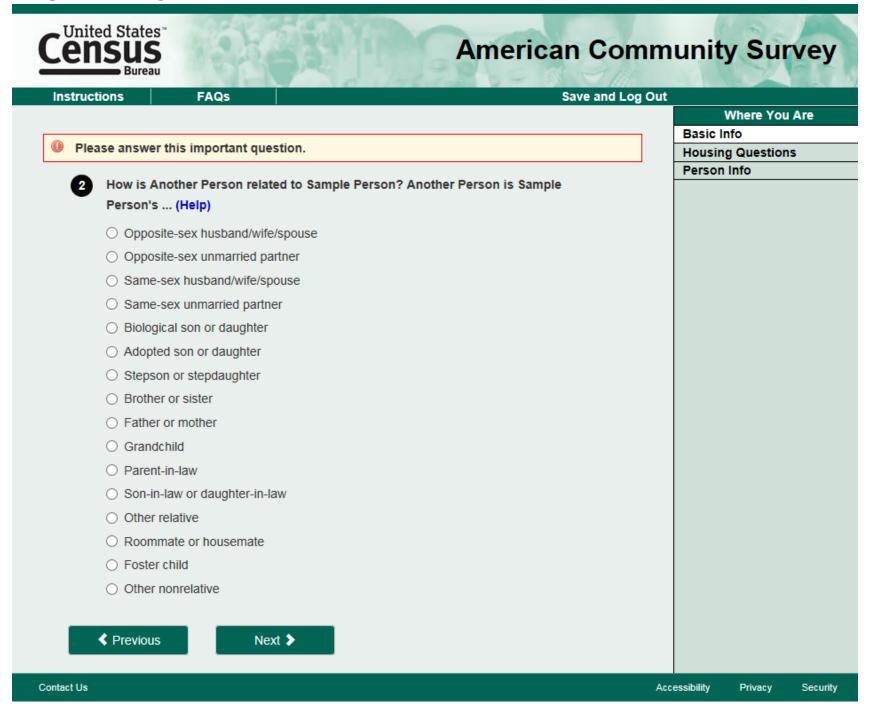
- Used to describe the housing needs of different types of households (number of people, couples, families, roommates, etc.). State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to plan federal programs designed to help families, including Temporary Assistance for Needy Families (TANF).

Examples of Other Uses

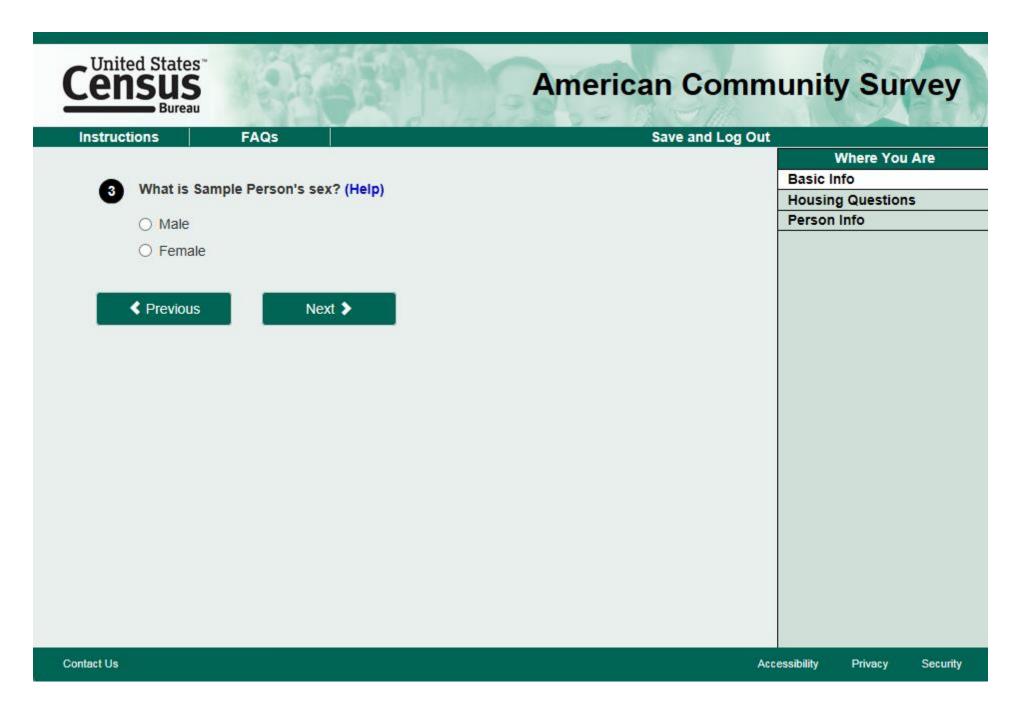
- State and local agencies use this information to plan programs to aid families and children, and provide funds and services for single parents, low-income families, older people living alone, etc.
- Advocacy groups use this information to advocate for policies that benefit single parents, working parents, grandparents caring for grandchildren, and other groups.

Help	
Category:	Definition:
Opposite-sex unmarried partner	Is in an intimate relationship with the
	householder, such as a boyfriend or
	girlfriend.
Same-sex unmarried partner	Is in an intimate relationship with the
	householder, such as a boyfriend or
	girlfriend.
Other relative	Related by birth, marriage, or adoption, but
	NOT one of the options listed- for example,
	niece or nephew. If a foster child is related to
	the householder, include in the appropriate
	relative category, such as grandchild, or
	include in the "Other relative" category.
Foster child	Under the age of 21 AND involved in the
	formal foster care system
Other nonrelative	Not related AND not one of the options listed

relationship edit message



sex



sex help

Help



Why We Ask?

We ask about a person's sex to create statistics about men and women and to present other estimates, such as occupation, by sex. These statistics are used to understand the needs and characteristics of each group and to monitor against discrimination.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences for men and women in education, employment, home ownership, health, income and many other areas of interest to policymakers.

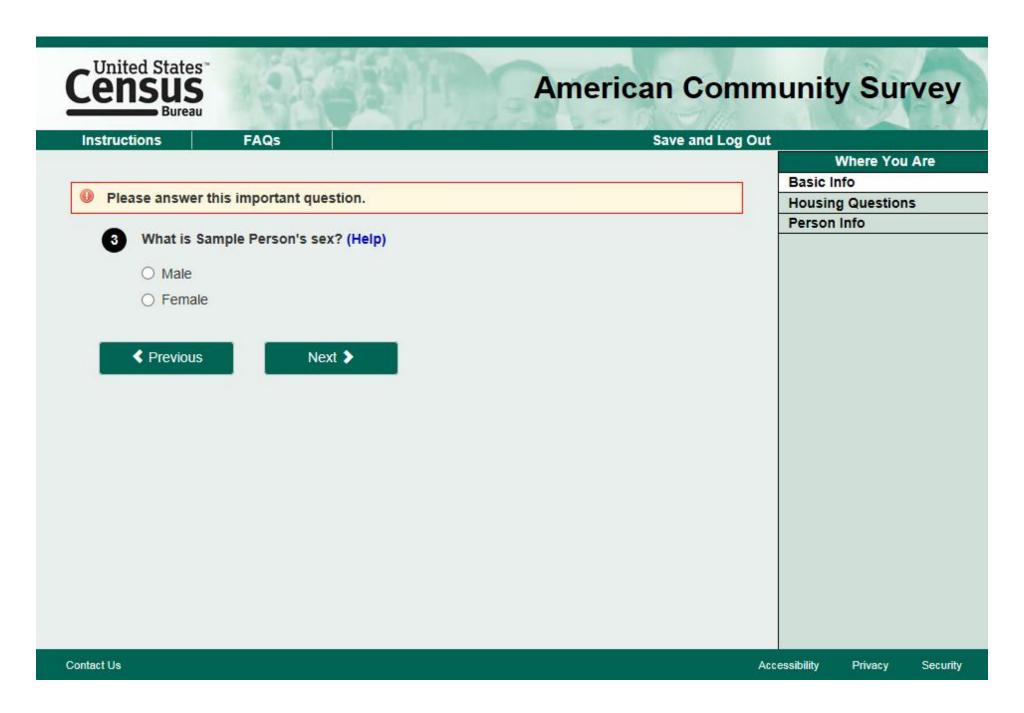
Examples of Other Uses

- State and local agencies use these statistics to understand the needs of men and women in their community over time.
- Researchers and advocacy groups use these statistics to understand current and future challenges and to advocate for policies that benefit their groups.

Help

Select one response to indicate this person's biological sex.

sex edit message

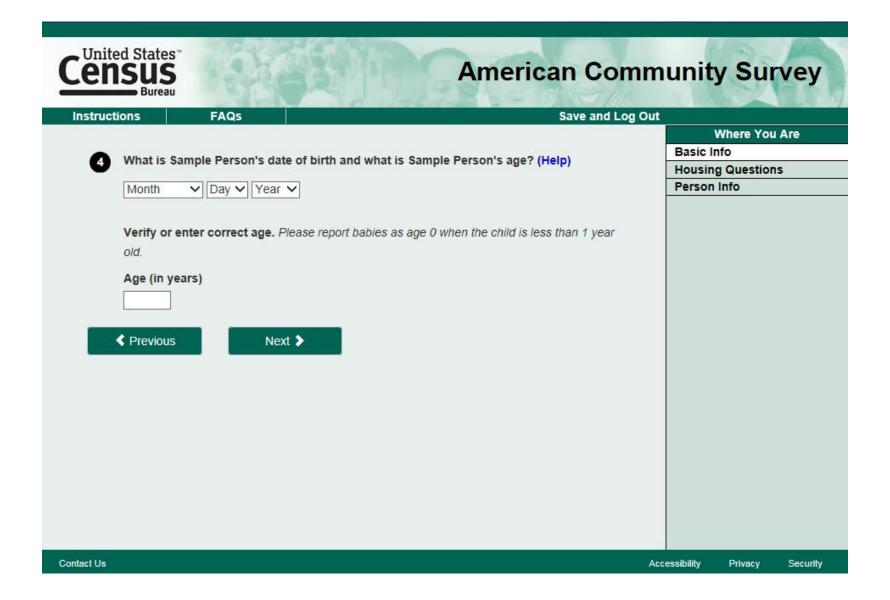


Dateofbirth

Question Wording

What is (name)'s date of birth and what is (name)'s age? (Help)

Verify or enter correct age. For babies less than 1 year old, do not write the age in months. Write 0 as the age. **Age (in years)**



dateofbirth help

<u>Age</u>

Enter the person's age. If you do not know the exact age, please estimate. For babies less than 1 year old, do not enter the age in months. Enter 0 as the age.

Help

×

Why We Ask?

We ask questions about a person's age and date of birth to create statistics about different age groups, and to present other estimates by age group. Age statistics are used in planning and evaluating government programs and policies that provide funds or services for specific age groups, such as children, working-age adults, women of childbearing age, or the older population. These statistics are also used to monitor against age discrimination in government programs and in society.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Required to enforce against age discrimination in education, employment, voting, financial assistance, and housing.
- Used to plan programs and forecast future needs for programs that serve the elderly, including housing assistance programs.

Examples of Other Uses

- State and local agencies use these statistics to understand population changes, and the needs of a community over time.
- Researchers and advocacy groups use statistics about specific age groups (children, college students, working men and women, workers nearing retirement, older people, etc.) to understand current and future challenges and to advocate for policies that benefit their groups.

Help

This question consists of two parts: the first part asks for the date of birth, and the second part asks for the age of the person.

Date of Birth

- If you know the date of birth, enter it. The person's age will be automatically calculated.
- · If you do not know the exact date of birth, enter as much as you know.
- · If you do not know the date of birth at all, leave it blank and fill in the person's age.

Age

Enter the person's age. If you do not know the exact age, please estimate. For babies who are not yet one year old, enter "0."

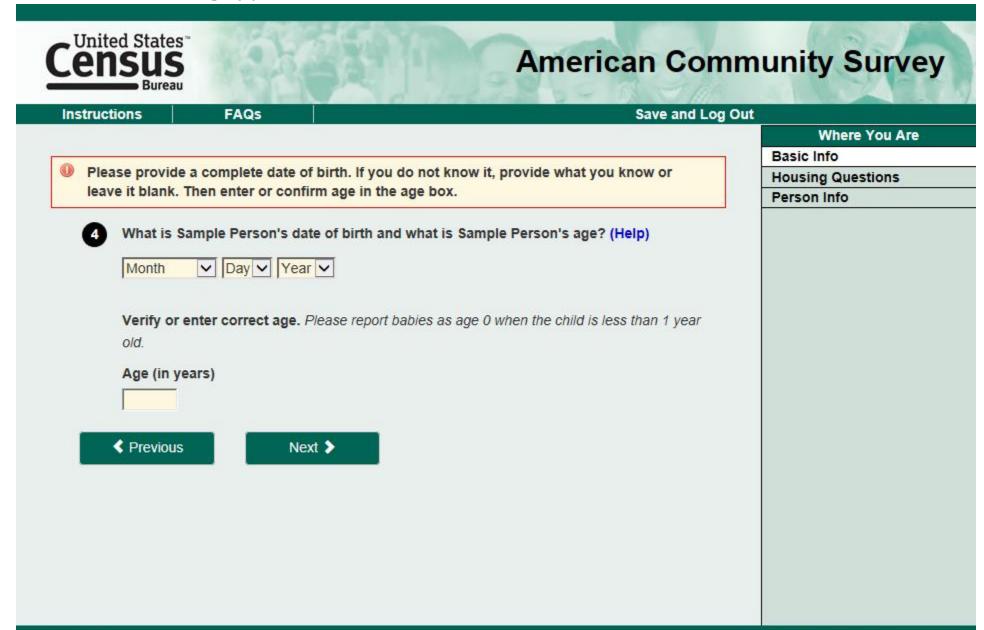
Contact Us

Accessibility

Privacy

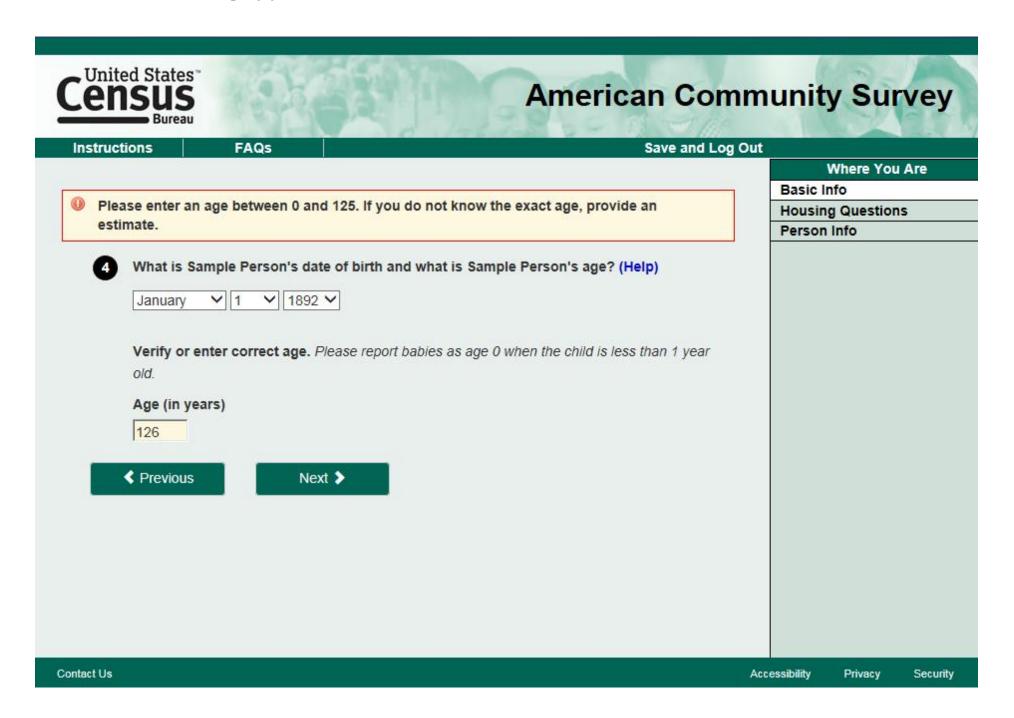
Security

dateofbirth edit message (1)



Return to Top

dateofbirth edit message (2)



Hispanic

Response options

No, not of Hispanic, Latino, or Spanish origin

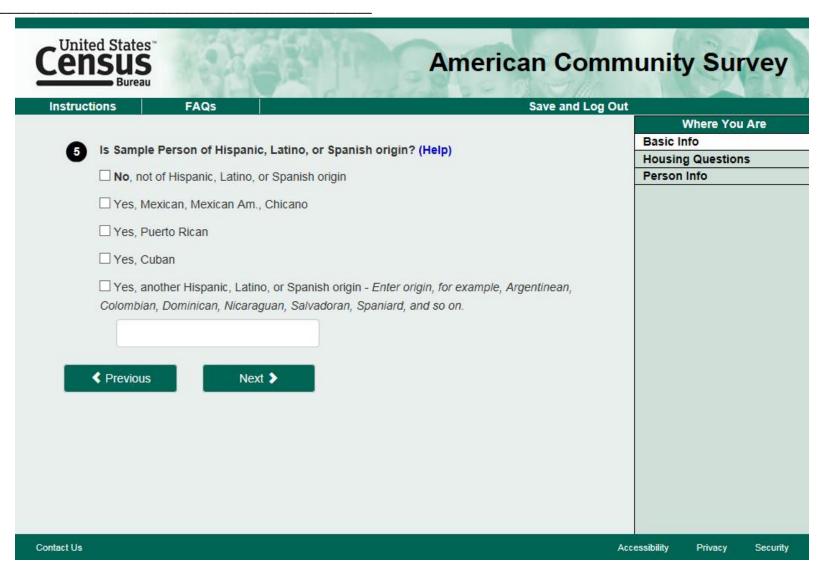
Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - Enter, for example,

Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.



hispanic help

Text above the "Click here to collapse additional text

We ask a question about whether a person is of Hispanic, Latino, or Spanish origin to create statistics about this ethnic group.

Local, state, tribal, and federal programs use these data, and they are critical factors in the basic research behind numerous policies, particularly for civil rights. Data on the Hispanic and non-Hispanic populations are used in planning and funding government programs that provide funds or services for specific groups.

These data are also used to evaluate government programs and policies to ensure that they fairly and equitably serve the needs of the Hispanic population and to monitor compliance with antidiscrimination laws, regulations, and policies.

Examples of Federal Uses

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- Monitor compliance with the Voting Rights Act and enforce bilingual election requirements.
- Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.
- Allocate funds to school districts for bilingual services under the Bilingual Education Act.

Examples of other uses

- The National Science Foundation uses these data to provide information on the Hispanic population in the science and engineering workforce.
- Several federal agencies use these data to investigate whether housing or transportation improvements have unintended consequences for the Hispanic population.
- Data on the Hispanic population are used with age and language data to address language and cultural diversity needs in health care plans for the older population.

Help text

Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origin is not a race.

An individual's response is based upon self-identification. People may choose one or more response categories to represent their identity or identities. The categories included in the questionnaire generally reflect social definitions recognized in this country, and do not attempt to define groups biologically, anthropologically, or genetically.

"Hispanic, Latino, or Spanish origin" includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. "Hispanic, Latino or Spanish origin" also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.

If a person is not of Hispanic, Latino, or Spanish origin, answer "No, not of Hispanic, Latino, or Spanish origin".

If a person selects the "Another Hispanic, Latino, or Spanish origin" box, enter the name of the specific group(s) in the space provided.

Help

Why We Ask?

We ask whether someone is of Hispanic, Latino, or Spanish origin to create statistics about this ethnic group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

- Click Here to Collapse Additional Text

Examples of Federal Uses

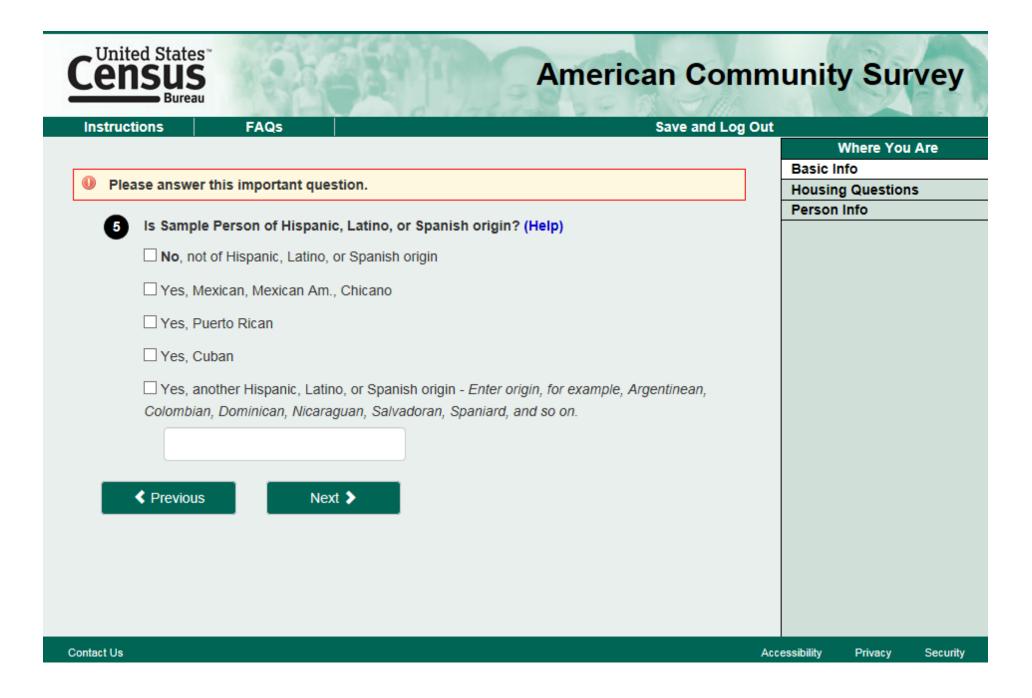
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences between Hispanics and non-Hispanics in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

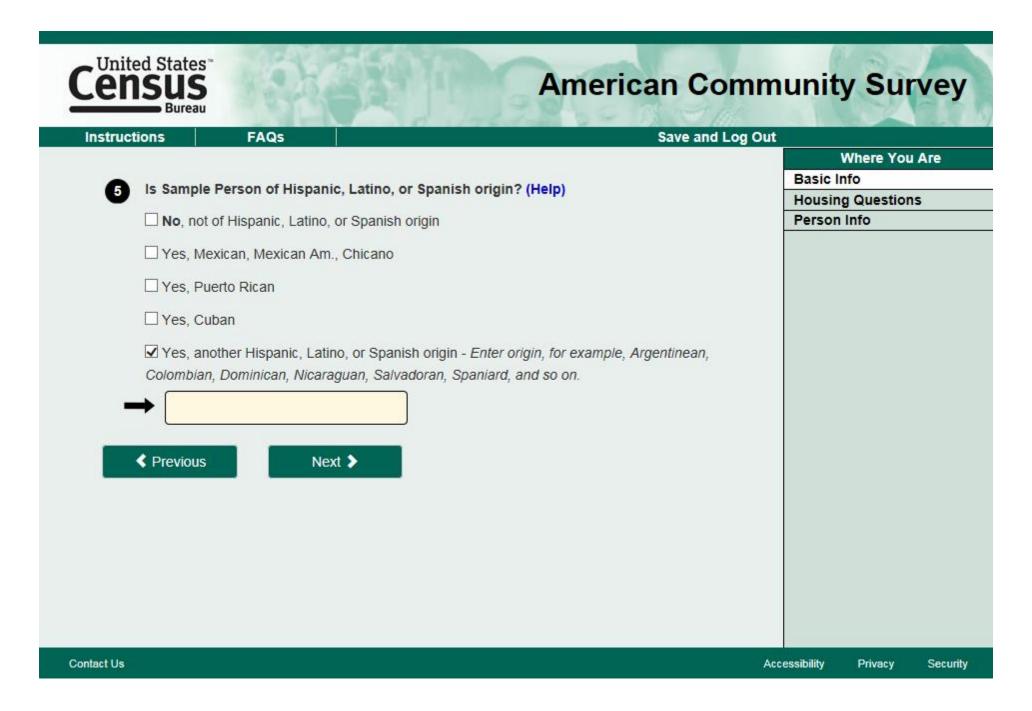
- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of Hispanic groups over time.

Help	
lf:	Then:
Not of Hispanic, Latino, or	Select "No, not of Hispanic, Latino, or Spanish origin"
Spanish origin	
Mexican, Mexican American,	Select "Yes, Mexican, Mexican Am., Chicano"
or Chicano	
Puerto Rican	Select "Yes, Puerto Rican"
Cuban	Select "Yes, Cuban"
Another Hispanic, Latino, or	Select "Yes, another Hispanic, Latino, or Spanish origin"
Spanish origin, for example,	AND enter the name of the specific origin
Argentinean, Colombian,	
Dominican, Nicaraguan,	
Salvadoran, Spaniard, and so	
on	

hispanic edit message



hispanic arrow and highlighting

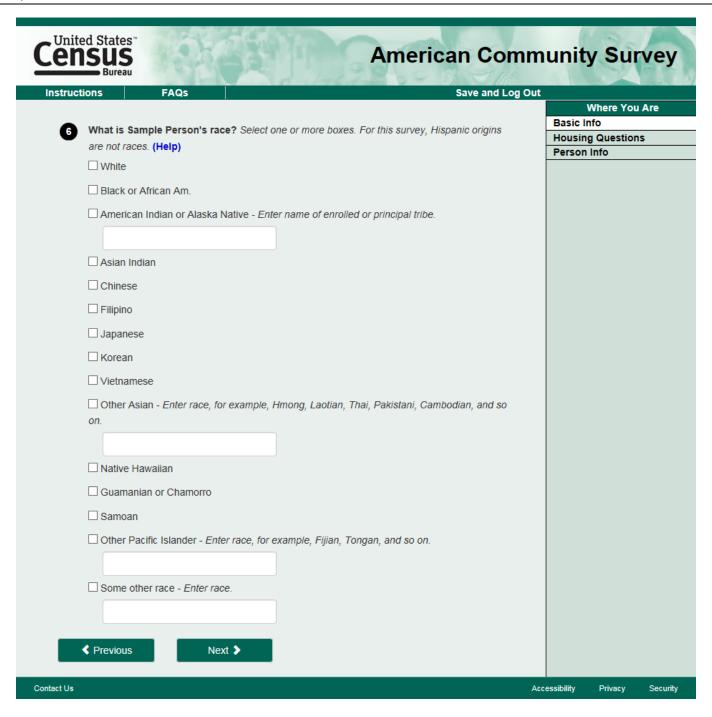


Race

Question text

What is <NAME>'s race? (Help)
Select one or more boxes **AND** enter origins. For this survey, Hispanic origins are not races.

Response options
☐ White — Enter, for example, German, Irish, English, Italian, Lebanese,
Egyptian, etc.
□ Black or African Am. — Enter, for example, African American, Jamaican,
Haitian, Nigerian, Ethiopian, Somali, etc.
□ American Indian or Alaska Native — Enter 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
□ Filipino
□ Asian Indian
□ Vietnamese
□ Korean
□ Japanese
□ Other Asian — Enter, for example, Pakistani, Cambodian, Hmong, etc.
□ Native Hawaiian
□ Samoan
□ Chamorro
□ Other Pacific Islander — Enter, for example, Tongan, Fijian, Marshallese, etc.
□ Some other race — Enter race or origin.



race help

Text above the "Click here to collapse additional text

We ask a question about a person's race to create statistics about race and to present other estimates by race groups.

Local, state, tribal, and federal programs use these data, and they are critical factors in the basic research behind numerous policies, particularly for civil rights. Race data are used in planning and funding government programs that provide funds or services for specific groups.

These data are also used to evaluate government programs and policies to ensure that they fairly and equitably serve the needs of all racial groups and to monitor compliance with antidiscrimination laws, regulations, and policies.

Examples of Federal Uses

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- •Monitor compliance with the Voting Rights Act and enforce bilingual election requirements.
- •Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- •Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.
- Allocate funds to school districts for bilingual services under the Bilingual Education Act.

Help text

- Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origins are not races.
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify. The federal government treats Hispanic origin and race as separate and distinct concepts.
- You may select one or more races.
- •If you select the "White" box, enter the name of the specific White origin(s) in the space provided (for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.).
- •If you select the "Black or African Am." box, enter the name of the specific Black or African American origins(s) in the space provided (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.).
- If you select the "American Indian or Alaska Native" box, enter the name of the person's enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.).
- If you select the "Other Asian" box, enter the name of the specific Asian origin(s) in the space provided (for example, Pakistani, Cambodian, Hmong, etc.).
- If you select the "Other Pacific Islander" box, enter the name of the specific Pacific Islander origins(s) in the space provided (for example, Tongan, Fijian, Marshallese, etc.).
- If you select the "Some other race" box, enter the name of the specific group(s) in the space provided.

We ask about a person's race to create statistics about these race groups and to present other estimates by race group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are race differences in education, employment, home ownership, health, income and many other areas of interest to policymakers.

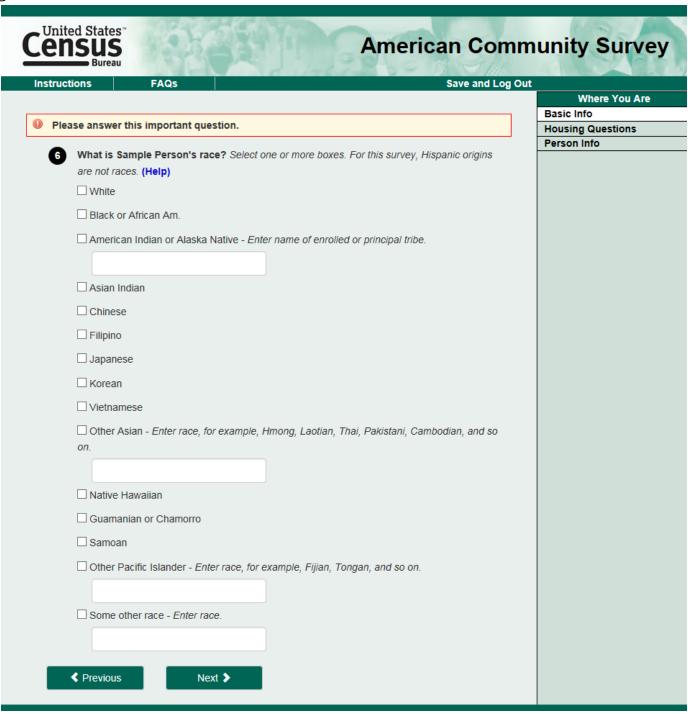
Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Advocacy groups use statistics about specific race groups to understand current and future challenges and to advocate for policies that benefit their groups.

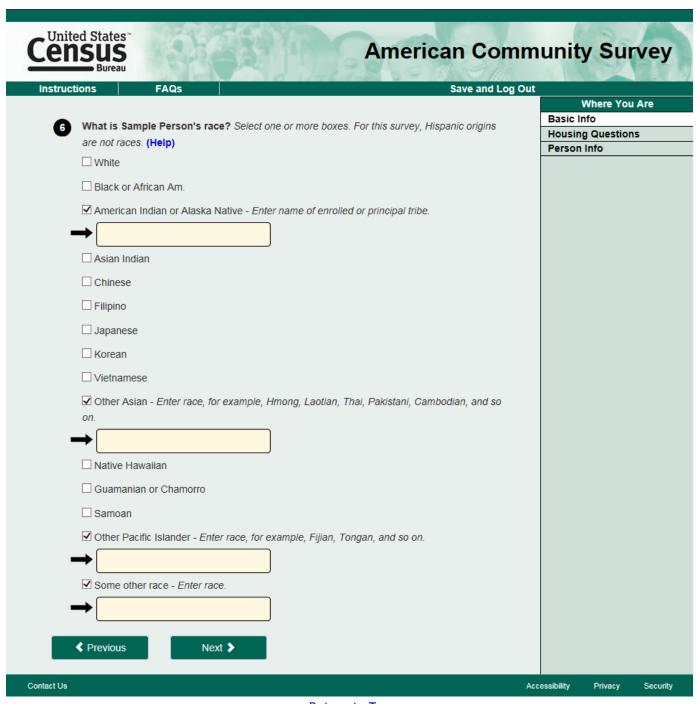
Help

- Please answer BOTH the question about Hispanic origin AND the question about race.
 For this survey, Hispanic origins are not races.
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify. The federal government treats Hispanic origin and race as separate and distinct concepts.
- · You may select one or more races.
- If you select the "American Indian or Alaska Native" box, enter the name of the
 person's enrolled or principal tribe(s) in the space provided (for example, Navajo
 Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of
 Barrow Inupiat Traditional Government, and so on).
- If you select the "Other Asian" box, enter the name of the specific Asian group(s) in the space provided (for example, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, and so on).
- If you select the "Other Pacific Islander" box, enter the name of the specific Pacific Islander group(s) in the space provided (for example, Tongan, Fijian, Marshallese, Palauan, Tahitian, Papua New Guinean, and so on).
- If you select the "Some other race" box, enter the name of the specific group(s) in the space provided.

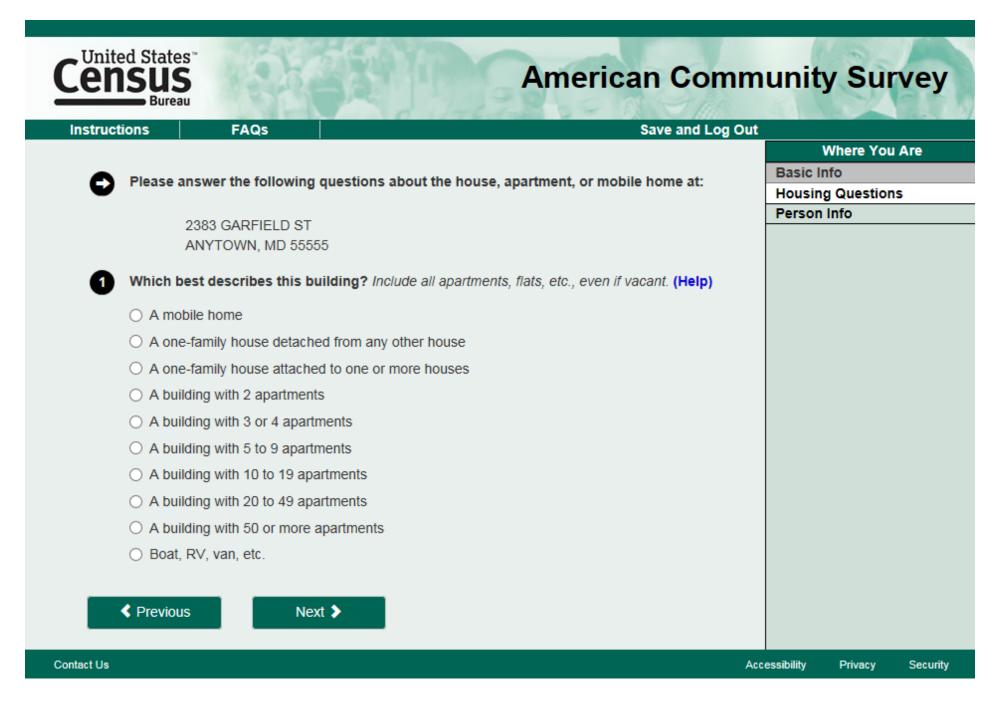
race edit message



race arrow and highlighting



typeofunit



typeofunit help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

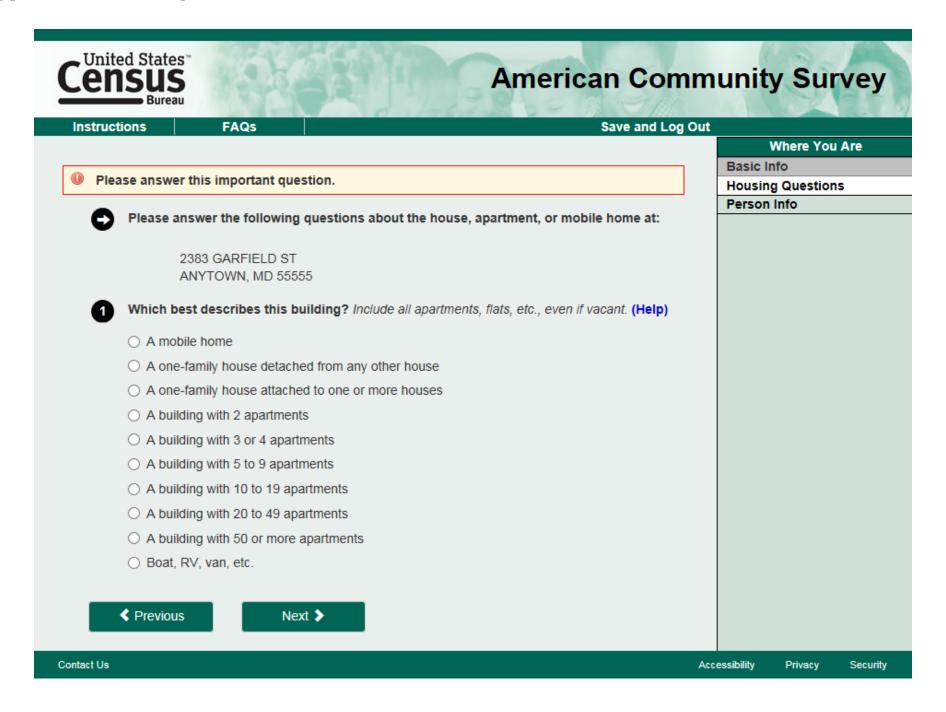
Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- · Used by companies to decide where to locate new plants, stores, or offices.

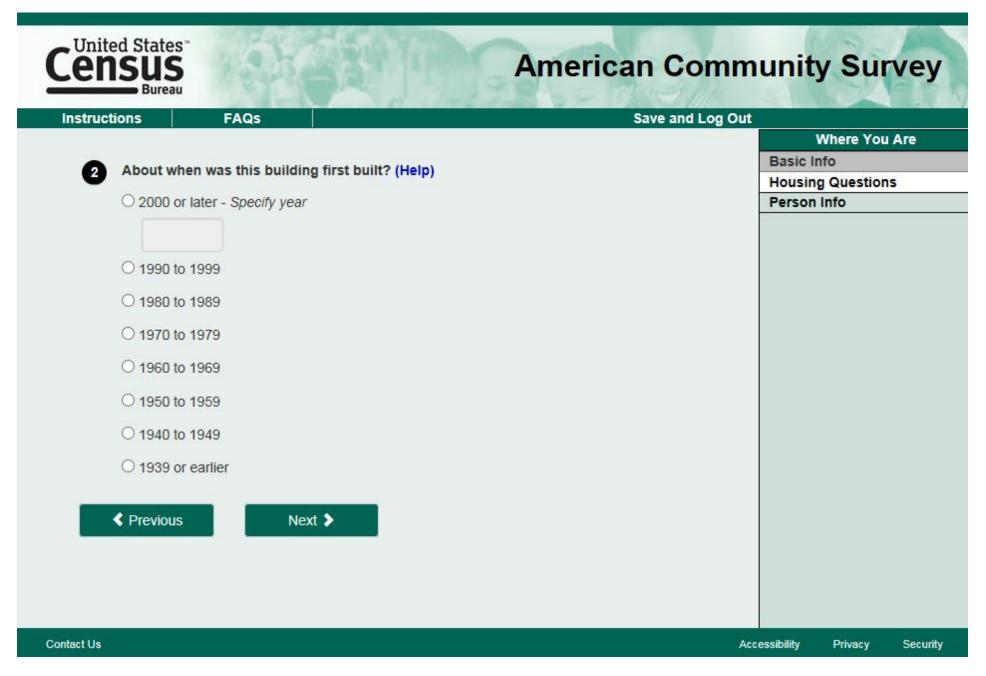
Help

- Provide clearly and specifically a description of the kind of work the person does.
- If possible, avoid single words such as: nurse, manager, or engineer.
- · Enter descriptions like the following:
 - · Registered nurse
 - · Human resources manager
 - Industrial engineer
- If trainee, apprentice, or helper, then include in this description

typeofunit edit message



yearbuilt



yearbuilt help

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.

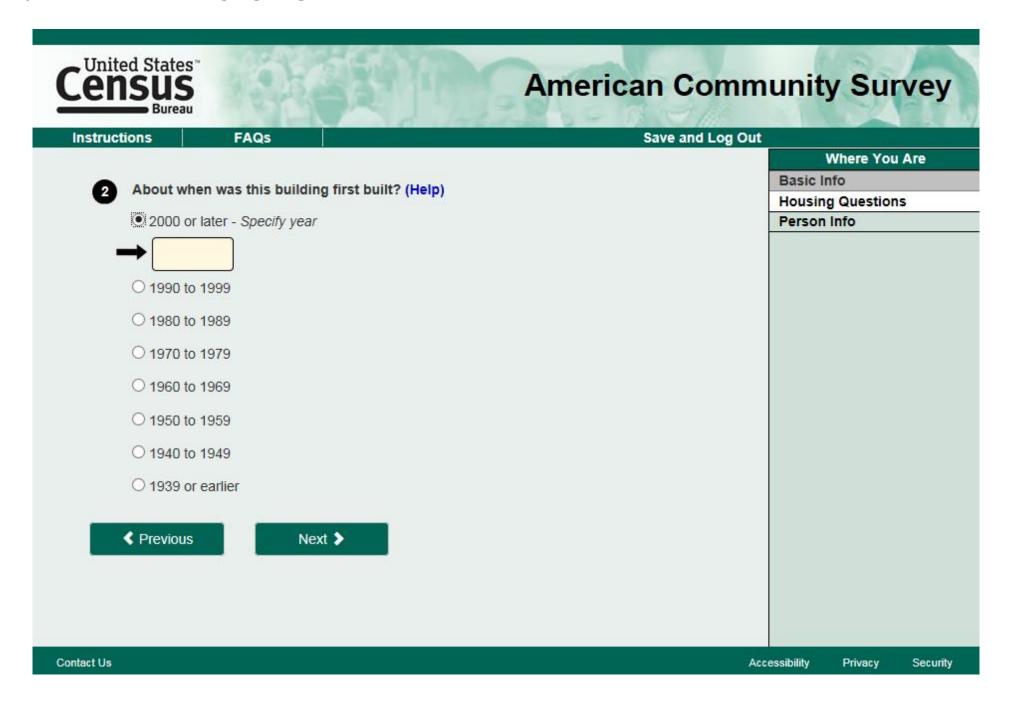
Examples of Other Uses

- 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.

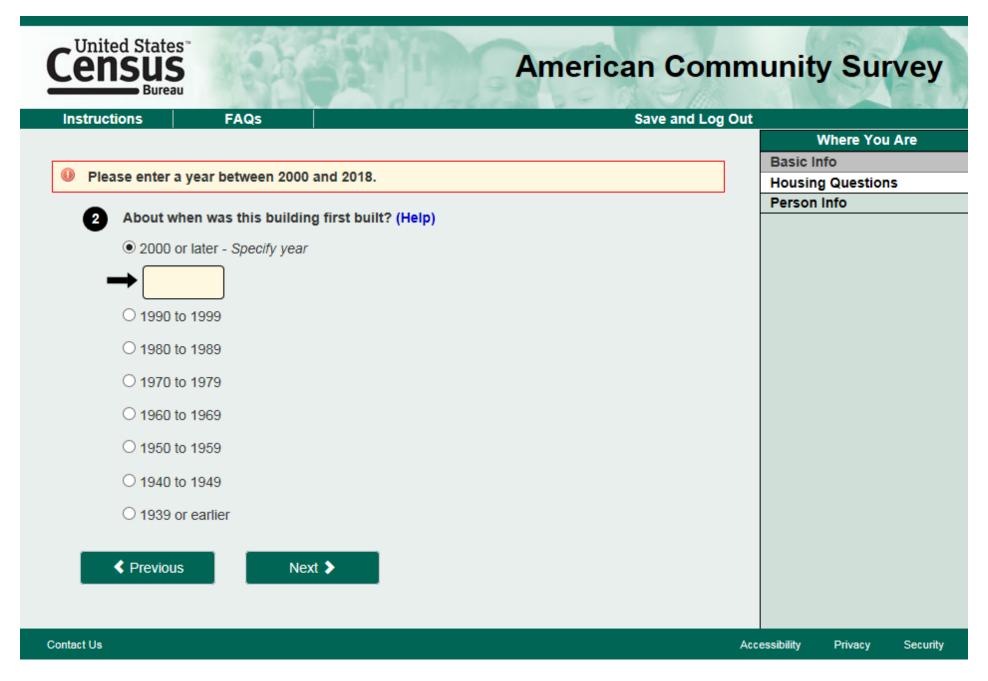
Help

- 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

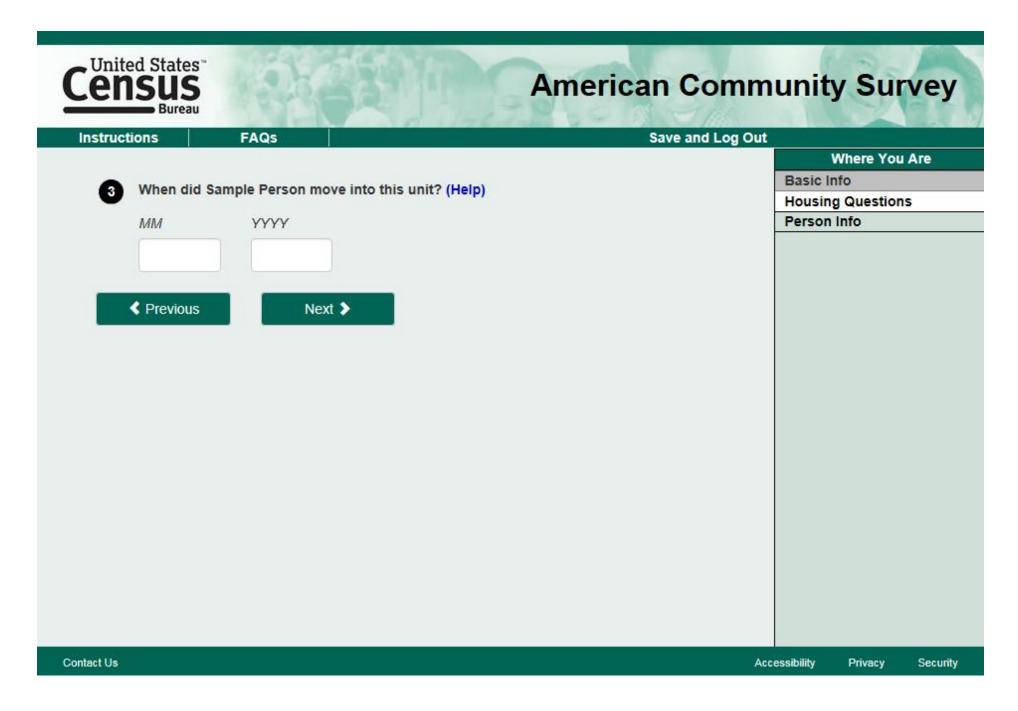
yearbuilt arrow and highlighting



yearbuilt edit message



whenmovedin



whenmovedin help

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

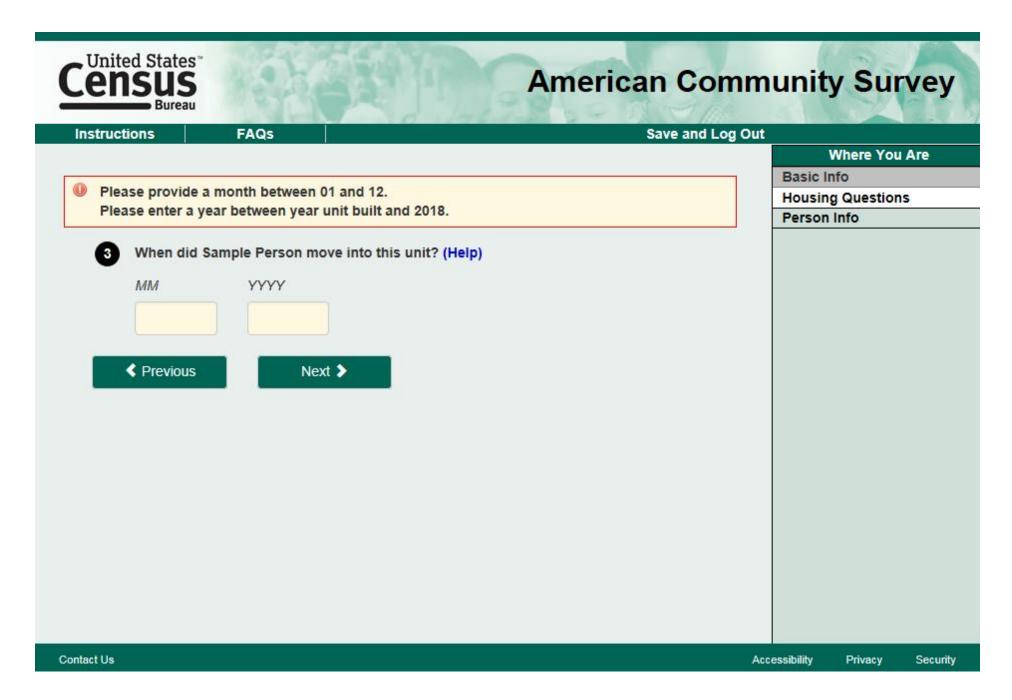
Examples of Federal Uses

- 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.

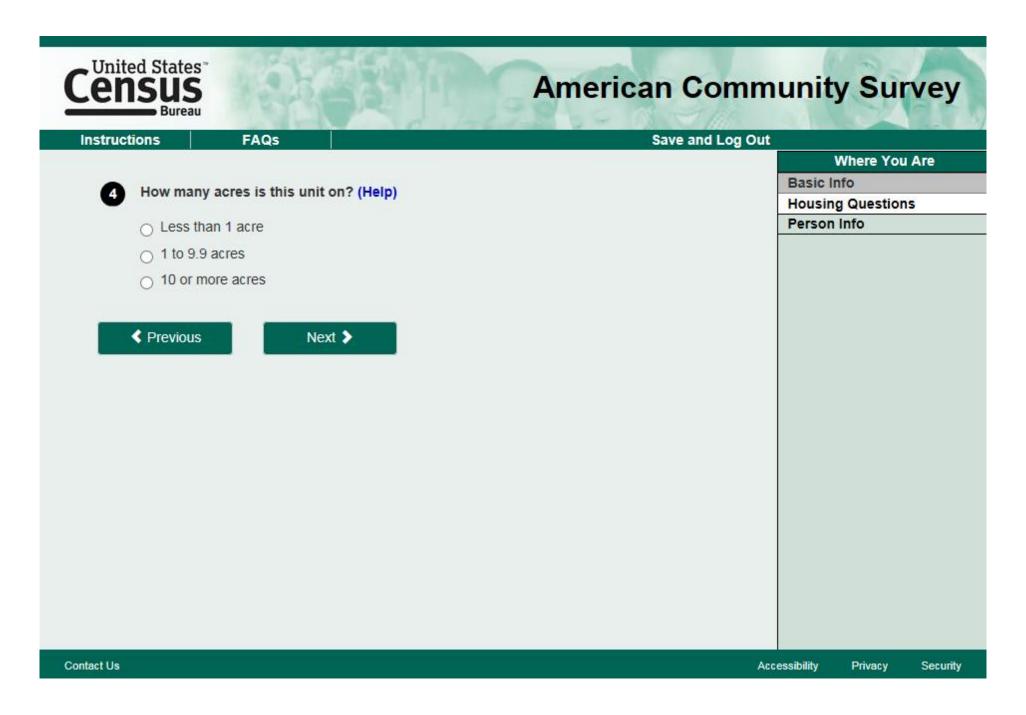
Examples of Other Uses

- 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.

whenmovedin edit message



acres



acres help

Help

×

Why We Ask?

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

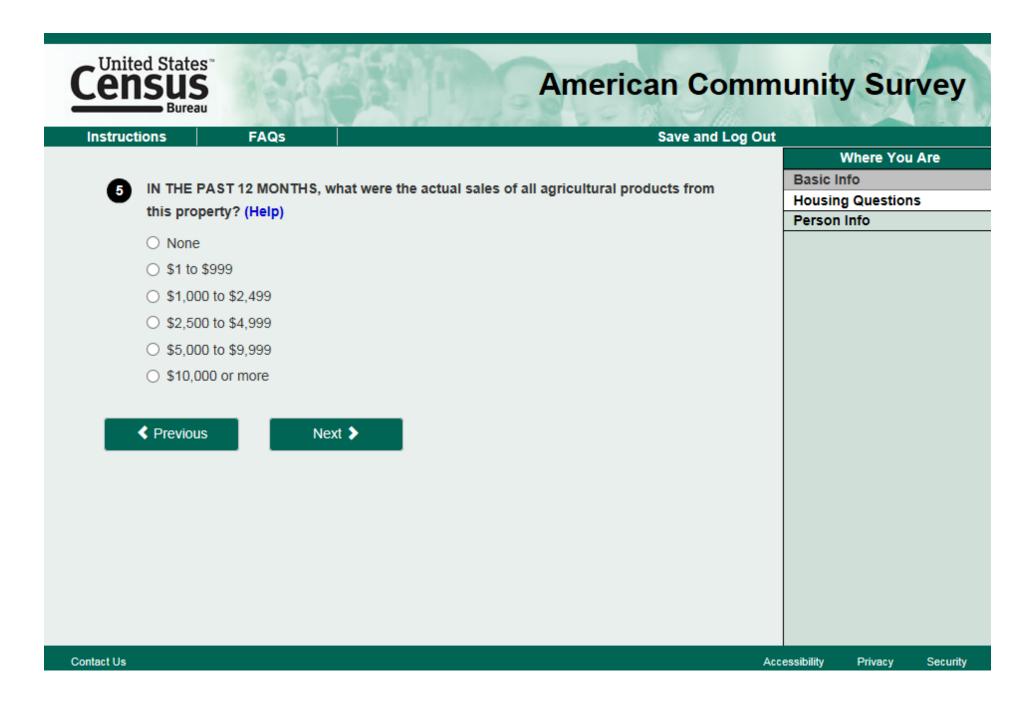
Examples of Other Uses

- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- · Developers may use this information to improve areas with desirable lot sizes.

Help

- · Only include land someone in this household owns or rents
- · Include adjoining land someone in this household rents for the household's use

agrsales



agrsales help

Help

×

Why We Ask?

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

- Click Here to Collapse Additional Text

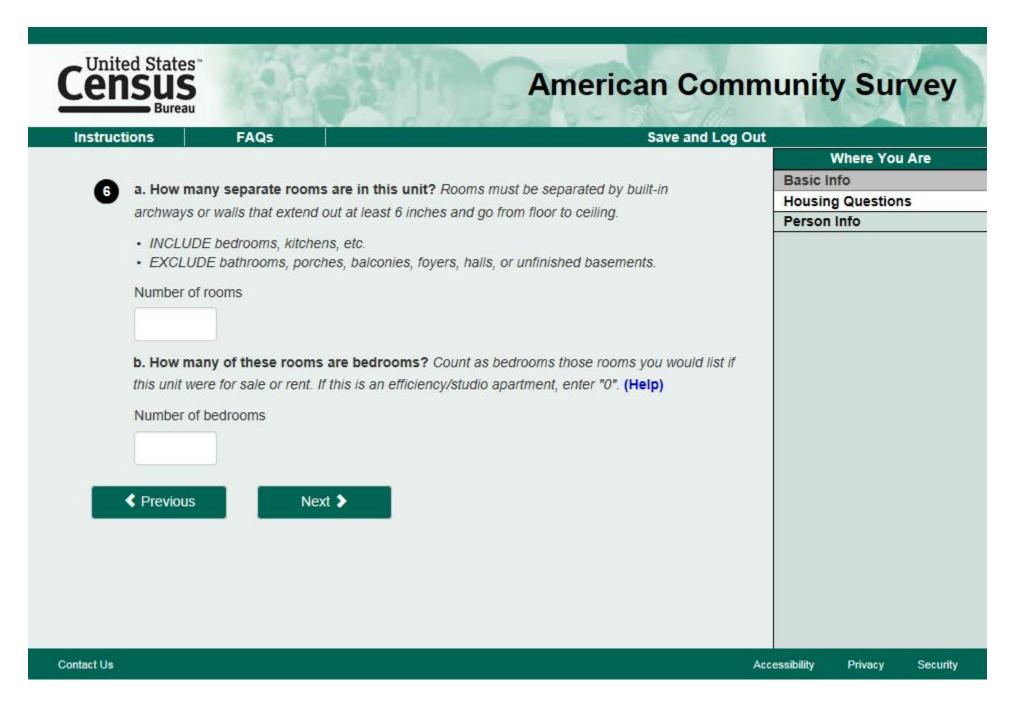
Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

Examples of Other Uses

- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- · Developers may use this information to improve areas with desirable lot sizes.

rooms



rooms help

Help

×

Why We Ask?

We ask questions about the type of building, units in the structure, and number of rooms and bedrooms to create statistics to help analyze the availability of housing, understand changes in the size and structure of homes, evaluate overcrowding, and plan emergency services.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to determine demand for senior rental housing.
- Used to calculate emergency allocations of funds for the Low Income Home Energy Assistance Program.

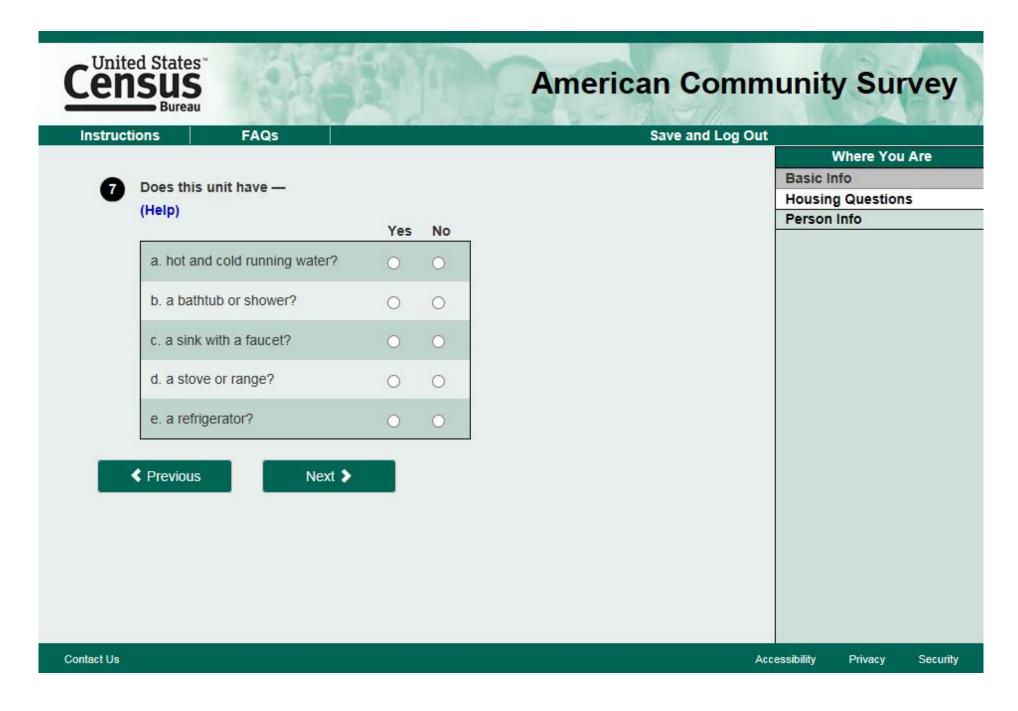
Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Officials use this information to identify home structures in disaster-prone areas during emergency planning and preparation.

Help

Include all rooms intended to be used as bedrooms even if used for other purposes

facilities



facilities help

Help

×

Why We Ask?

We ask questions about the presence of hot and cold running water, a bathtub or shower, a sink with a faucet, a stove or range, a refrigerator, and telephone service to create statistics about indicators of housing quality, and to help identify areas eligible for housing assistance, rehabilitation loans, and other programs that help people access and afford decent, safe, and sanitary housing. Public health officials may also use this information to locate areas in danger of ground water contamination and waterborne diseases.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to define substandard housing. State and Local governments receiving certain grants are required by law to describe housing needs, including substandard housing (defined as the lack of complete kitchen or bathroom facilities).
- (Telephone service) required to measure extent of universal access to telephone service, including access for elderly consumers.

Examples of Other Uses

- State and local agencies use these statistics to identify poor quality housing by measuring the lack of facilities.
- Developers and aid groups may use this information to improve areas with substandard housing, while advocacy groups may use this information to educate the public about potential water-related environmental and health hazards.

Help

Hot and cold running water: Even if unit has hot water only part of the time → select "Yes"

Sink with a faucet: If sink is inside the house, apartment or mobile home AND the water can be turned on and off with a faucet → select "Yes"

Stove or range: Portable cooking equipment, including microwaves, hot plates, or camp stoves, is NOT considered a stove or range

telephone



telephone help

Help

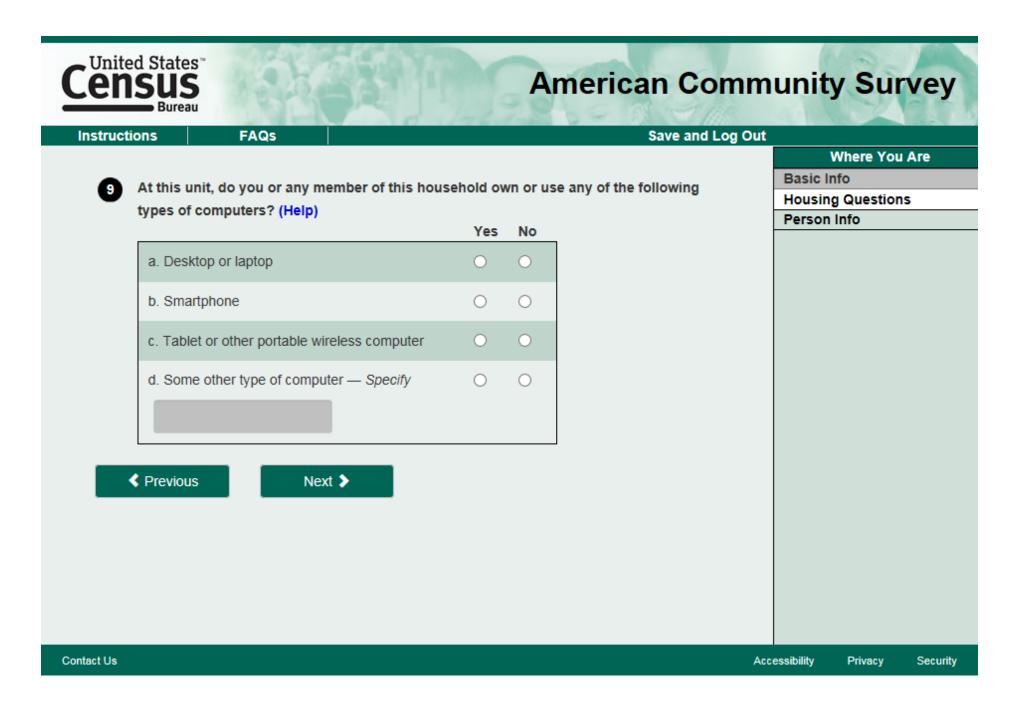
×

Why We Ask?

We ask questions about telephone service because federal and local governments need this information to assess the level of need among elderly, low-income, and handicapped households. These measure the extent of universal access to telephone service including 911 services.

Help	
lf:	Then select:
 A telephone/land line in working order, AND Someone in this house, apartment, or mobile home can both make AND receive calls 	Yes
 Someone in this house, apartment, or mobile home has a cell phone, smartphone, or any other type of phone that can both make AND receive calls 	Yes
Service disconnected to all such devices	No

compuse



compuse help

Help

 \times

Why We Ask?

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

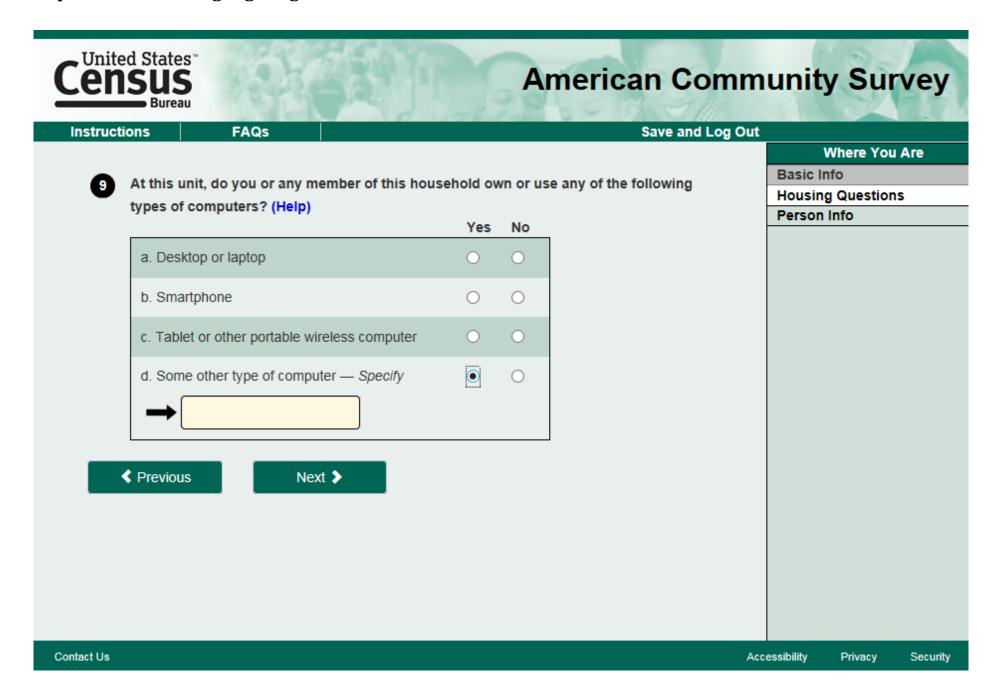
Examples of Other Uses

- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the
 potential of computers and the internet by better understanding the digital
 characteristics of their communities.

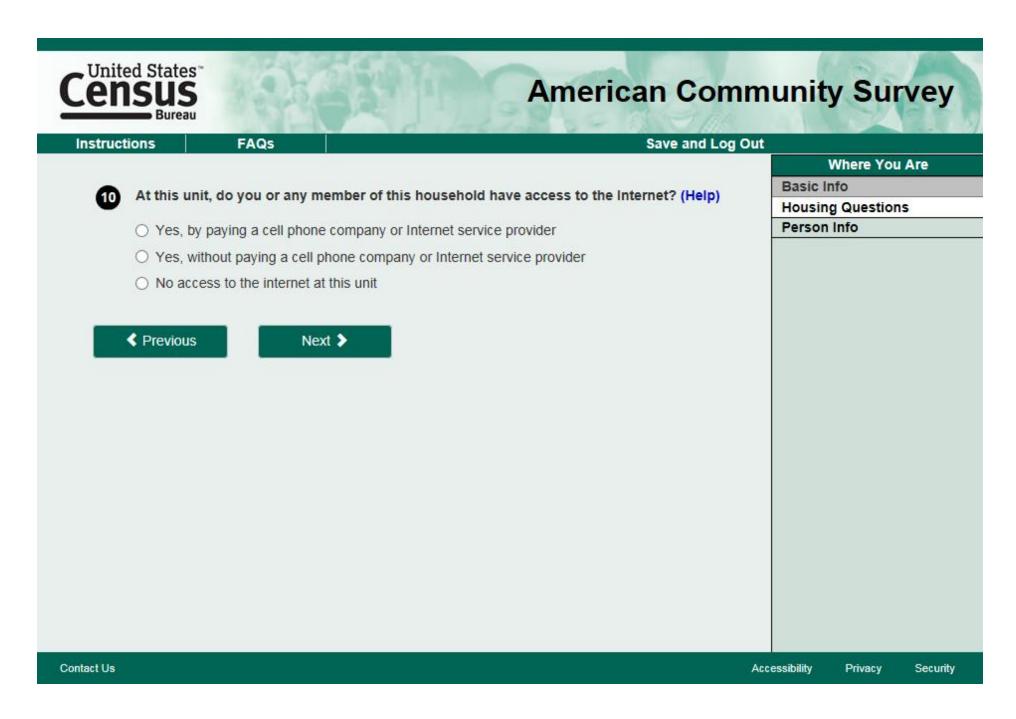
Help

- Do NOT include devices such as:
 - Portable book readers
 - · Internet movie players
 - · Portable gaming devices
 - · Other devices with limited computing capabilities

compuse arrow and highlighting



netaccess



netaccess help

Help

×

Why We Ask?

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

- Click Here to Collapse Additional Text

Examples of Federal Uses

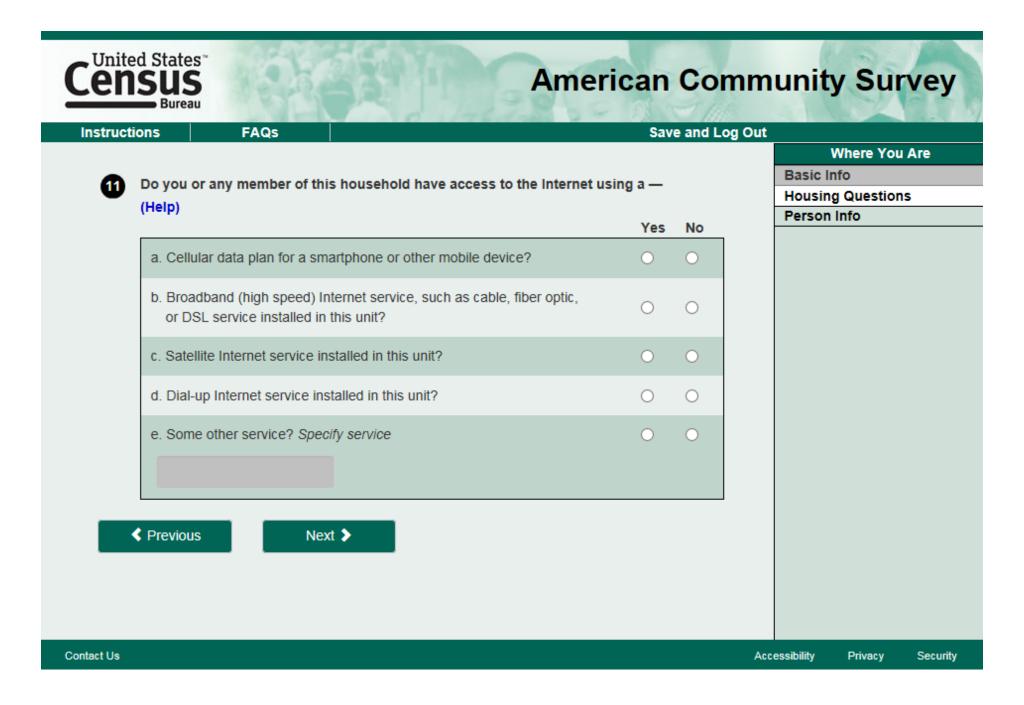
- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

Examples of Other Uses

- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the
 potential of computers and the internet by better understanding the digital
 characteristics of their communities.

Help	
lf:	Then select:
Access to Internet includes: Any service that any member of the household obtains directly through a contract	Yes, by paying a cell phone company or Internet service provider.
agreement with an Internet service provider, OR • Through payments to a landlord, the government, or someone else	If this service is currently not available due to non-payment or being out of contract, do not select this choice.
Access to the Internet does NOT require: • An account, OR • A contract agreement	Yes, without paying a cell phone company or Internet service provider.
	This includes connections offered freely through a city, town, or institution.

netsub



netsub help

Help

×

Why We Ask?

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

Examples of Other Uses

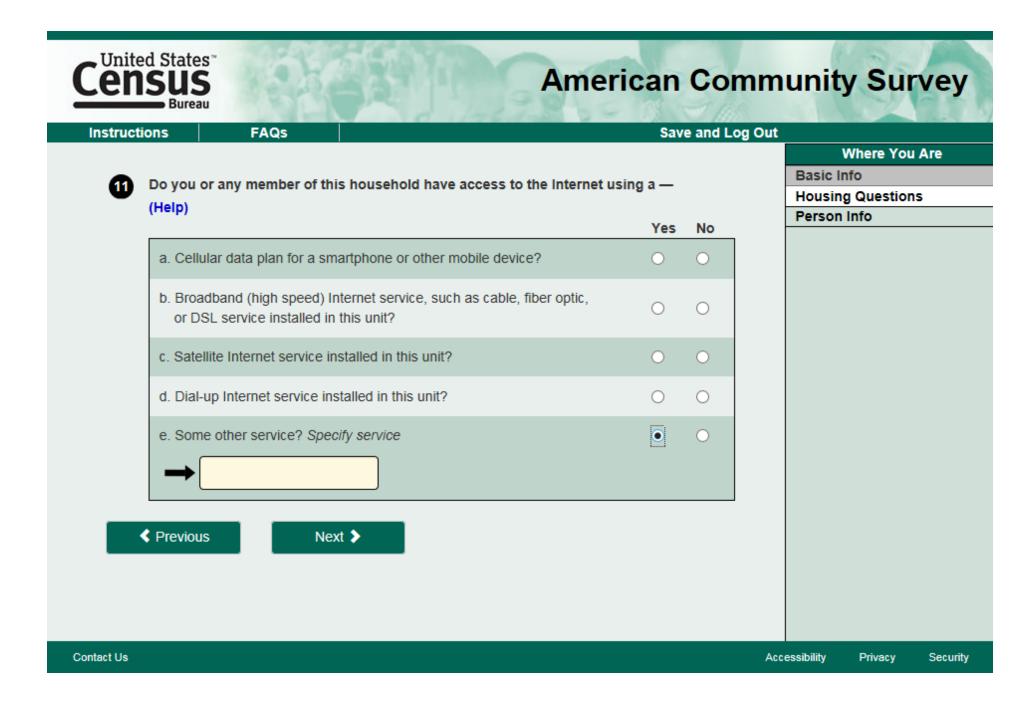
- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the
 potential of computers and the internet by better understanding the digital
 characteristics of their communities.

Help	
Category:	Definition:
Cellular data plan for a smartphone or other mobile device	 regular or prepaid contract with a mobile phone service provider includes access to Internet services such as e-mail, web access, social networks, or streaming audio or video.
Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household	 usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home.
Satellite Internet service installed in this household	 usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home broadband signal comes through a satellite dish
Dial-up Internet service installed in this household	type of Internet service that uses a regular telephone line to connect to the Internet.

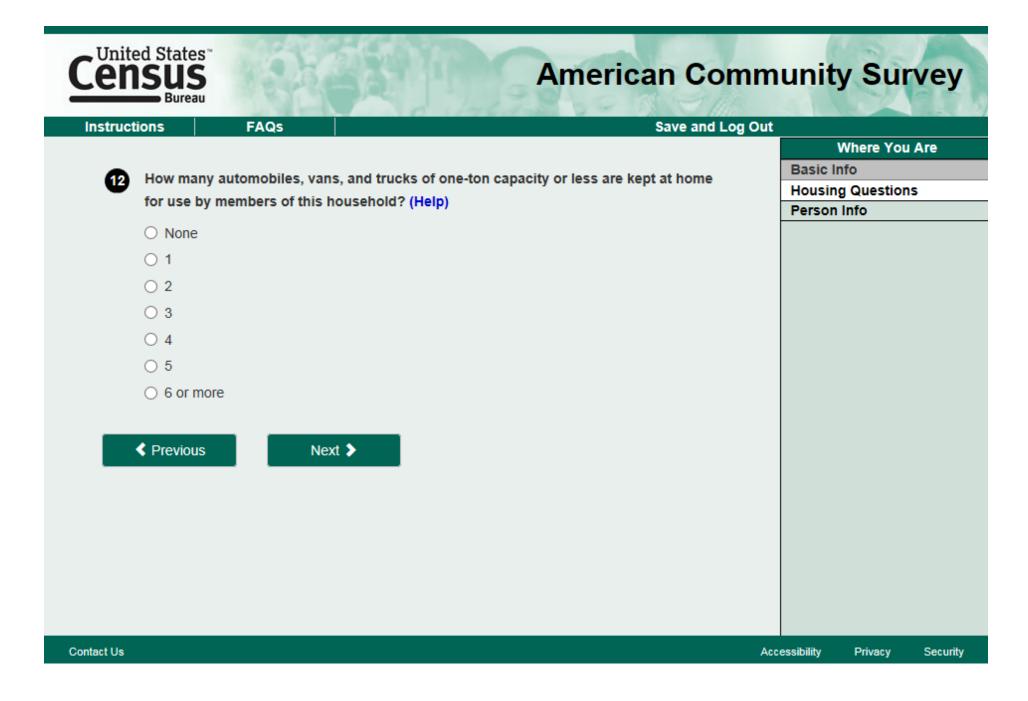
Close Help

L

netsub arrow and highlighting



vehicles



vehicles help

Help

X

Why We Ask?

We ask about the vehicles available to people to produce statistics about vehicle access. These statistics, along with the place of work and journey to work questions, provide information about commuting, road congestion, and access to transportation in emergencies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

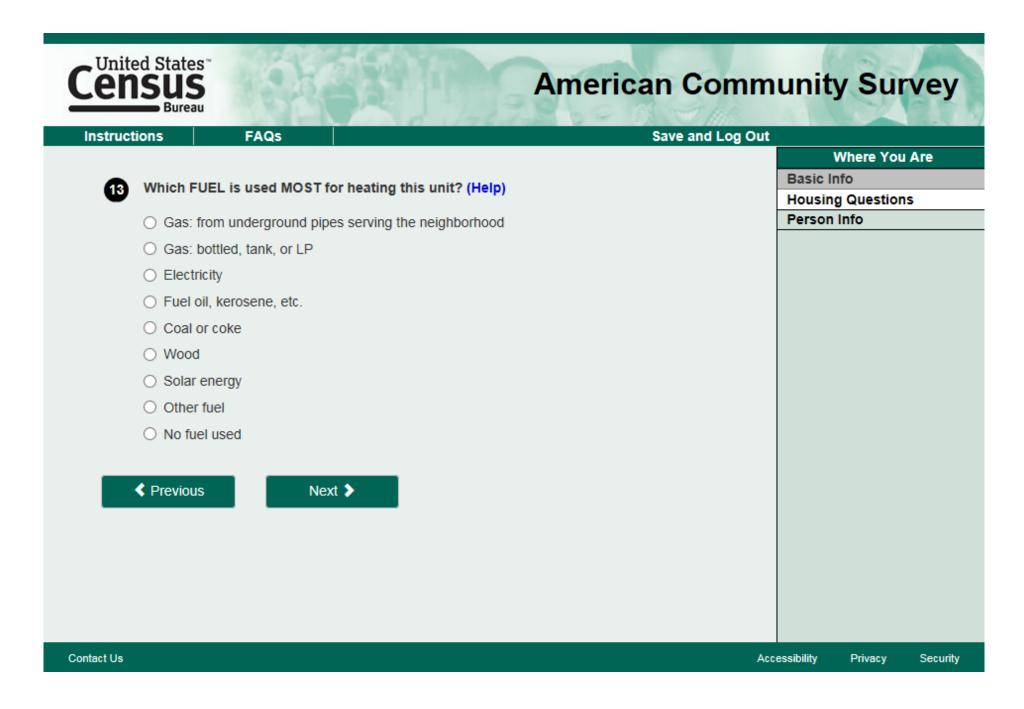
- Used in mass transportation and metropolitan planning to ensure compliance with the Clean Air Act.
- Used to summarize the conditions and performance of the nation's highways, bridges, and transit.

Examples of Other Uses

- State and local agencies use these statistics to estimate clearance times for regional evacuations.
- Local transportation planners use these statistics to determine which types of transportation people are dependent on; i.e. do people bike or take public transportation by choice?

Help	
lf:	Then:
Company cars, vans or SUVs such as police cars or taxicabs	Include in count
Regularly kept at home	
AND	
Used by household for nonbusiness purposes	
Company trucks one-ton (2,000 pounds) capacity or less	Include in count
Regularly kept at home	
AND	
Used by household for nonbusiness purposes	
Cars or trucks permanently out of working order	Do NOT include in count
Motorcycles	Do NOT include in count
Recreational vehicles	Do NOT include in count

heatingfuel



heatingfuel help

Help

×

Why We Ask?

We ask about home heating fuel to create statistics about home energy use. These statistics help to understand community air quality and energy needs, forecast future energy demand, analyze the fuels available to community residents, and plan and fund programs that help low-income residents afford to heat their homes.

- Click Here to Collapse Additional Text

Examples of Federal Uses

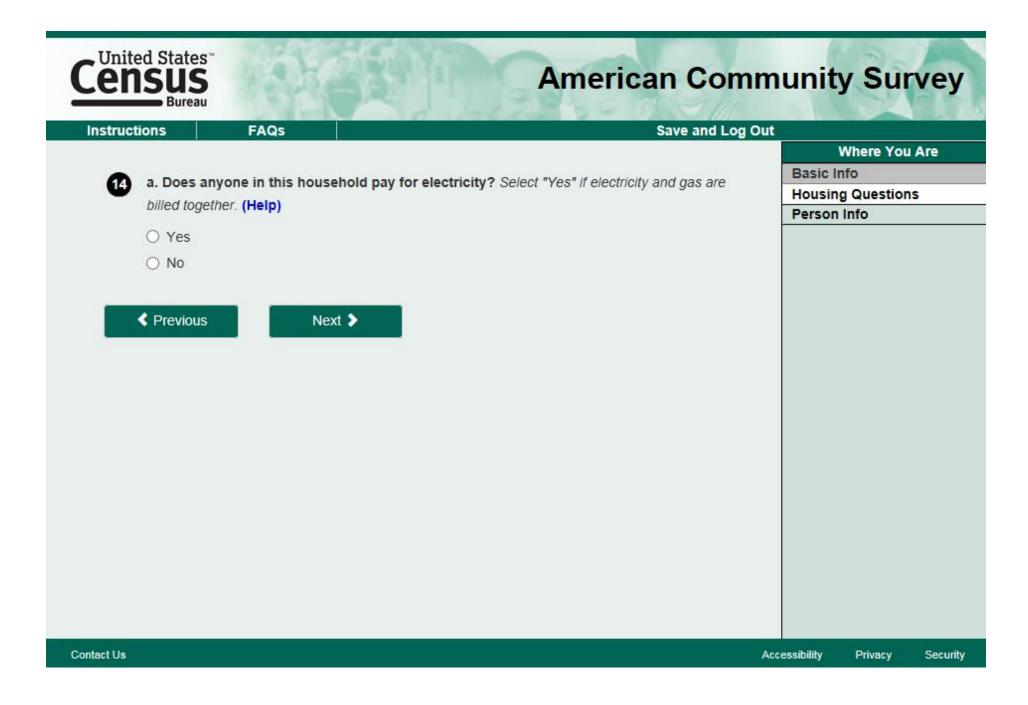
- Used in the Low Income Home Energy Assistance Program (LIHEAP) to determine income-eligible households by heating fuel type.
- Used to research and report on the relationships among different development patterns (including housing and travel information) and public health and pollution.

Examples of Other Uses

- State and local agencies use this information to estimate energy consumption, improve energy efficiency in their communities, decrease air pollution, and develop affordable housing.
- · Nonprofits use this information to encourage policies that decrease air pollution.

Help		
Category:	Definition/examples:	
Solar energy	A system that collects, stores, and distributes heat from sun	
Other fuel	Include fuel not listed separately, such as:	
	Purchased steam	
	Fuel briquettes	
	Waste material	

elecpay



elecpay help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

Examples of Federal Uses

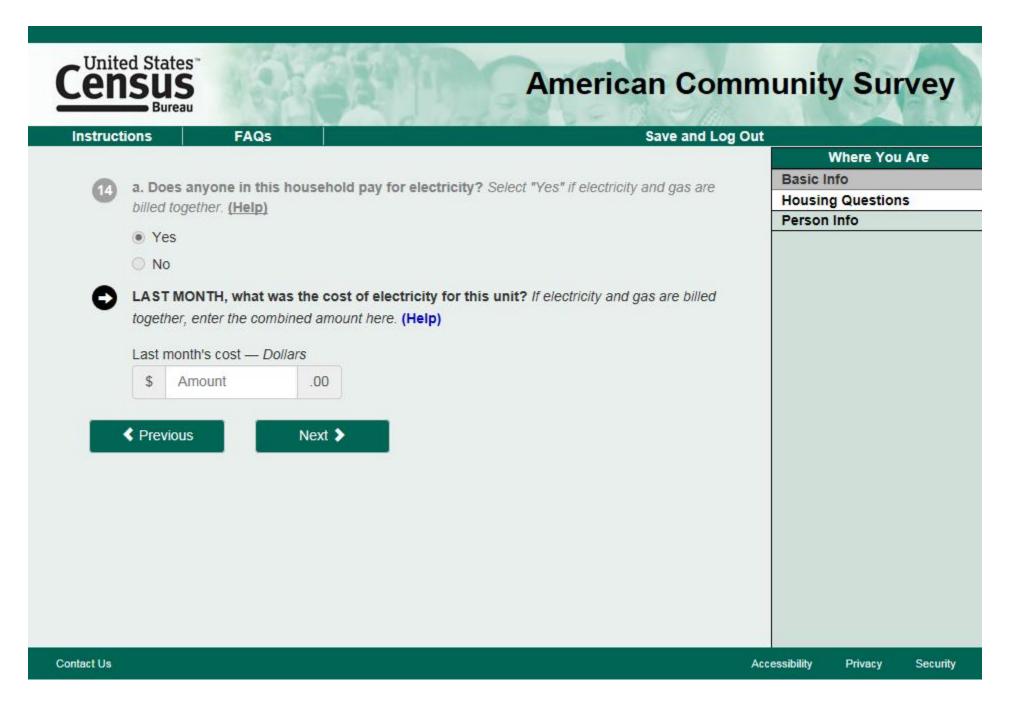
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help	
lf:	Then select:
Someone at this address pays for electricity in addition to rent	Yes
Someone at this address pays for electricity in addition to condo fees	Yes
Electricity included in rent or condo fees	No

elecamt



elecamt help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

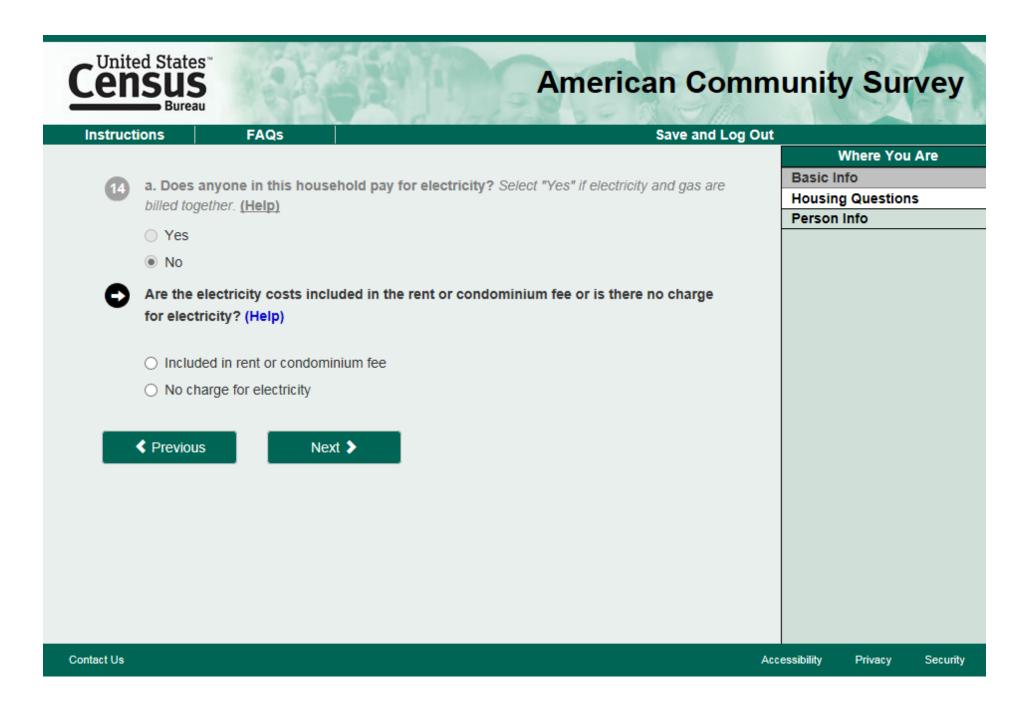
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If you don't know the electricity costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

elecinc



elecinc help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

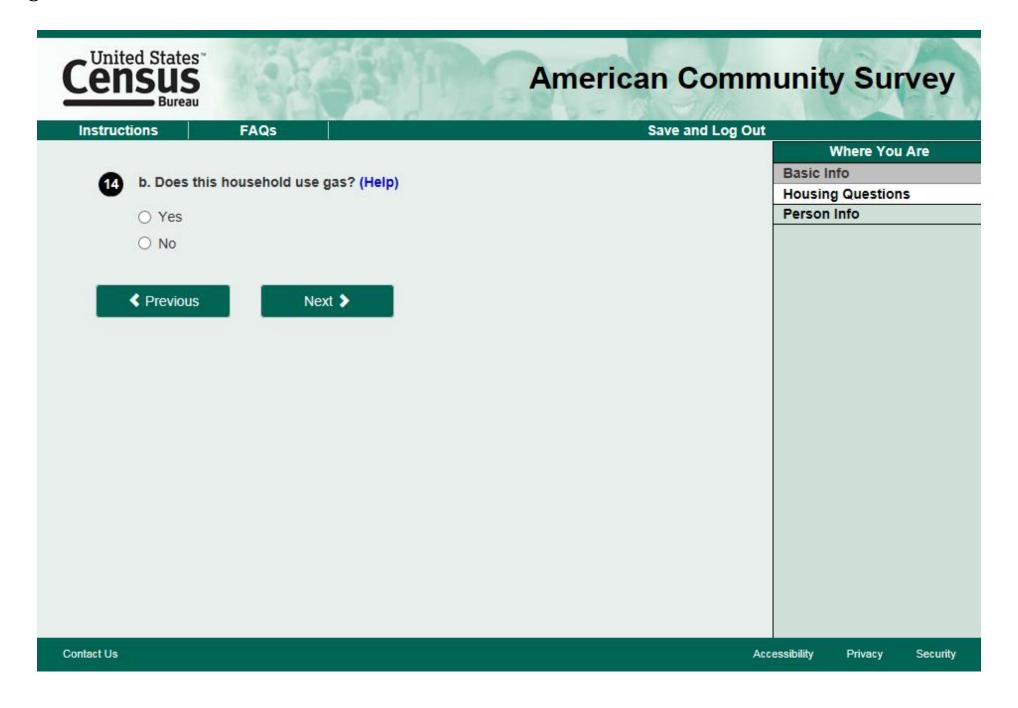
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

gasuse



gasuse help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

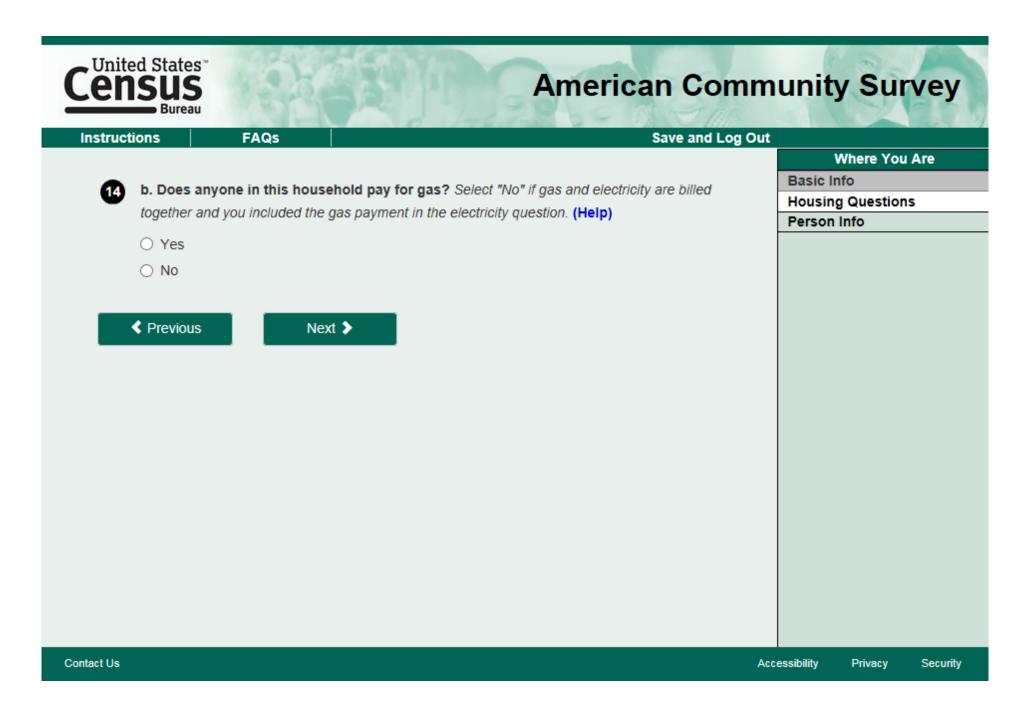
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

gaspay



gaspay help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

Examples of Federal Uses

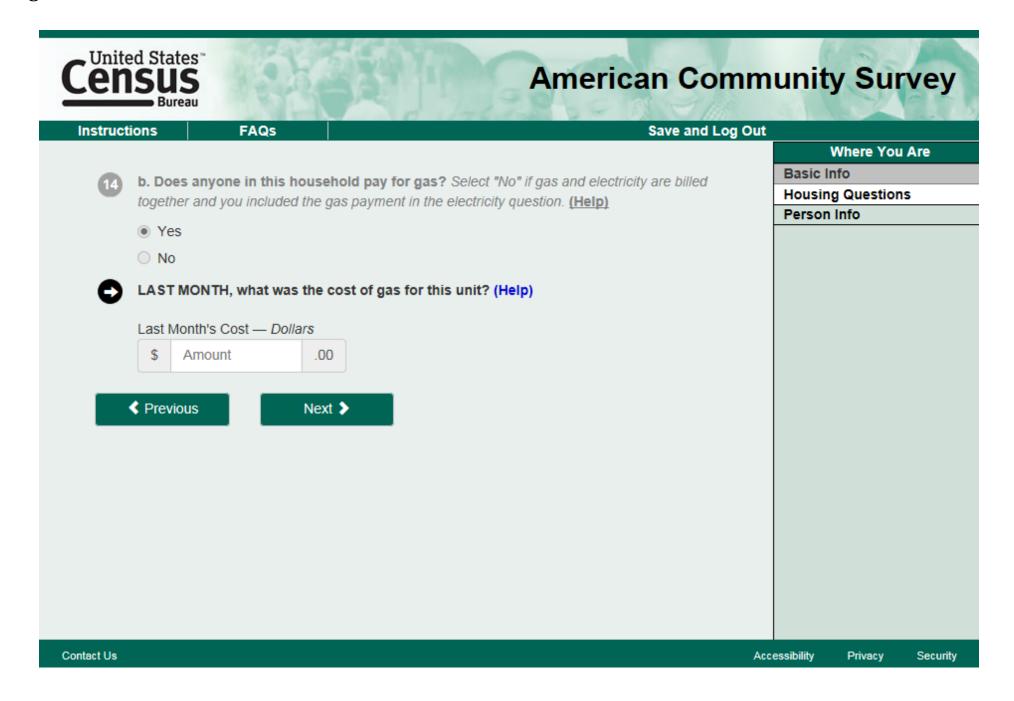
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help	
lf:	Then select:
Someone at this address pays for gas in addition to rent	Yes
Someone at this address pays for gas in addition to condo fees	Yes
Gas included in rent or condo fees	No

gasamt



gasamt help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

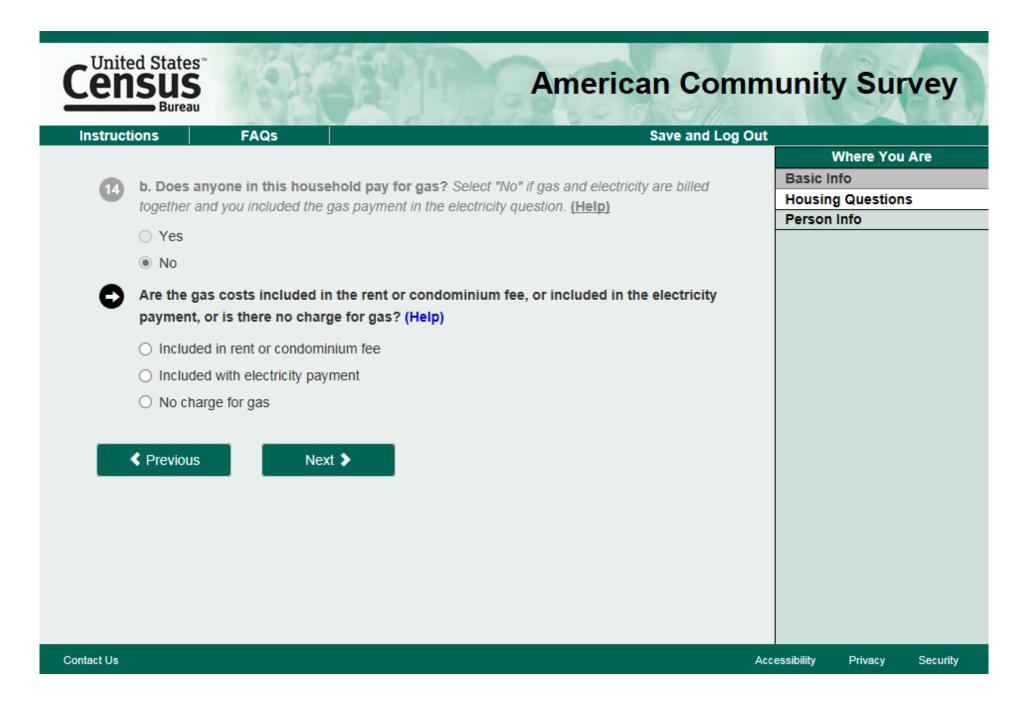
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If you don't know the gas costs → estimate
- · Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

gasinc



gasinc help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

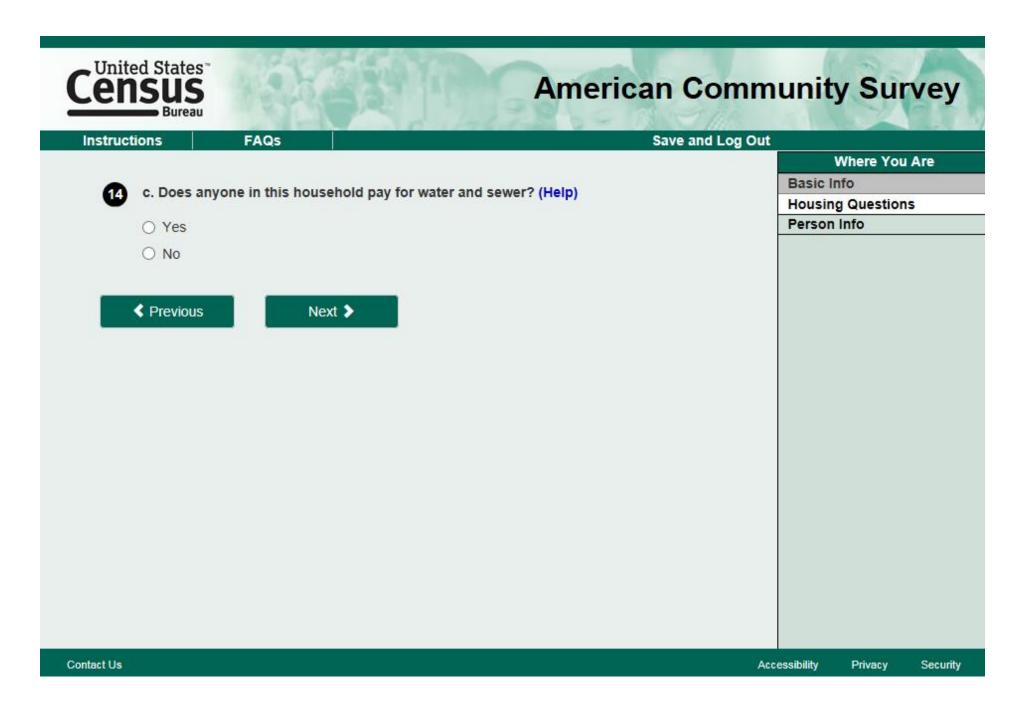
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

waterpay



waterpay help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

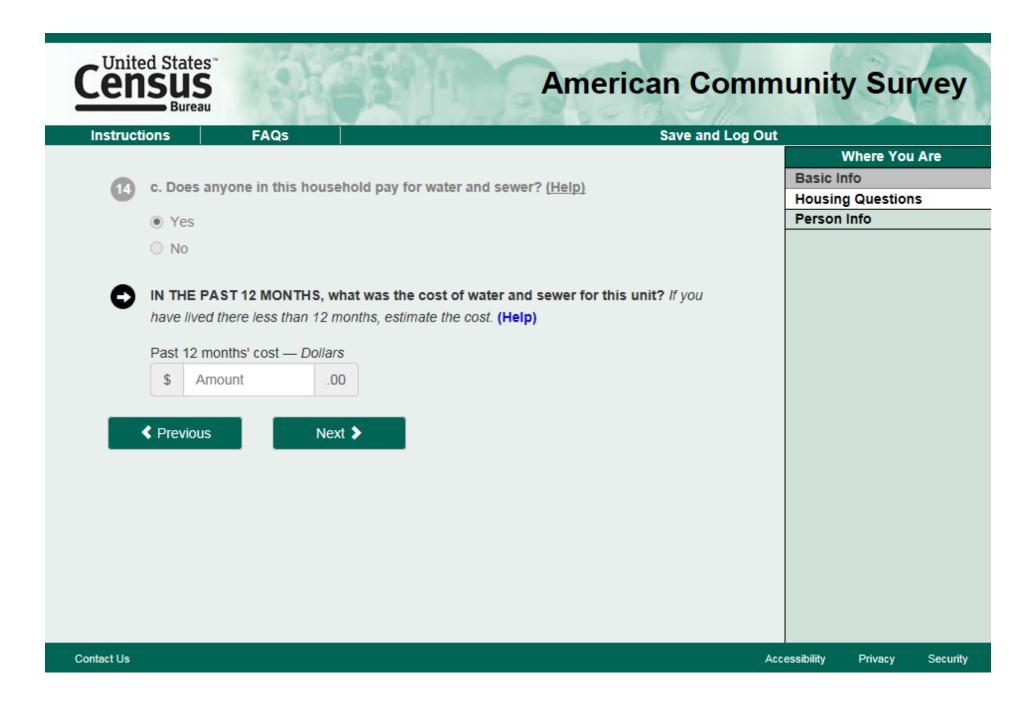
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help	
lf:	Then select:
Someone at this address pays for water and sewer in addition to rent	Yes
Someone at this address pays for water and sewer in addition to condo fees	Yes
Water and sewer included in rent or condo fees	No

wateramt



wateramt help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

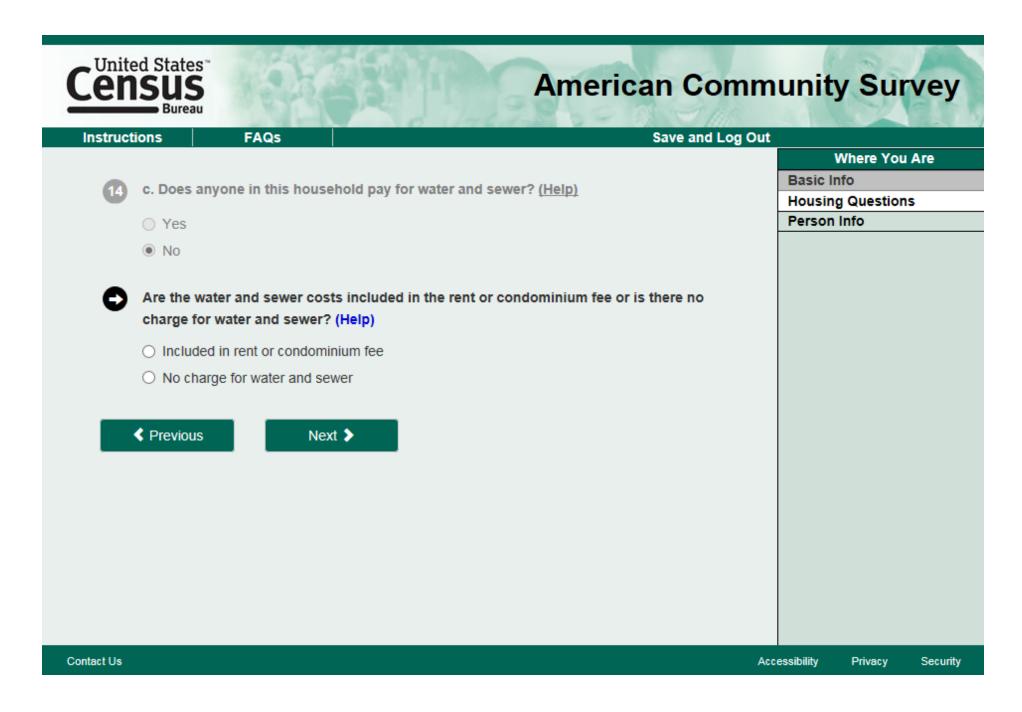
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know water and sewer costs → estimate
- · Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

waterinc



waterinc help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

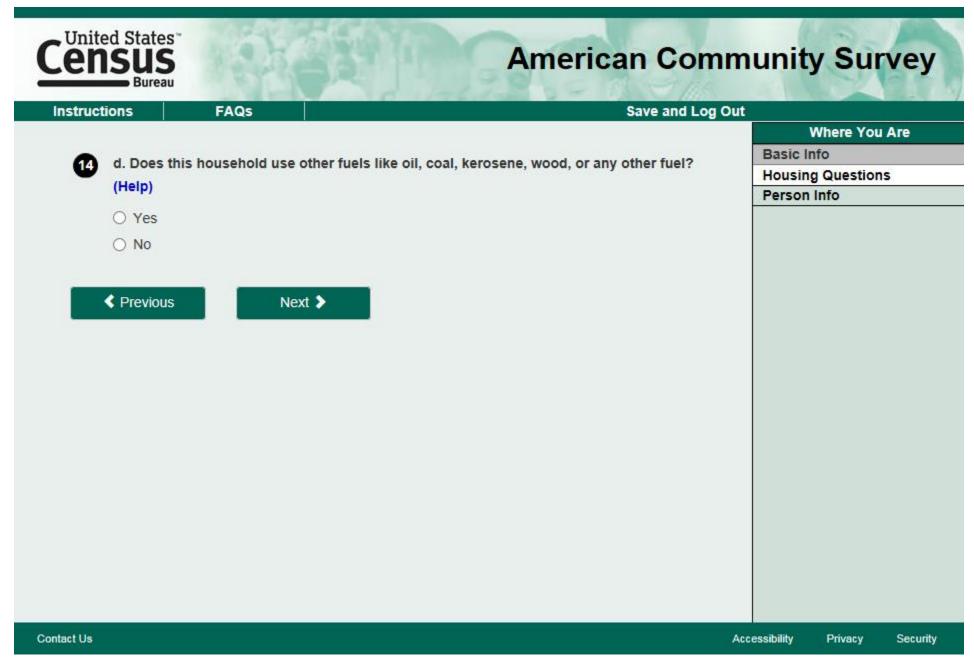
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

ofueluse



ofueluse help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

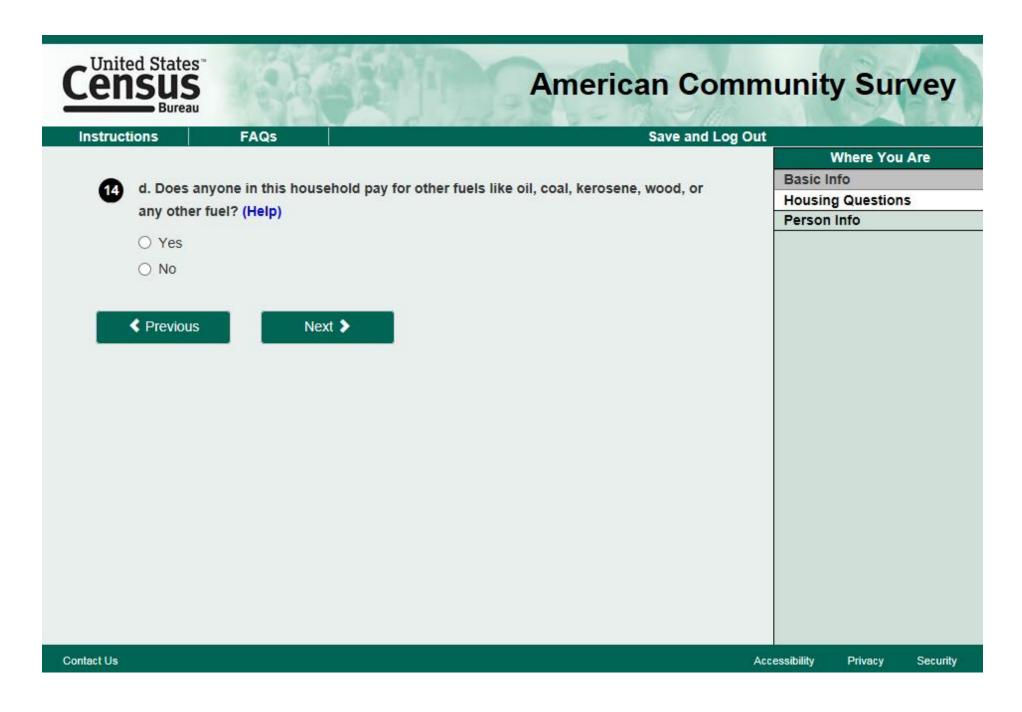
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

ofuelpay



ofuelpay help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

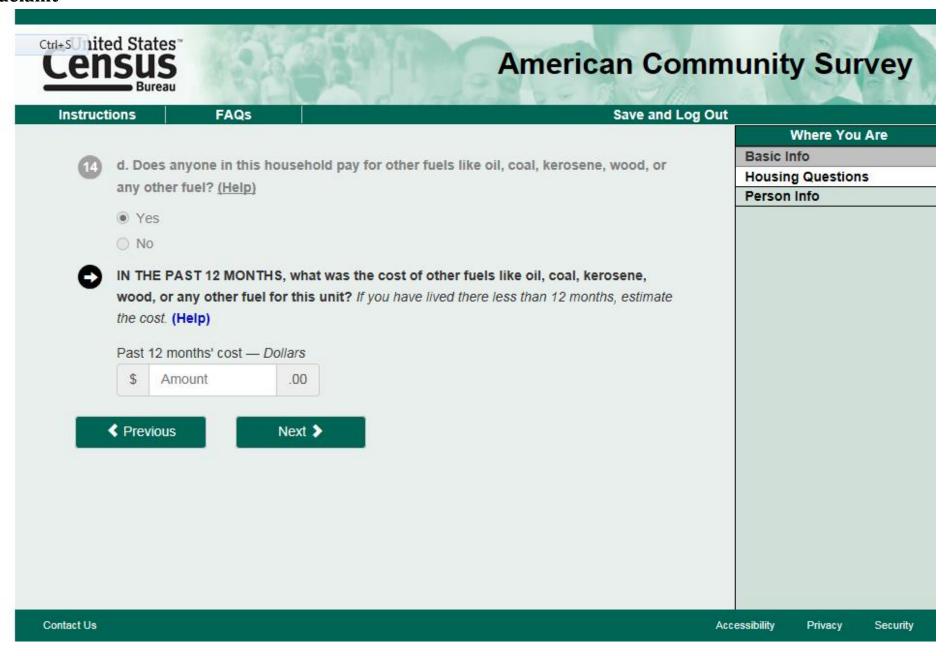
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help	
lf:	Then select:
Someone at this address pays for other fuels in addition to rent	Yes
Someone at this address pays for other fuels in addition to condo fees	Yes
Other fuels included in rent or condo fees	No

ofuelamt



ofuelamt help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

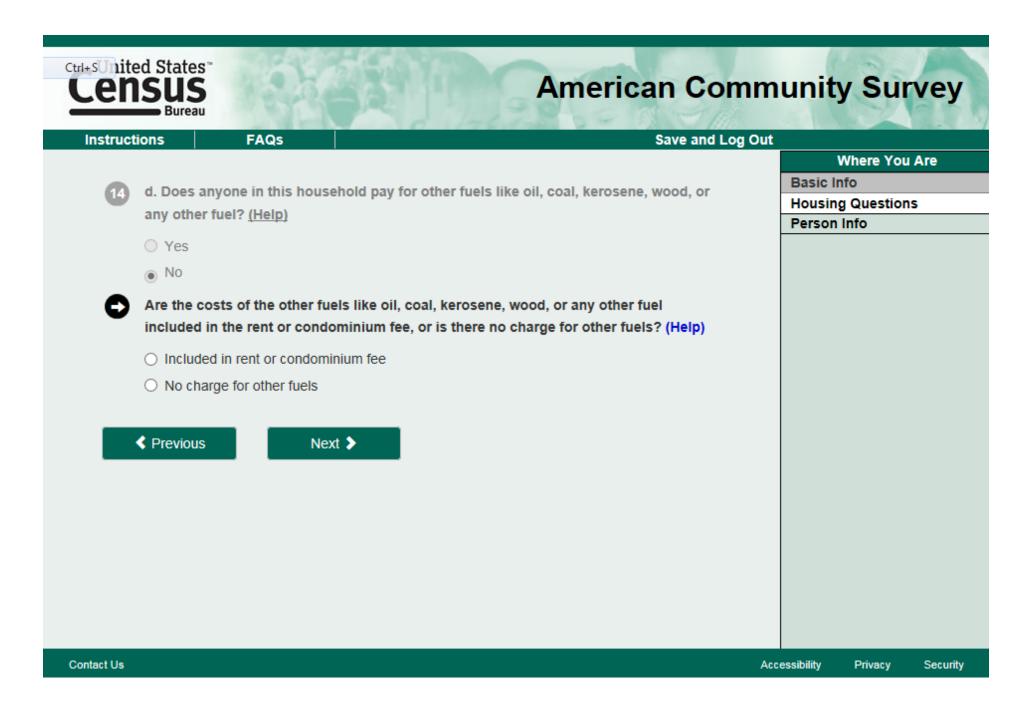
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know the other fuel costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

ofuelinc



ofuelinc help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

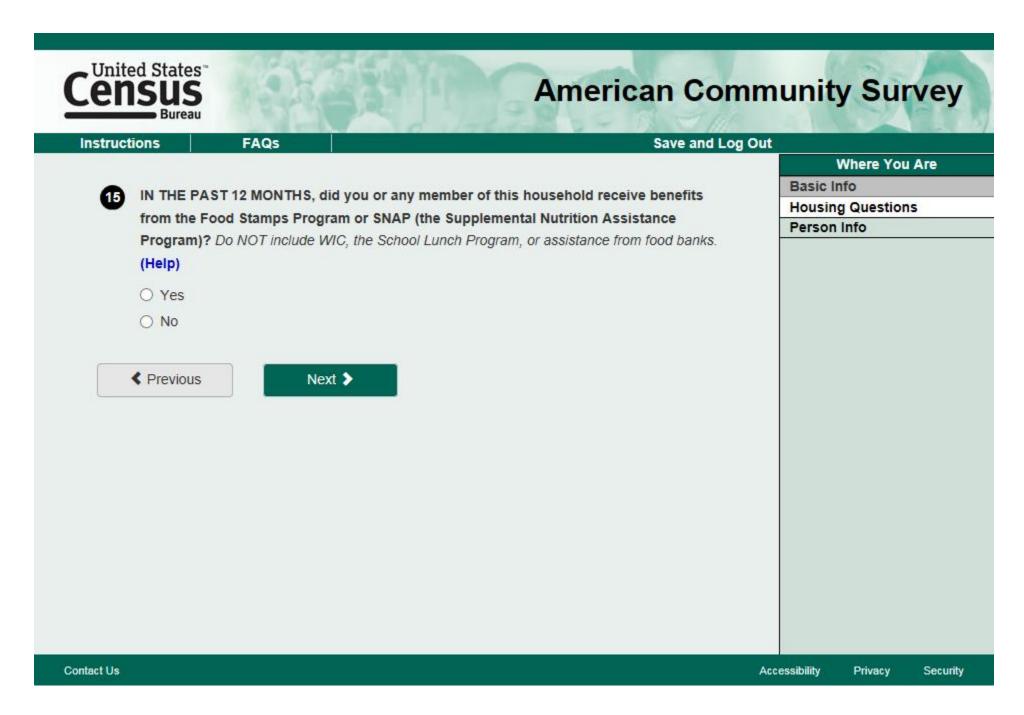
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

foodstamps



foodstamps help

Help

×

Why We Ask?

We ask about food stamps/Supplemental Nutrition Assistance Program (SNAP) to understand and forecast participation in food assistance programs. In 2008, the food stamp program was renamed SNAP, but the question uses both program names to minimize confusion.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to streamline administration of the National School Lunch Program and School Breakfast Program by replacing administrative paperwork with ACS estimates of students eligible for free and reduced-price meals.
- Used in the Supplemental Nutrition Assistance Program (SNAP) to calculate the annual Program Access Index (PAI), a measure used to award bonuses to States for strong performance in SNAP administration.

Examples of Other Uses

- State and local agencies use these statistics to assess state food assistance needs and performance, participation rates for eligible families and individuals, and to determine gaps in services and programs.
- Faith-based and other nonprofit organizations use information about food assistance needs to determine where food banks, food kitchens, and other programs could be beneficial, and how their needs can be met with additional resources and services.

Help

- On October 1, 2008, the federal Food Stamp Program was renamed SNAP (Supplemental Nutrition Assistance Program).
 - Although most states have SNAP in their program name, some states may also have their own specific name for the program.

Alabama Food Assistance Program/SNAP
Arizona Nutrition Assistance Program/SNAP
California CalFresh/Food Stamp Program/SNAP
Colorado Food Assistance Program/SNAP

Delaware Food Supplement Benefit Program/SNAP Florida Food Assistance Program/SNAP/SUNCAP

Iowa Food Assistance Program/SNAP
Kansas Food Assistance Program/SNAP
Maine Food Supplement Program/SNAP
Maryland Food Supplement Program/SNAP
Michigan Food Assistance Program/SNAP
Minnesota Food Support or FS Program/SNAP

New Jersey NJ SNAP

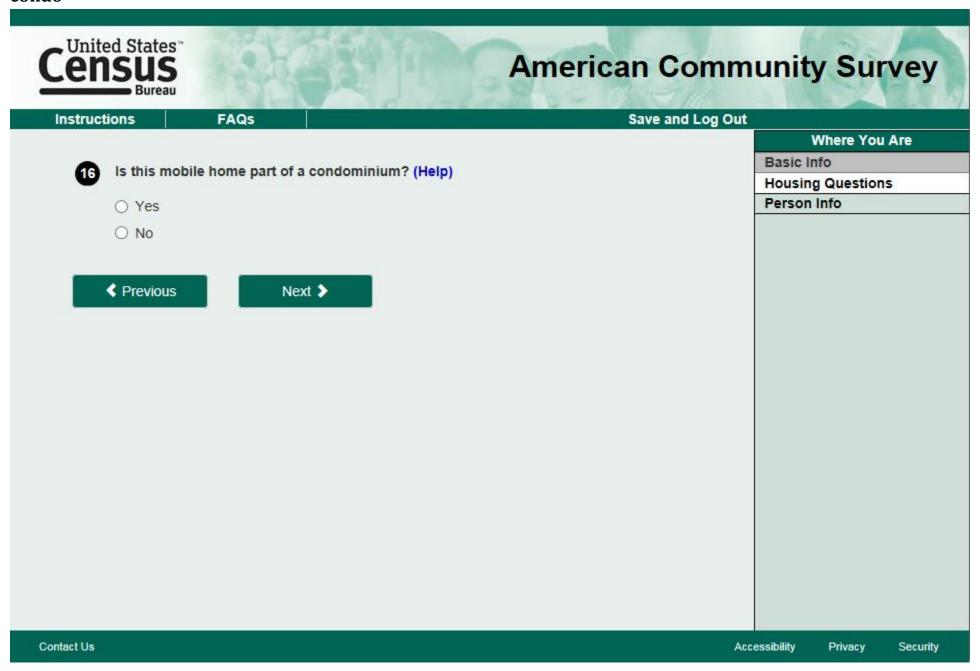
North Carolina Food & Nutrition Services/SNAP
Ohio Food Assistance/SNAP

Vermont 3SquaresVT/Vermont Express/SNAP

Washington Basic Food Program/SNAP
Wisconsin FoodShare Program/SNAP

 If you or any member of this household received benefits from the government to buy food for your family using a benefit card → select "Yes"

condo



condo help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

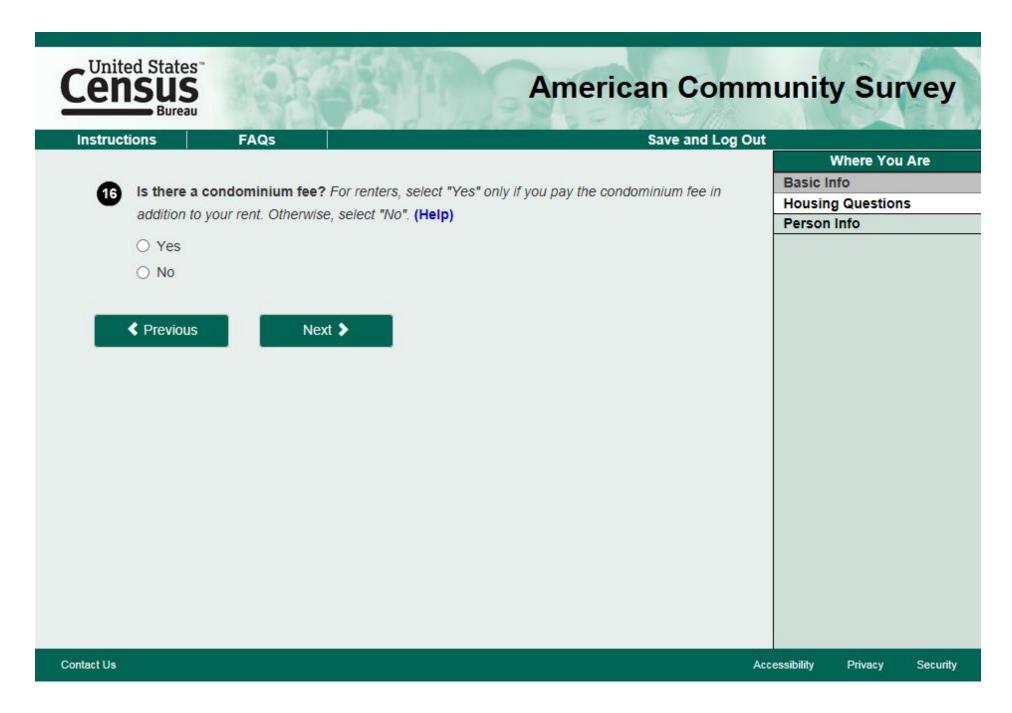
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help	
lf:	Then
	select:
Unit is individually owned in a building or development with jointly owned	Yes
common areas (lobbies or hallways)	
Cooperative	No

condofee



condofee help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

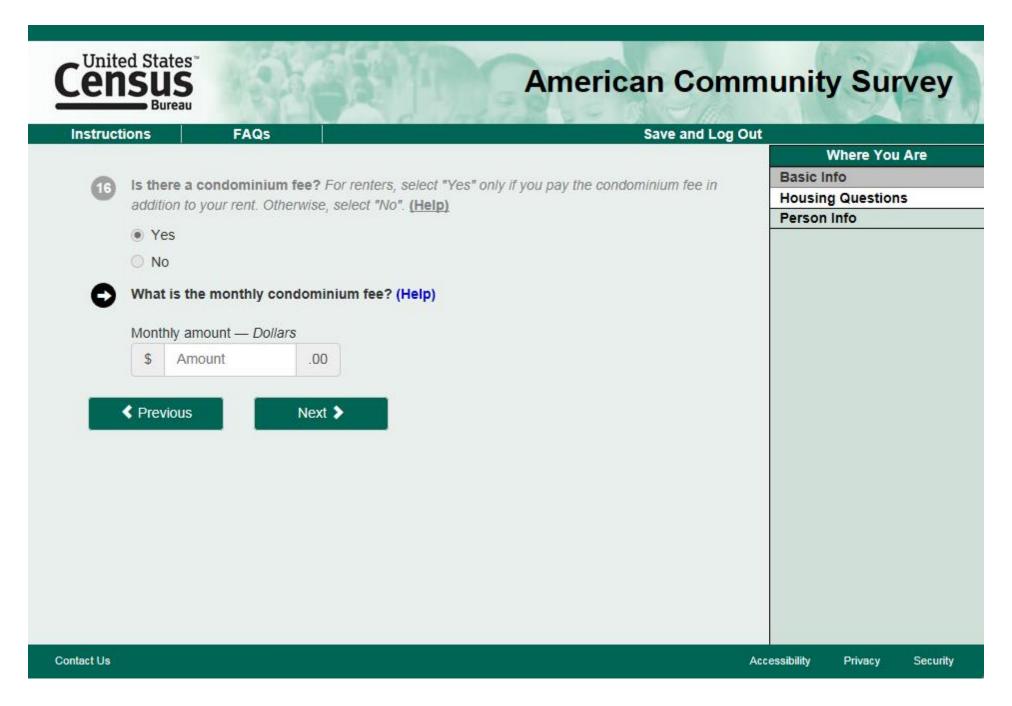
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- · The purpose of a condominium fee is to improve and maintain common areas
- · Condo fees are normally assessed by owner's association
- If fee is unpaid or paid by someone else → select "Yes"

condofeeamt



condofeeamt help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

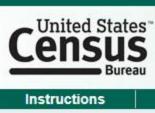
- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help		
If condo fee is paid:	To convert to monthly amount:	
By day	Multiply amount by 30	
By week	Multiply amount by 4	
Every other week	Multiply amount by 2	
4 times a year	Divide amount by 3	
2 times a year	Divide amount by 6	
Once a year	Divide amount by 12	

tenure



American Community Survey

FAQs Save and Log Out Where You Are Basic Info Is this mobile home -**Housing Questions** (Help) Person Info 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)? O Rented? Occupied without payment of rent? Previous Next > Contact Us Accessibility Privacy Security

tenure help

Help

Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, property owners and renters, and provide and fund housing assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

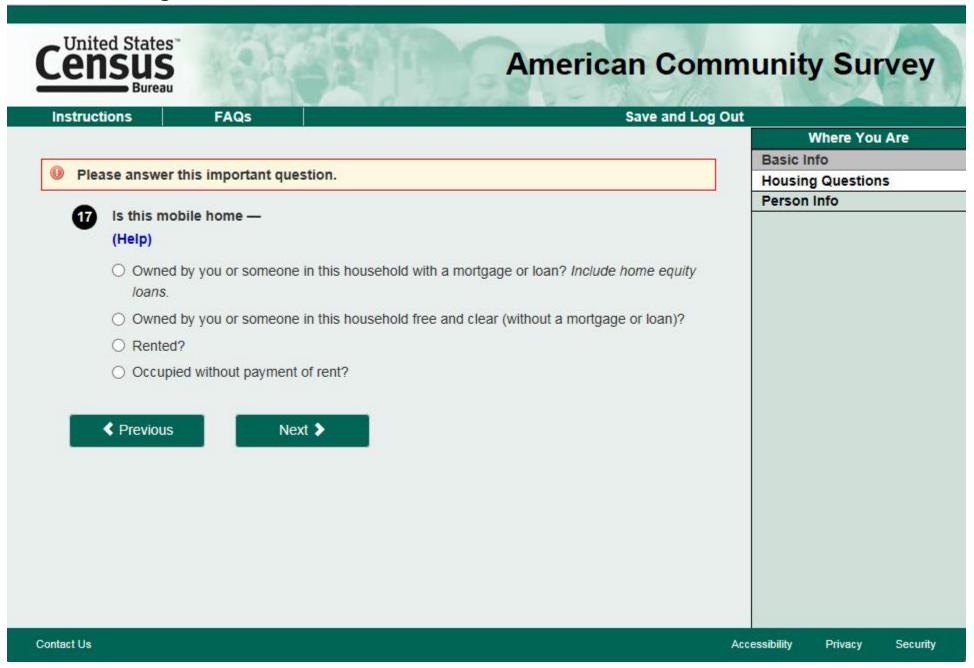
- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

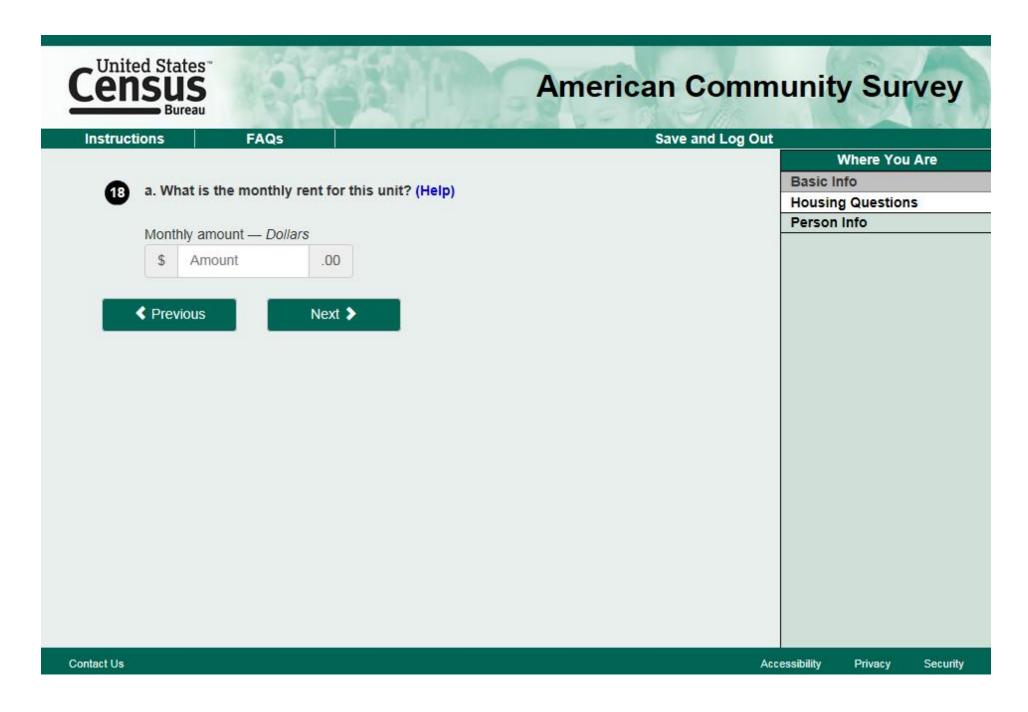
- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed for property owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- . Businesses and mortgage lenders use these statistics to guide future operations.

Help		
if:	Then select:	
Mortgage on house/apartment/mobile home	Owned by you or someone in this	
	household with a mortgage or loan.	
	Include home equity loans	
Contract to purchase on house/apartment/mobile	Owned by you or someone in this	
home	household with a mortgage or loan.	
	include home equity loans	
No mortgage or other debt on	Owned by you or someone in this	
house/apartment/mobile home	household free and clear (without a	
	mortgage or loan)	
Land rented and mortgage on	Owned by you or someone in this	
house/apartment/mobile home	household with a mortgage or loan.	
	Include home equity loans	
Land rented and no mortgage or other debt on	Owned by you or someone in this	
house/apartment/mobile home	household free and clear (without a	
	mortgage or loan)	
Mortgage on land with no installment loan on	Owned by you or someone in this	
mobile home	household with a mortgage or loan.	
	Include home equity loans	
Rent paid by people not living in unit	Rented	
Rent paid by federal, state or local government	Rented	
Rent paid to owner living in separate	Rented	
house/apartment/mobile home on the same		
property		
Rent not paid to owner living in separate	Occupied without payment of rent	
house/apartment/mobile home on the same		
property		
Owned by people not living in unit but who allow	Occupied without payment of rent	
other people to occupy it without charge		
House/apartment provided as part of wages or	Occupied without payment of rent	
salary		
Caretaker's or janitor's house/apartment for	Occupied without payment of rent	
which no rent is paid		
Parsonage for which no rent is paid	Occupied without payment of rent	
Tenant farmer or sharecropper house/apartment	Occupied without payment of rent	
for which no rent is paid		
Military housing	Occupied without payment of rent	

tenure edit message



monthrent



monthrent help

Help

×

Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

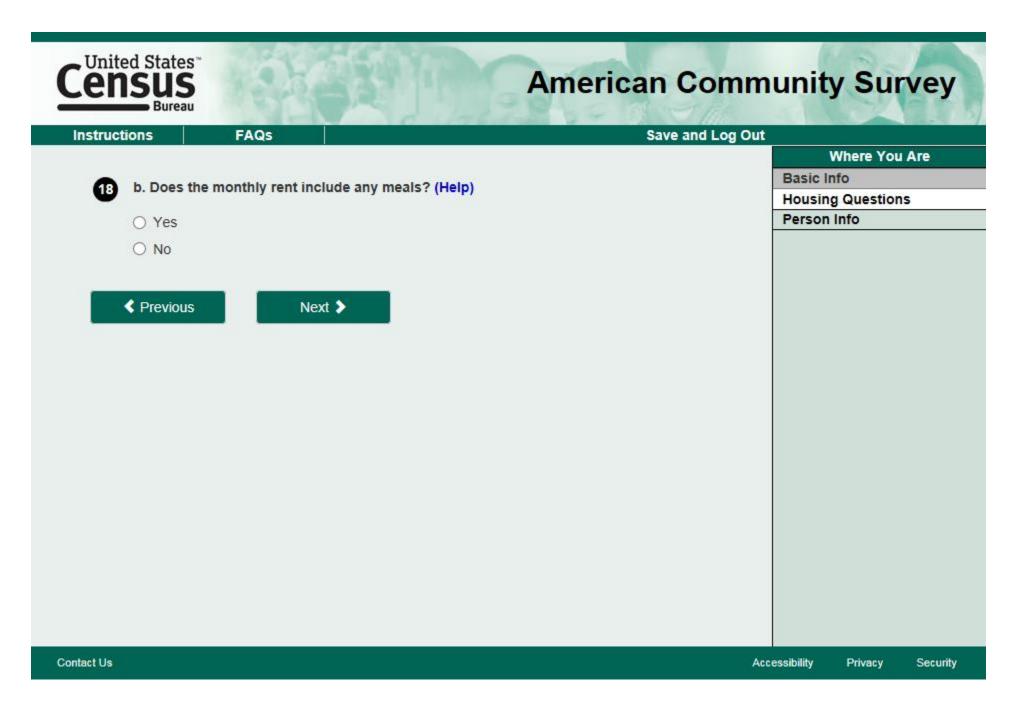
Help

Do include:

- Rent agreed to or contracted for, even if unpaid or paid by someone else Do NOT include:
 - Any subsidy amount which may be paid by a local housing authority or other agency

If rent is paid:	To convert to monthly amount:
By day	Multiply amount by 30
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6
Once a year	Divide amount by 12

meals



meals help

Help



Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

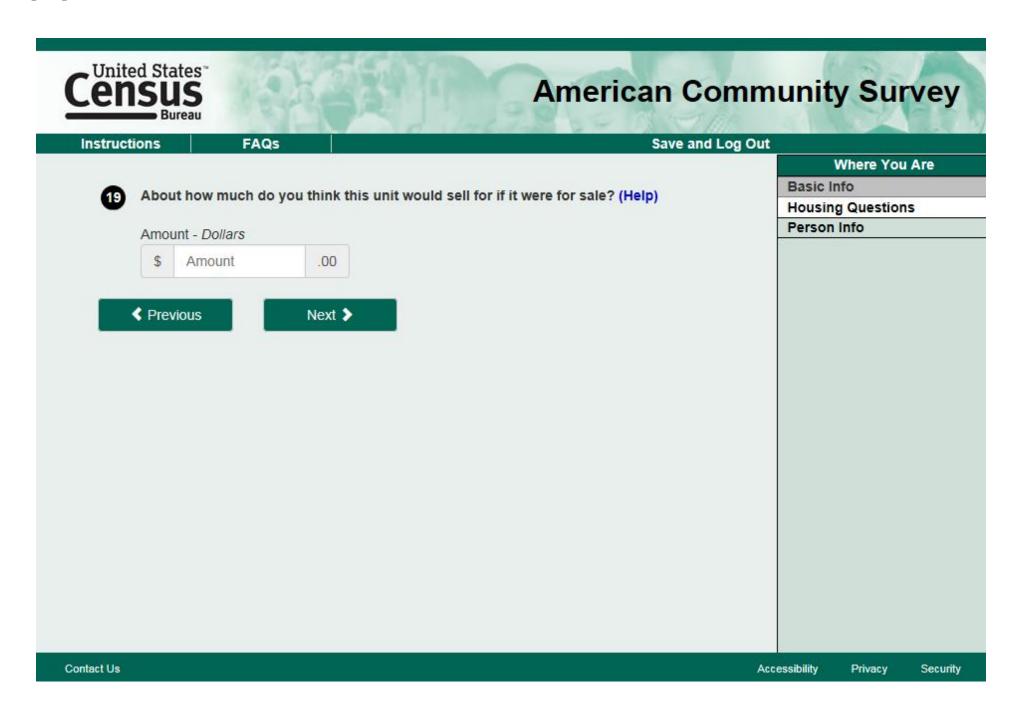
- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- · Businesses and mortgage lenders use these statistics to guide future operations.

Help	
lf:	Then
	select:
Meals are included in monthly rent payment	Yes
Meals or meal plan are contracted in order to live in house, apartment, or	Yes
mobile home	

propvalue



propvalue help

Help

×

Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

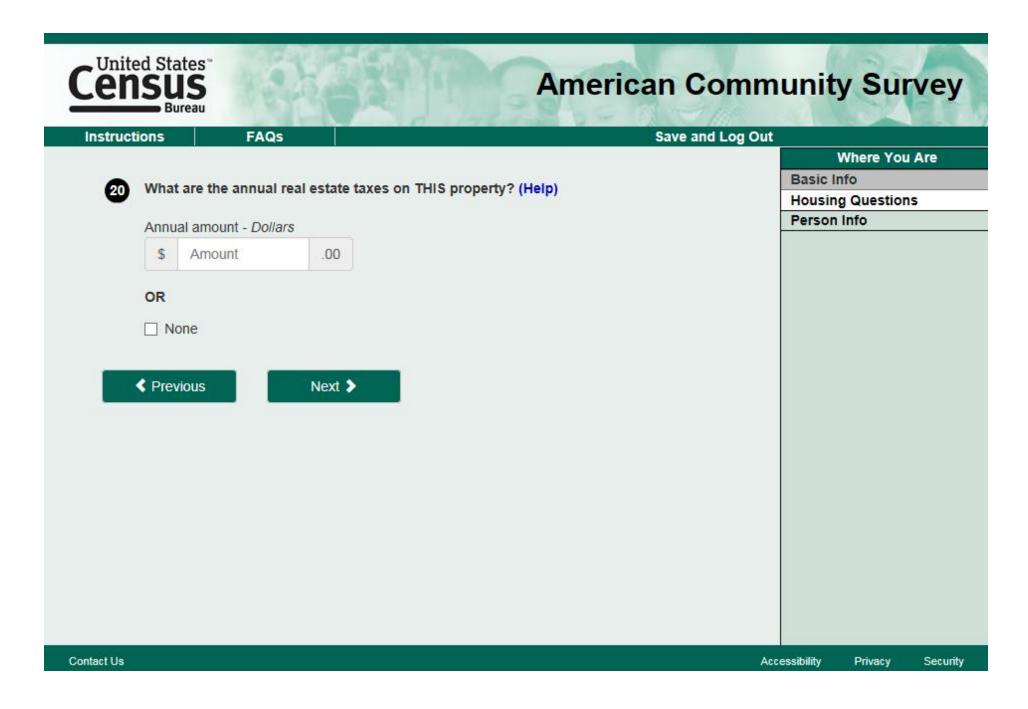
Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- · Businesses and mortgage lenders use these statistics to guide future operations.

lp	
r best estimate of how much the property would sell for if it was on the market	

lf:	Then include:
House	Value of house AND Value of land it is on AND Value of any other structure on same property
House on rented land	Combined value of house and land
Condominium unit or cooperative	Value of condominium AND Value of share of common elements
An apartment in a non-condominium, multi-unit building, including duplexes, with other apartments in the same building, all of which you own	Value of building AND Value of land it is on AND Value of any additional buildings on the same plot
Mobile home	Value of mobile home AND Value of land
Mobile home on rented land	 Value of mobile home

taxes



taxes help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

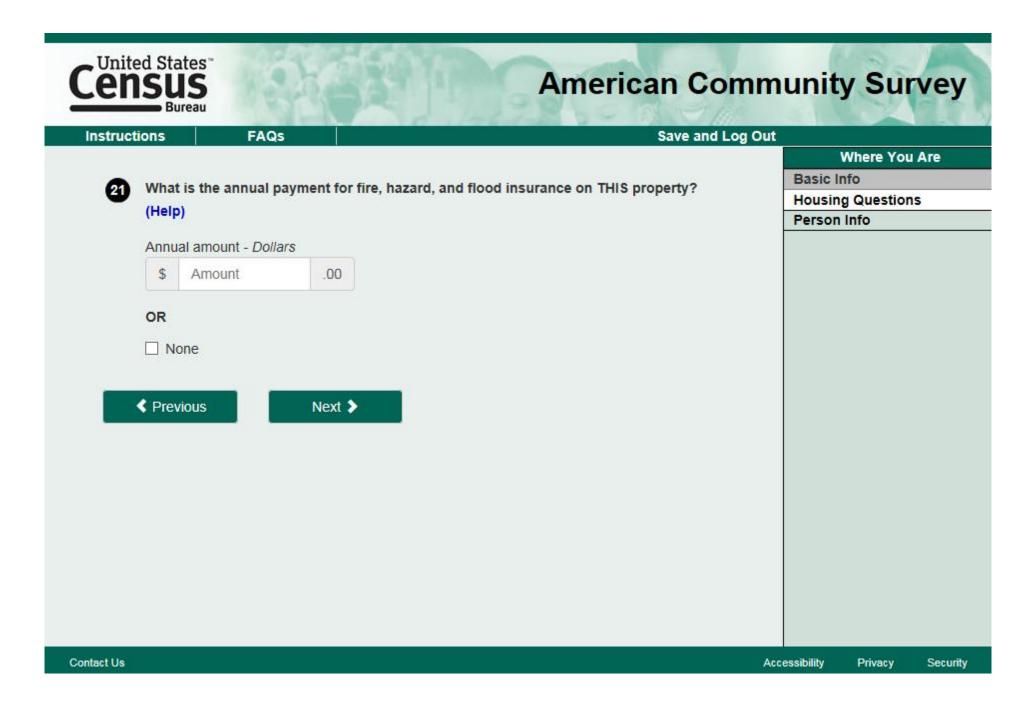
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- · Report taxes for all taxing jurisdictions, including:
 - City or town
 - County
 - · State
 - School district
- Report taxes even if:
 - Included in mortgage payments
 - Not yet paid
 - · Paid by someone else
 - Delinquent
- · Do NOT report taxes:
 - · Past due from previous years
 - Not deductible as a real estate tax for income tax purposes

propinsurance



propinsurance help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

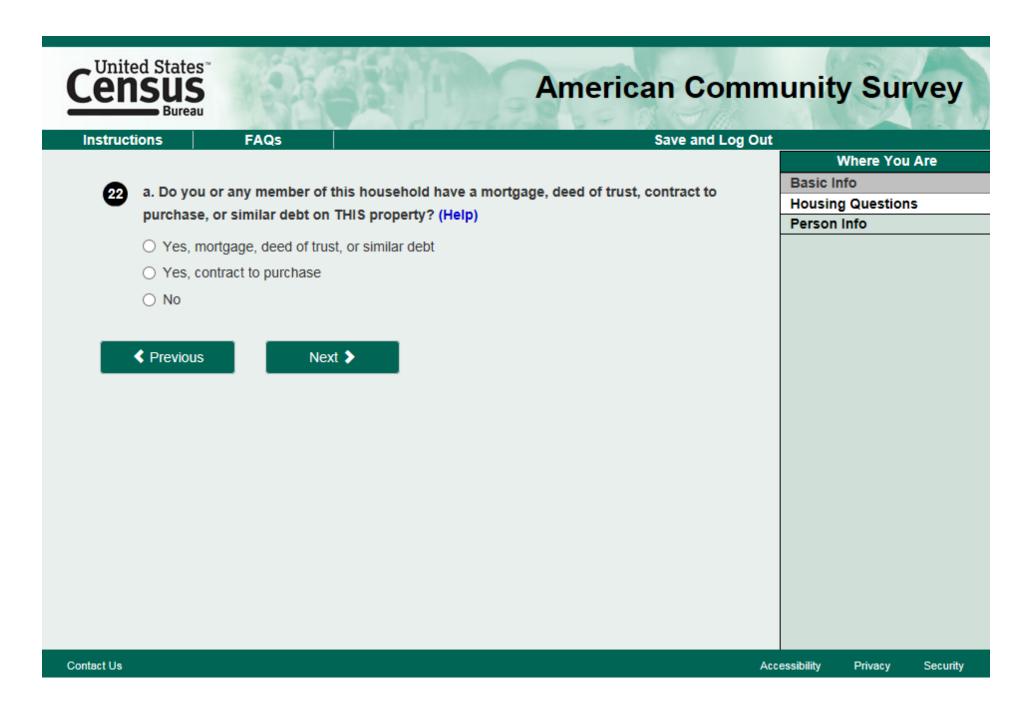
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Premiums paid other than yearly → convert to yearly basis
- Even if no payment made during past year → enter yearly amount

mortgage



mortgage help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

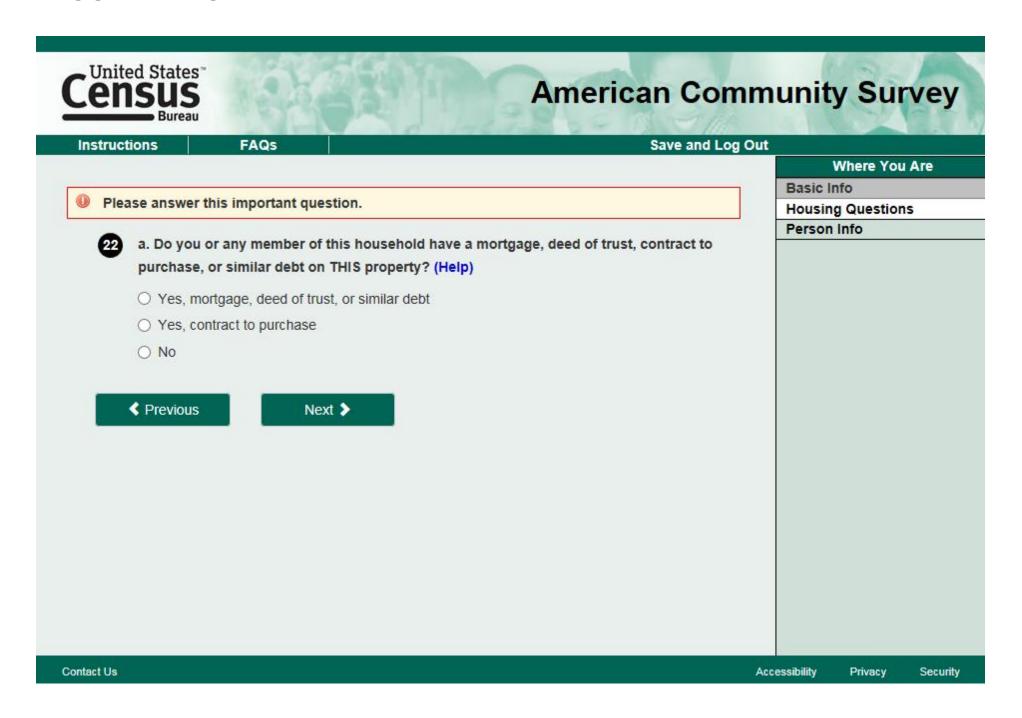
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

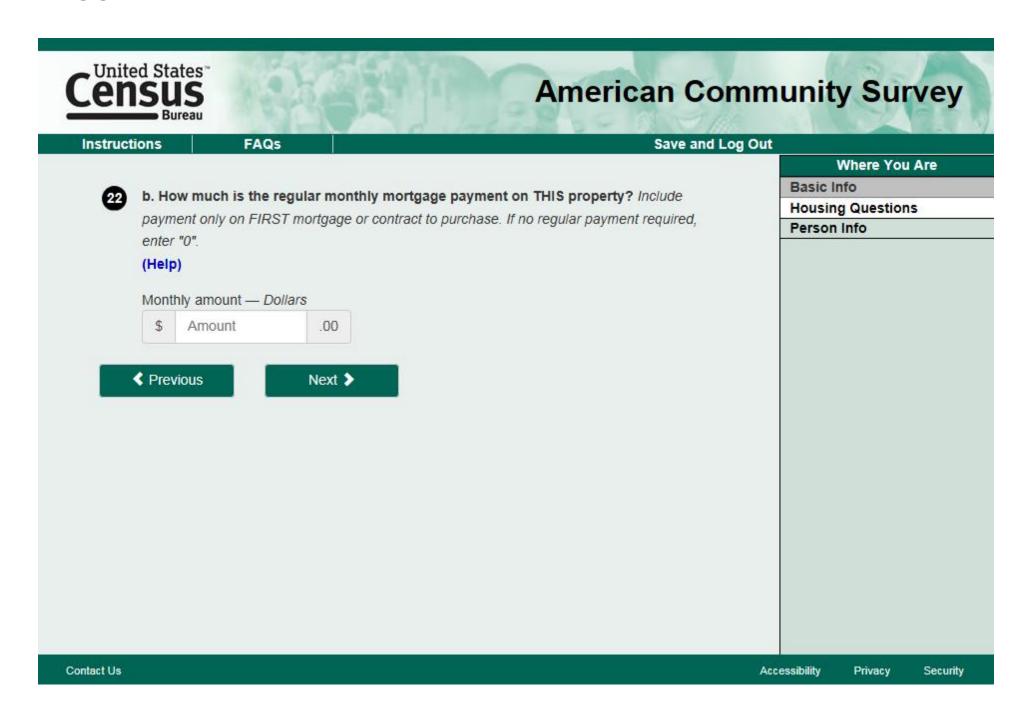
Help

Mortgages include all types of loans secured by real estate, including reverse mortgages.

mortgage edit message



mortgageamt



mortgageamt help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

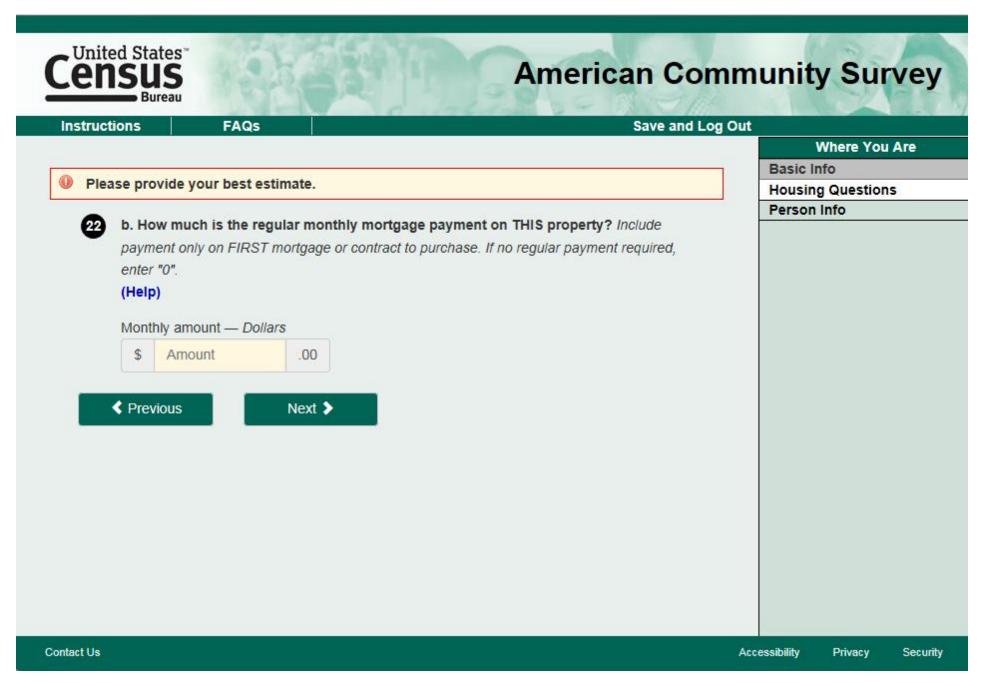
- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

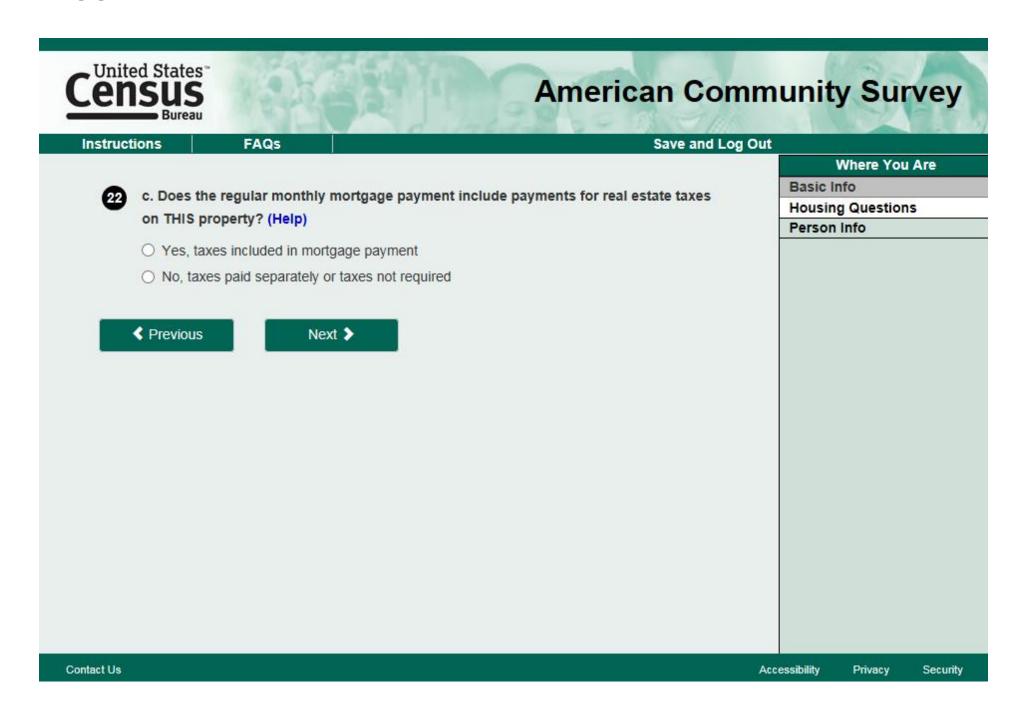
- · Enter monthly amount, even if unpaid or paid by someone else
- Enter zero for no regular payment required or for reverse mortgages
- · Include payments on:
 - First mortgage
 - · Contracts to purchase
 - · Mobile home Installment loans
- · Do NOT include payments on:
 - · Second mortgages
 - · Junior mortgages
 - · Home equity loans
 - Mobile home Personal property taxes, site rent, registration fees, or license fees on mobile home and site

If mortgage is paid:	To convert to monthly amount:
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6

mortgageamt edit message



mortgagetax



mortgagetax help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

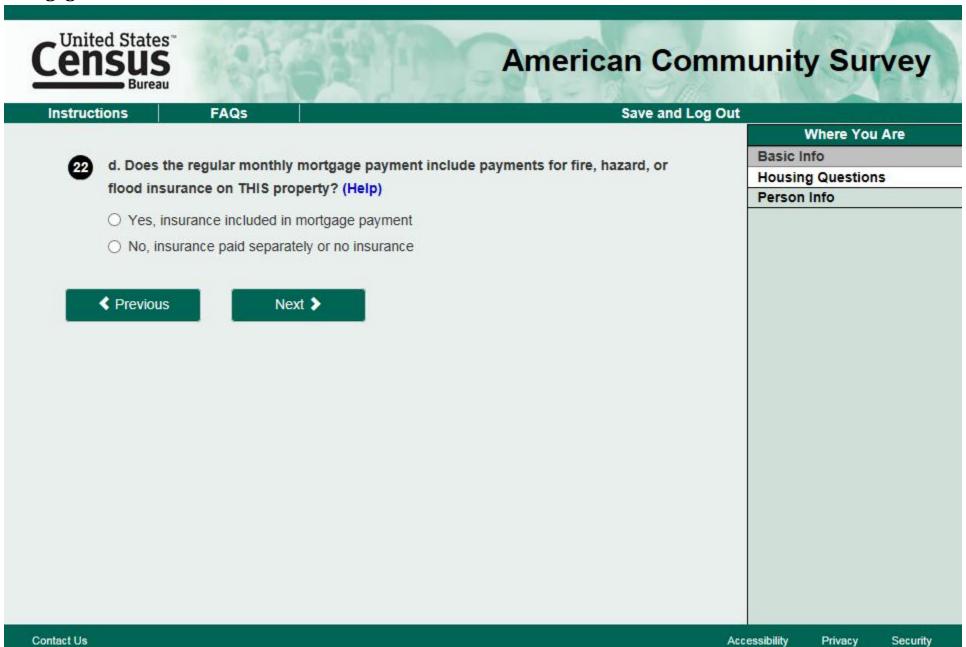
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

mortgageinsurance



mortgageinsurance help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

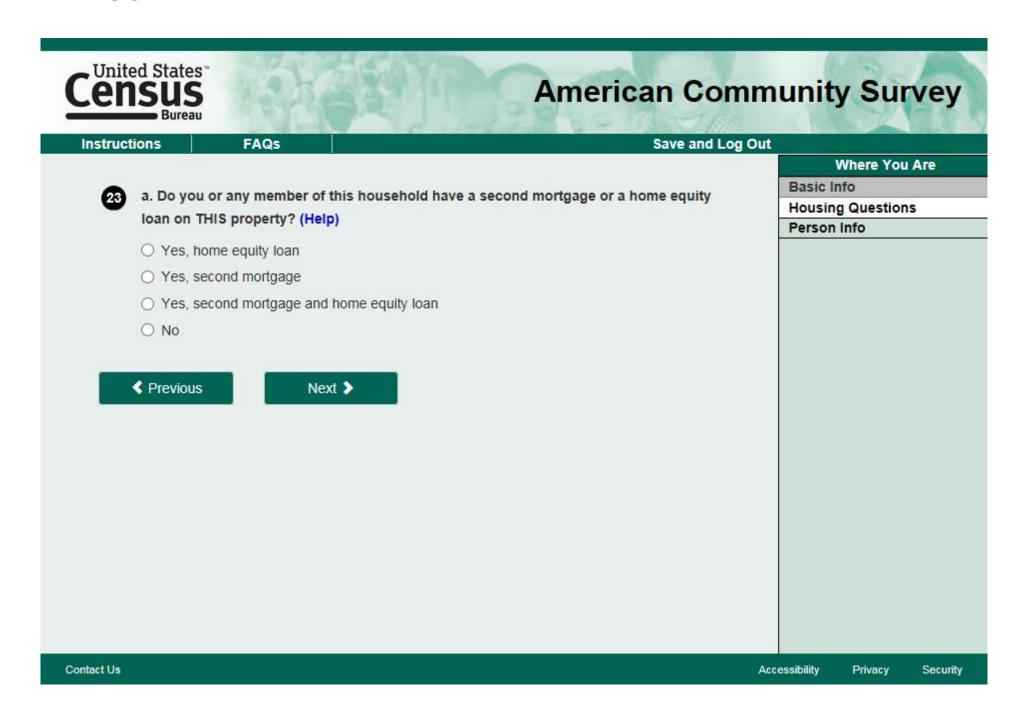
Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

2ndmortgage



2ndmortgage help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

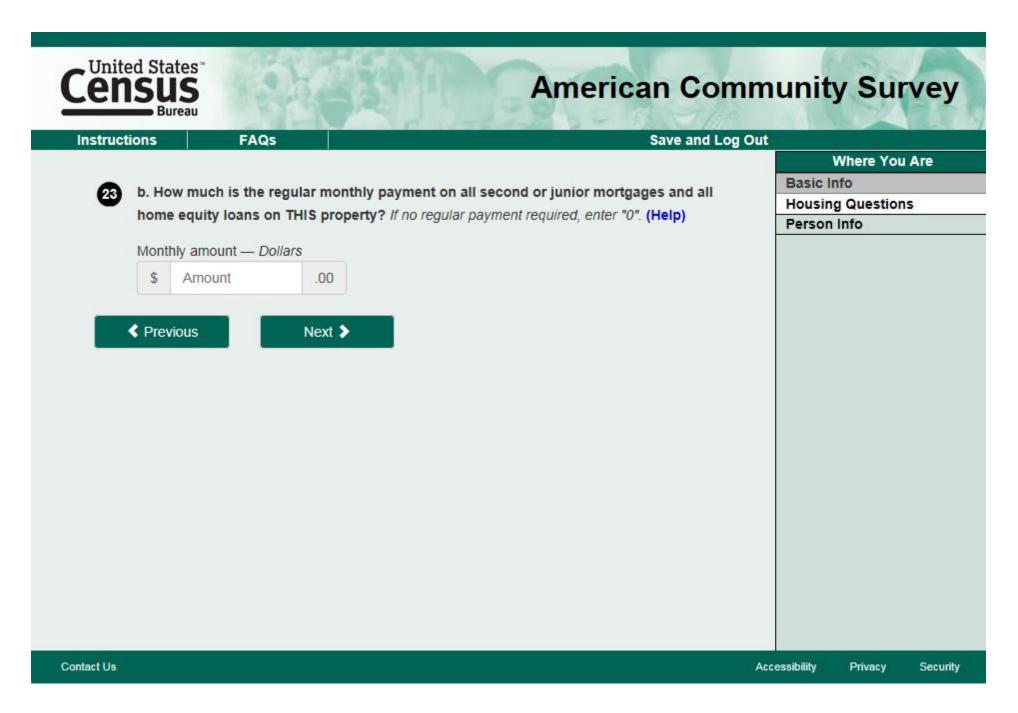
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Second Mortgage or home equity loan → indicates all loans secured by real estate
- To have a second mortgage, a person must have a first mortgage
- To have a home equity loan a person may or may not have another mortgage

2ndmortgageamt



2ndmortgageamt help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

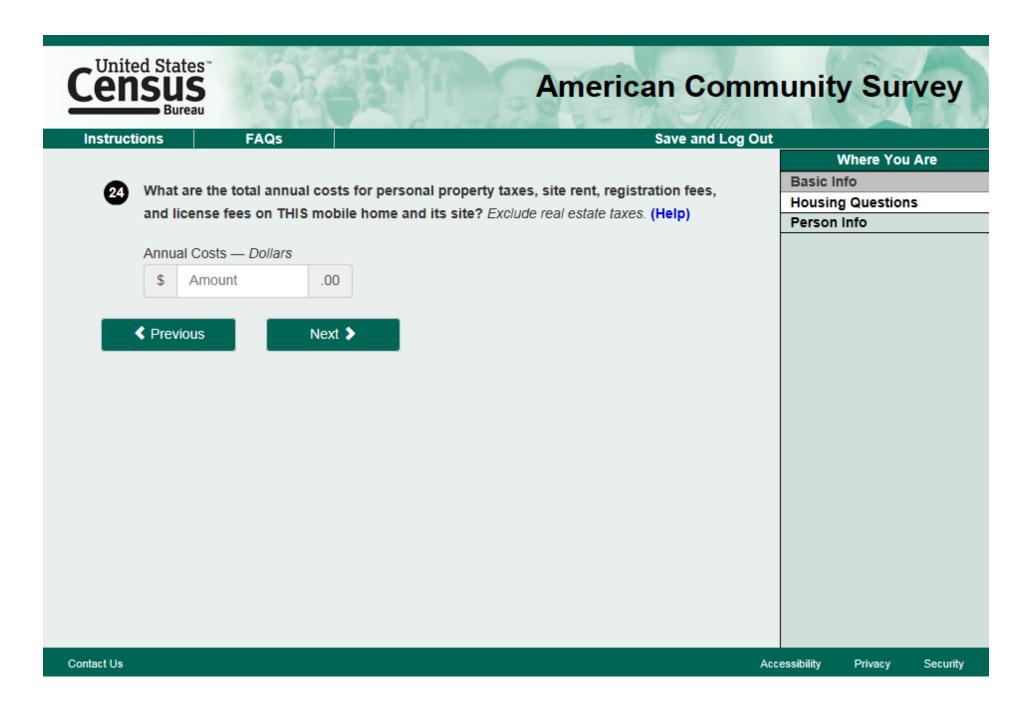
- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- · Enter monthly amount, even if unpaid or paid by someone else
- Include payments on second mortgages, junior mortgages, and home equity loans

If mortgage is paid:	To convert to monthly amount:
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6

mobilehometax



mobilehometax help

Help

×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

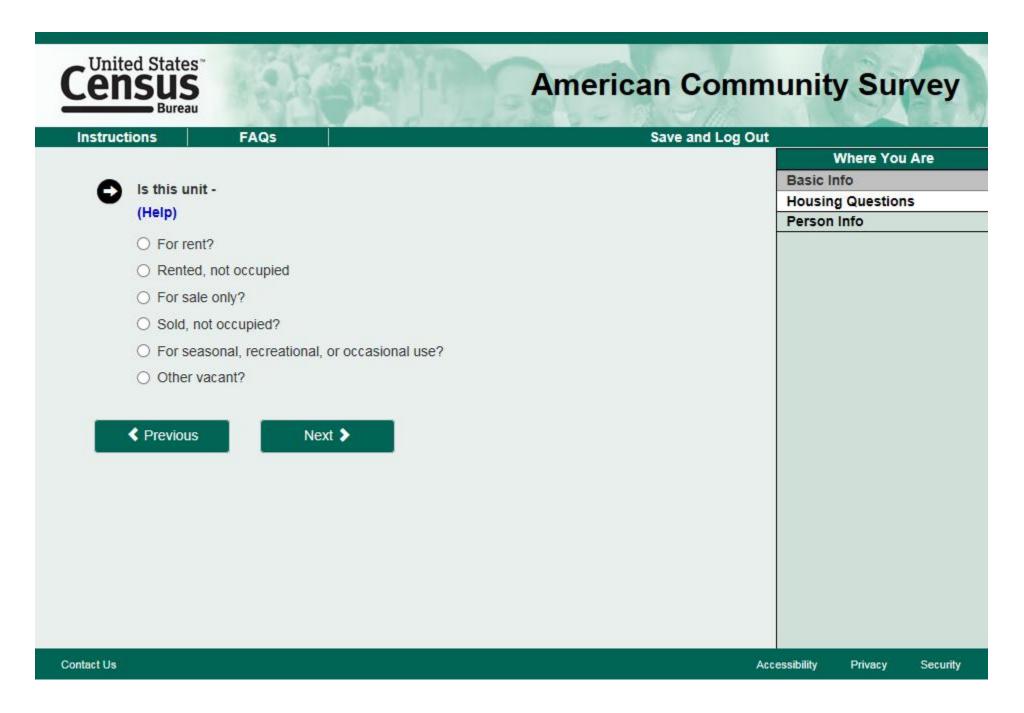
Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- · Enter total annual amount, even if it is unpaid or paid by someone else
- · Report total amount even if paid in two or more installments
- . If you do not know the exact cost → estimate
- · Include:
 - · Personal property taxes
 - · Land or site rent
 - · Registration fees
 - · License fees
- Do NOT include:
 - Real estate taxes

hunitstatus (if vacant)



hunitstatus help

Help

×

Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

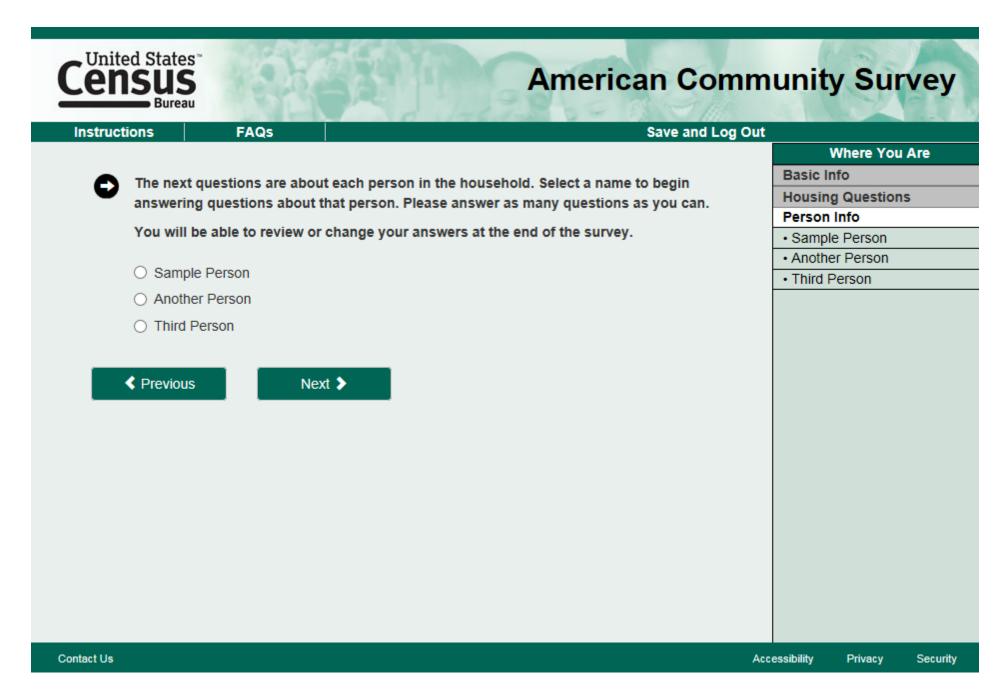
- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

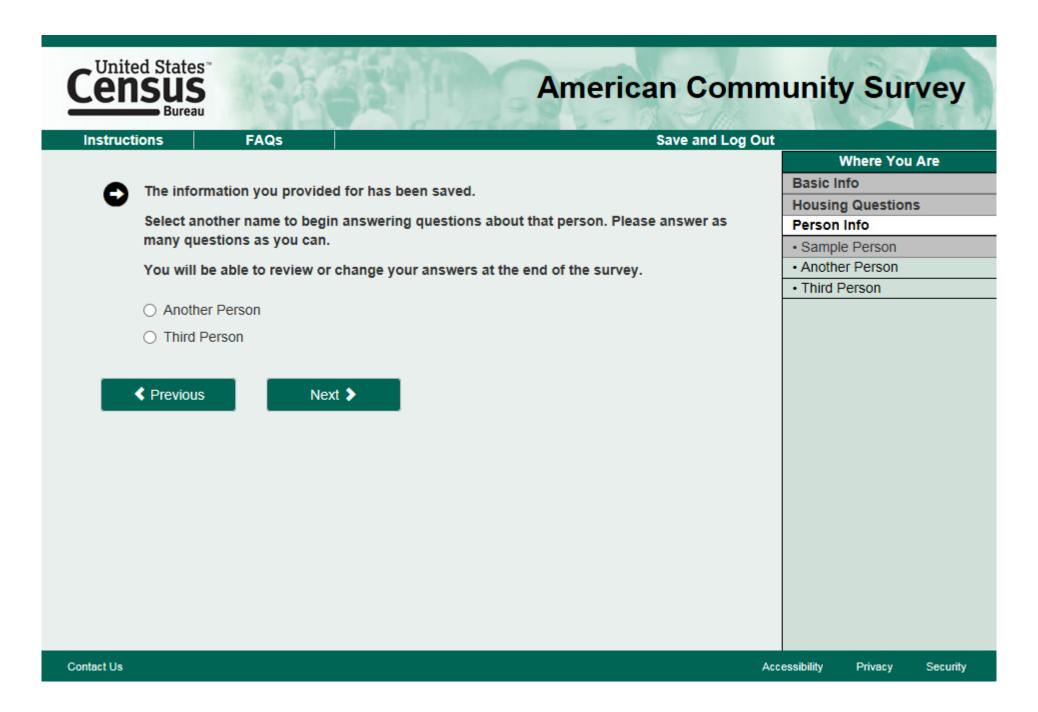
- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- · Businesses and mortgage lenders use these statistics to guide future operations.

Help	
f unit is:	Then select:
For rent OR for sale at the same time	For rent
Paid or agreed upon, BUT the renter has not yet moved in	Rented, no occupied
 In cooperatives AND the individual units are offered "For sale only" 	For sale
 In condominium projects AND the individual units are offered "For sale only" 	only
Recently sold, BUT new owner has not yet moved in	Sold, not occupied
Used OR intended for use in certain seasons or for weekend or other	For
occasional use throughout the year, including:	seasonal,
 Units used for summer or winter sports or recreation, such as beach cottages and hunting cabins 	recreations or
 Quarters for such workers as herders and loggers. 	occasional
 An interval ownership units, sometimes called shared ownership or time- sharing condominiums 	use
 Intended for occupancy by migratory workers employed in farm work 	Other
during the crop season	vacant
Held for settlement of an estate	
 Held off market for personal reasons, such as: 	
 The owner has not yet decided whether or not the unit will be torn down 	
 The owner is remodeling or repairing the unit AND will not make it available for rent or sale until the work is completed 	
Held for the occupancy of a caretaker or janitor	
Temporarily used for storage of excess house furniture	
 Has renters who moved during the month although rent has been paid to the end of the month 	

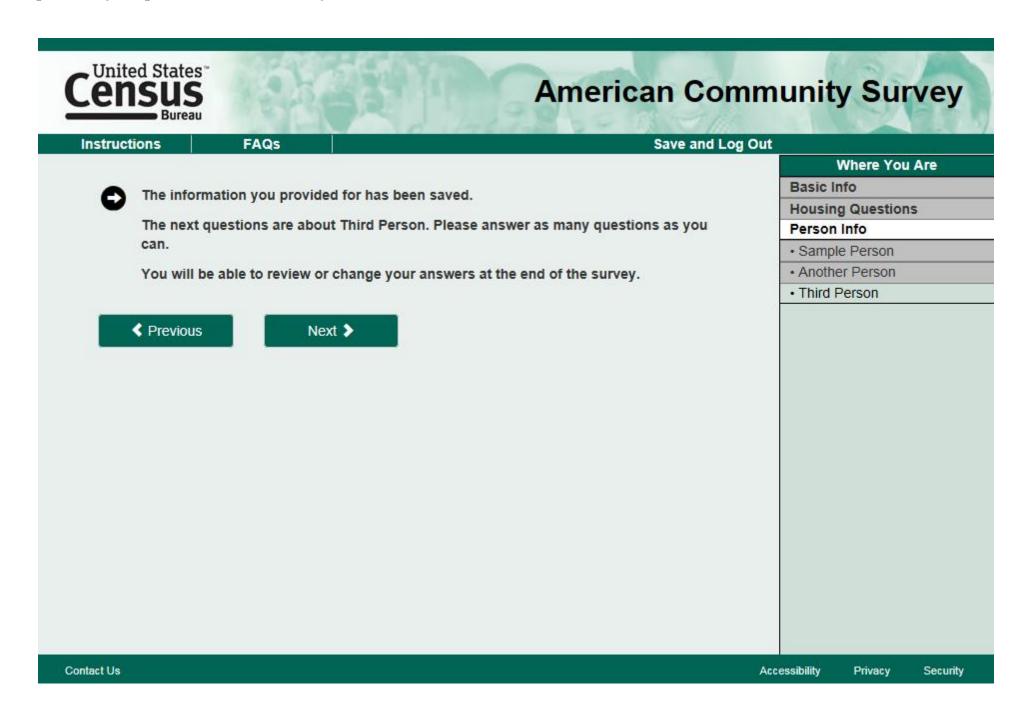
pselect (first time viewing)



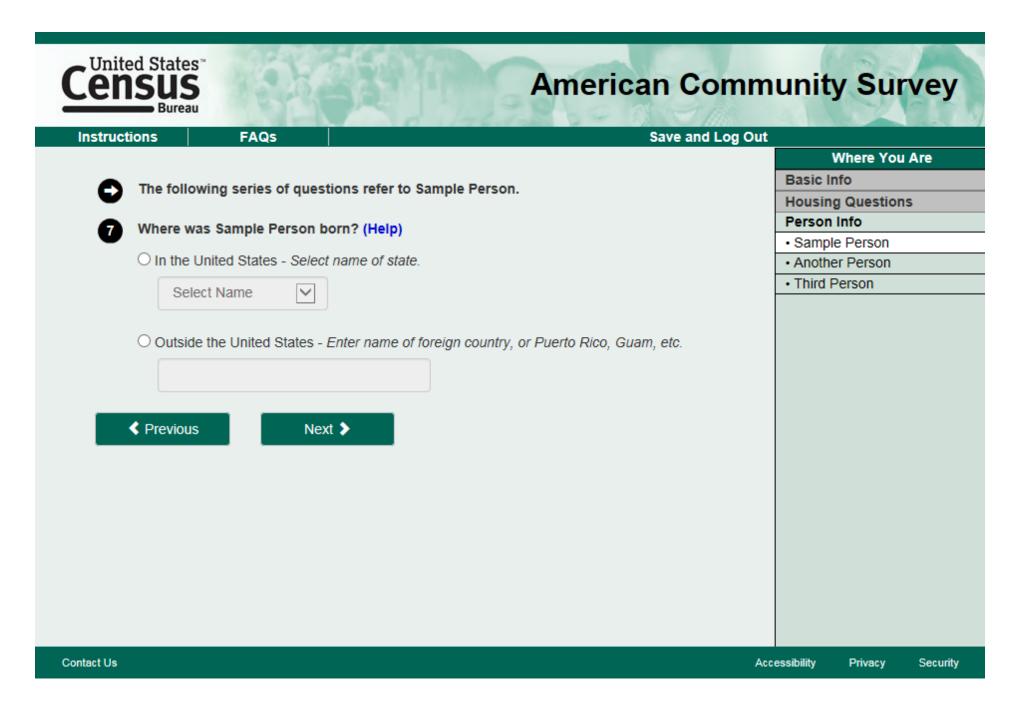
pselect (subsequent viewing, with more than one person remaining)



pselect (one person left on roster)



placeofbirth



placeofbirth help

Help

×

Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

- Click Here to Collapse Additional Text

Examples of Federal Uses

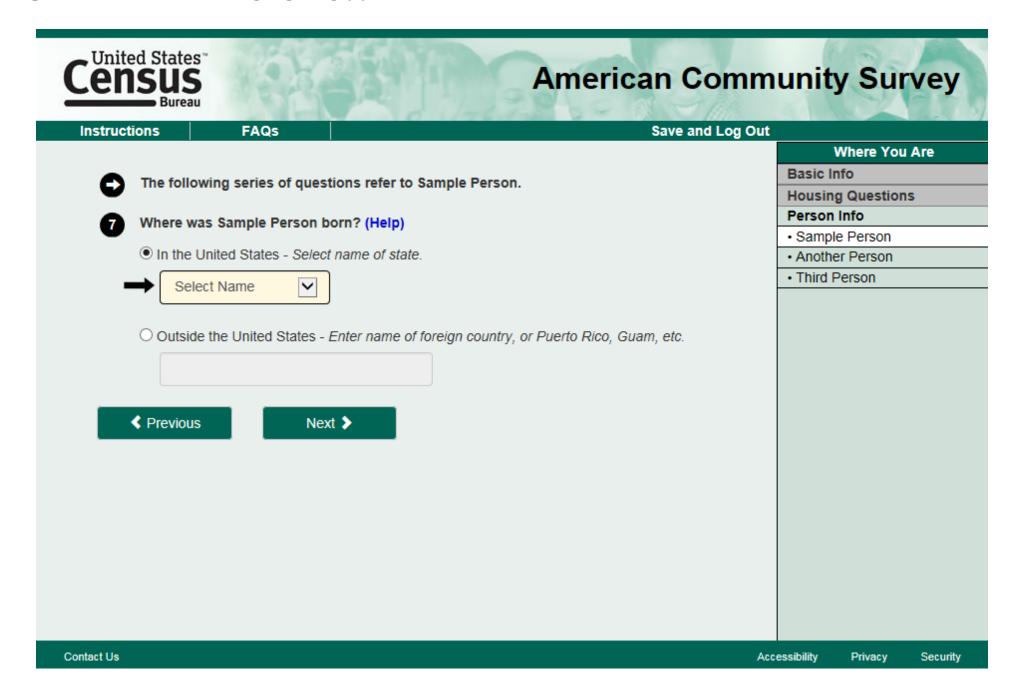
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

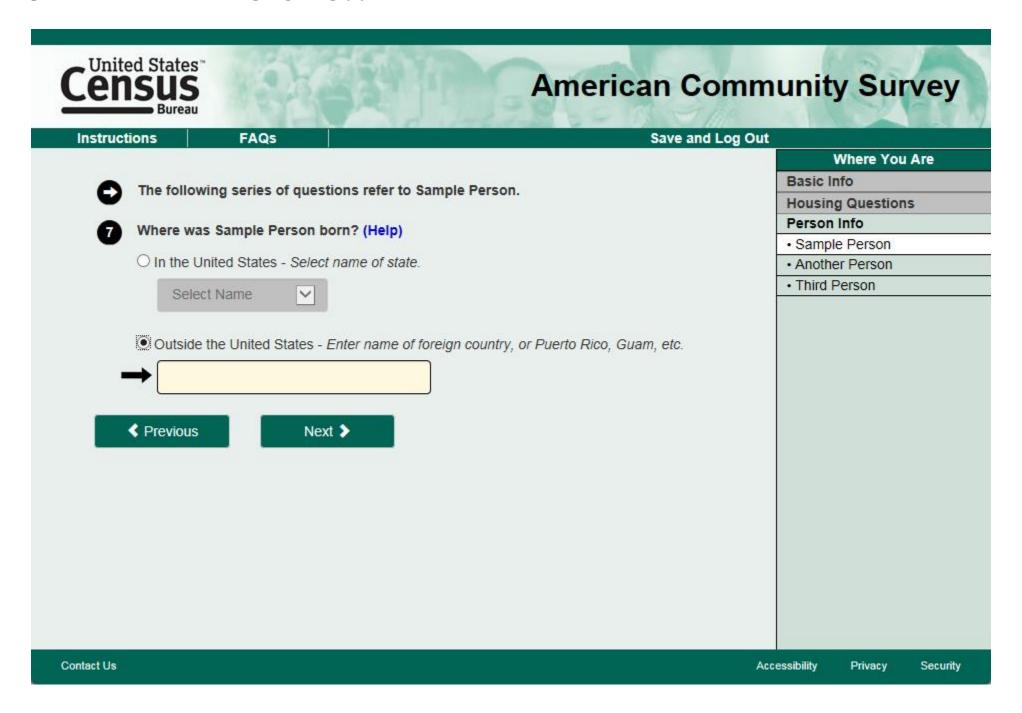
- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

Help	
If:	Then:
Born in Washington, DC	Select "In the United States" AND
	Enter "District of Columbia"
Country boundaries at time of birth different Enter name of country using current country	
than country boundaries now	boundaries. For example, specify:
	Czech Republic or Slovakia
	North or South Korea
Born on Caribbean island	Specify particular country or island in the
	Caribbean. For example, specify:
	Jamaica not West Indies

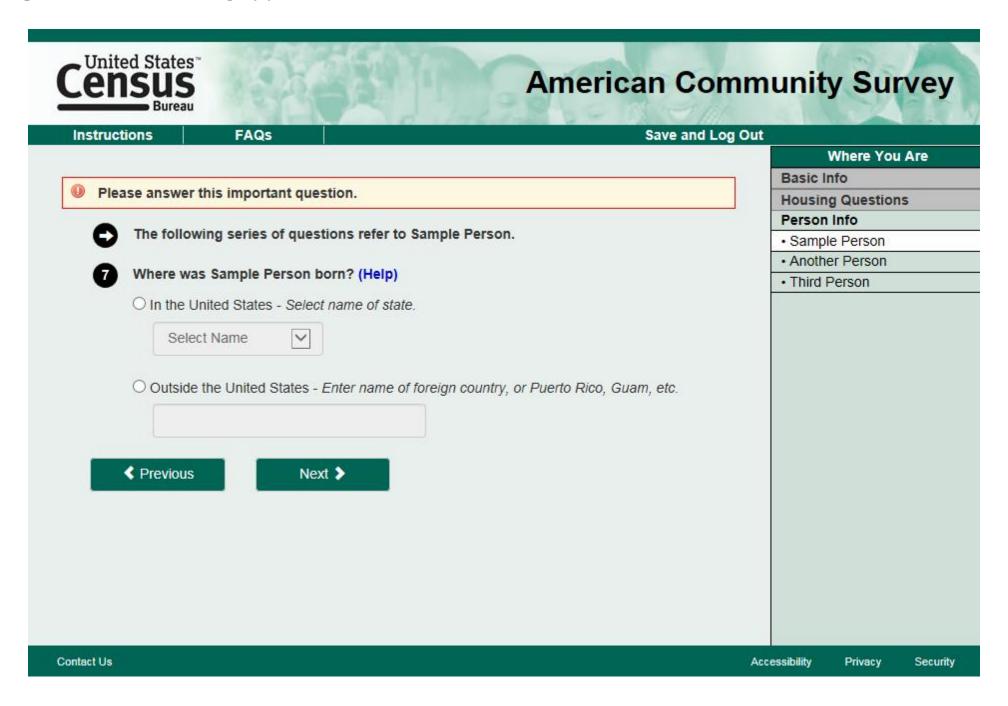
placeofbirth arrow and highlighting (1)



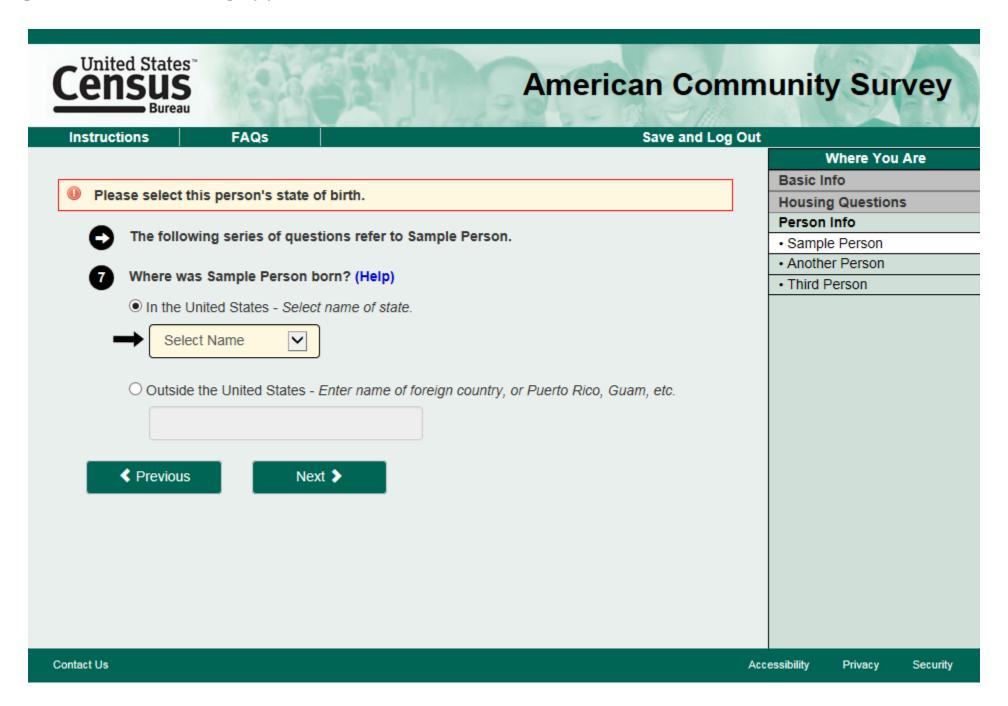
placeofbirth arrow and highlighting (2)



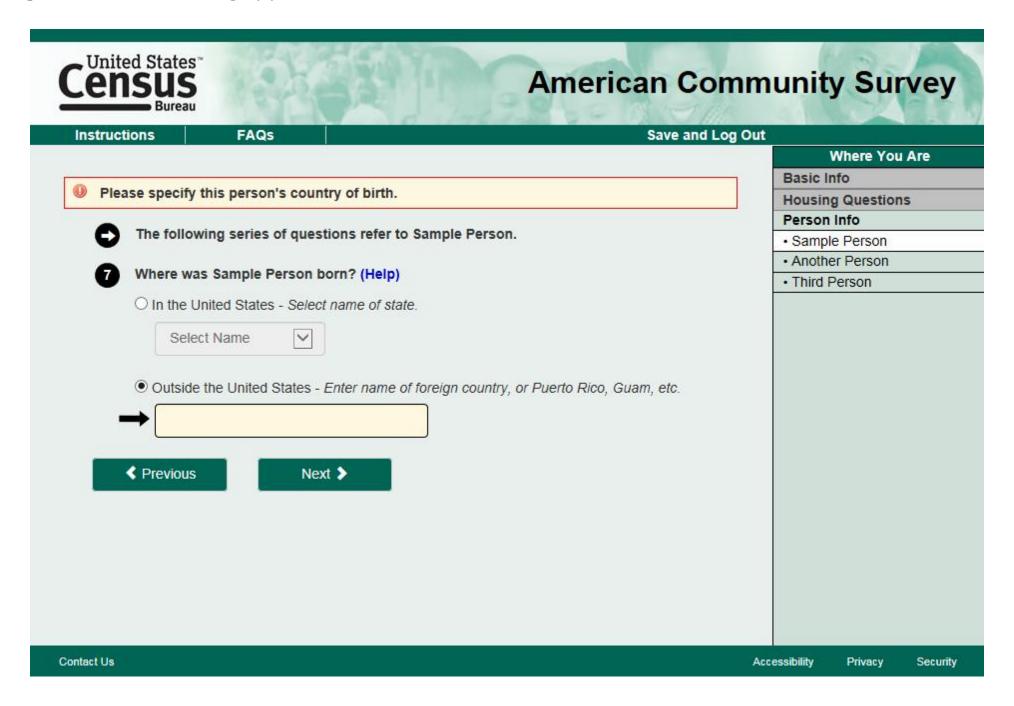
placeofbirth edit message (1)



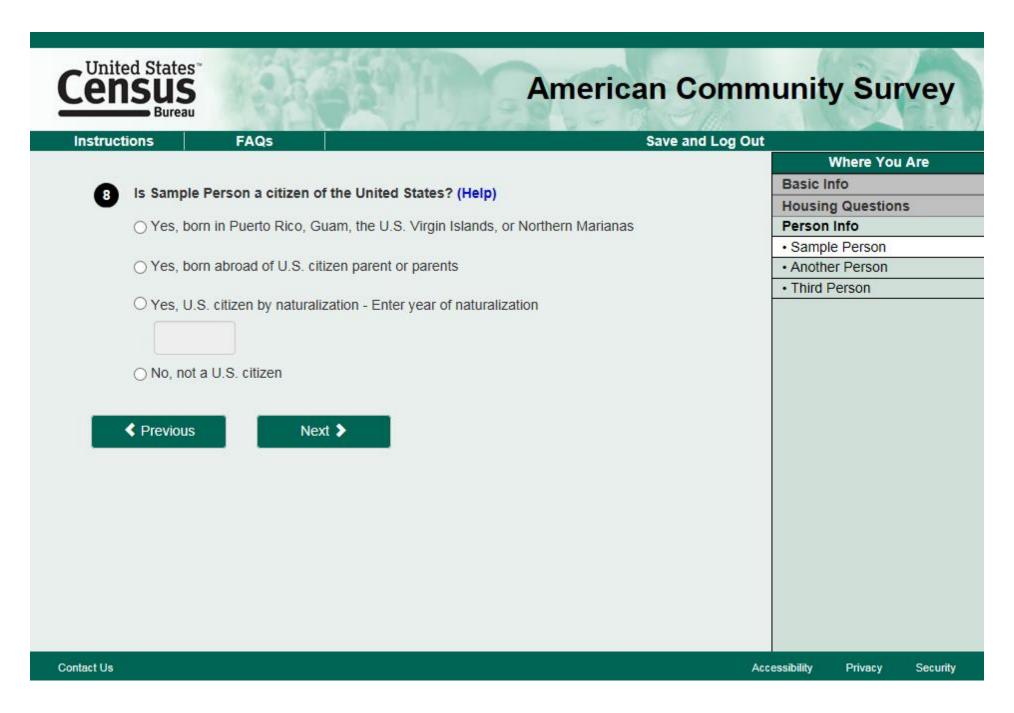
placeofbirth edit message (2)



placeofbirth edit message (3)



citizenship



citizenship help

Help

×

Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

- Click Here to Collapse Additional Text

Examples of Federal Uses

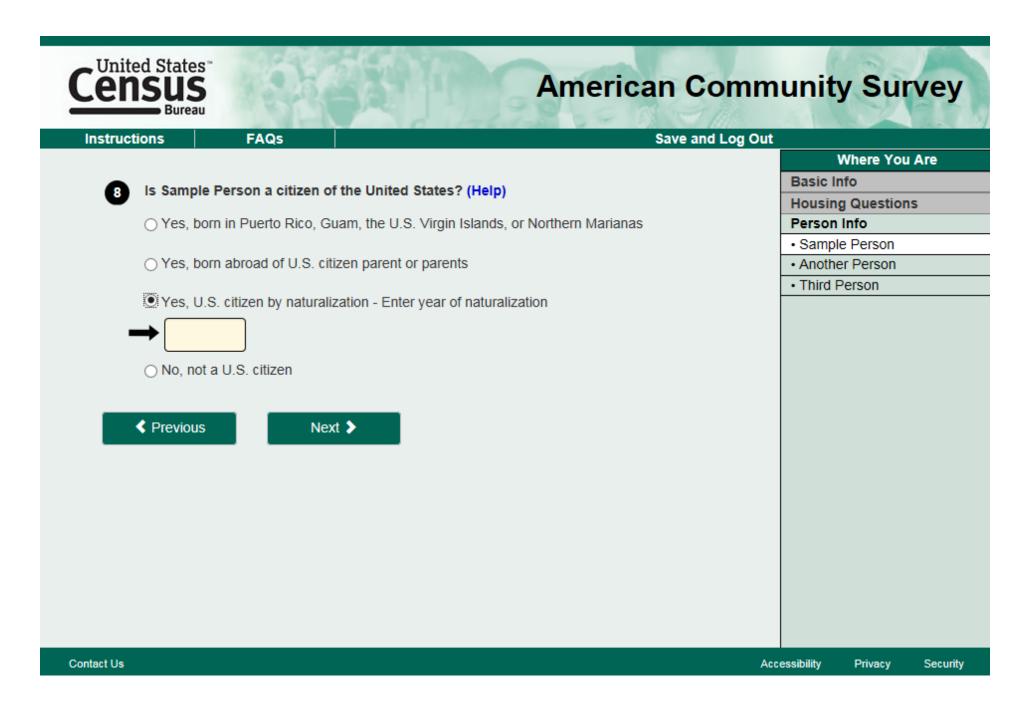
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

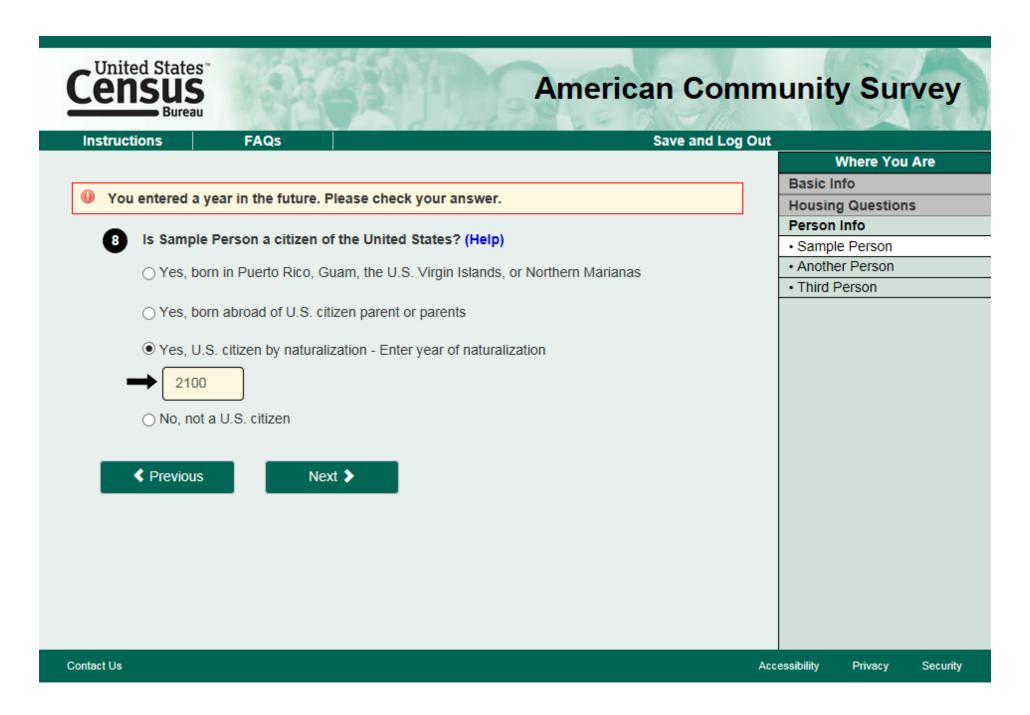
- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

Help	
if:	Then select:
Born in United States (50 states and District	Yes, born in the United States
of Columbia)	
Born in Puerto Rico, Guam, the U.S. Virgin	Yes, born in Puerto Rico, Guam, the U.S.
Islands, or Northern Marianas	Virgin Islands, or Northern Marianas
Born outside United States, AND	Yes, born abroad of U.S. citizen parent or
Had at least one parent who was U.S.	parents
citizen at time of person's birth	
Born at sea, AND	Yes, born abroad of U.S. citizen parent or
Had at least one parent who was U.S.	parents
citizen at time of person's birth	
Born outside United States, AND	Yes, U.S. citizen by naturalization, AND enter
Completed naturalization process, AND	year naturalization was completed
Now United States citizen	
Legal Permanent Residents (LPRs)	No, not a U.S. citizen
"Green card" holders	
Other non-naturalized immigrants	
Visitors to U.S.	

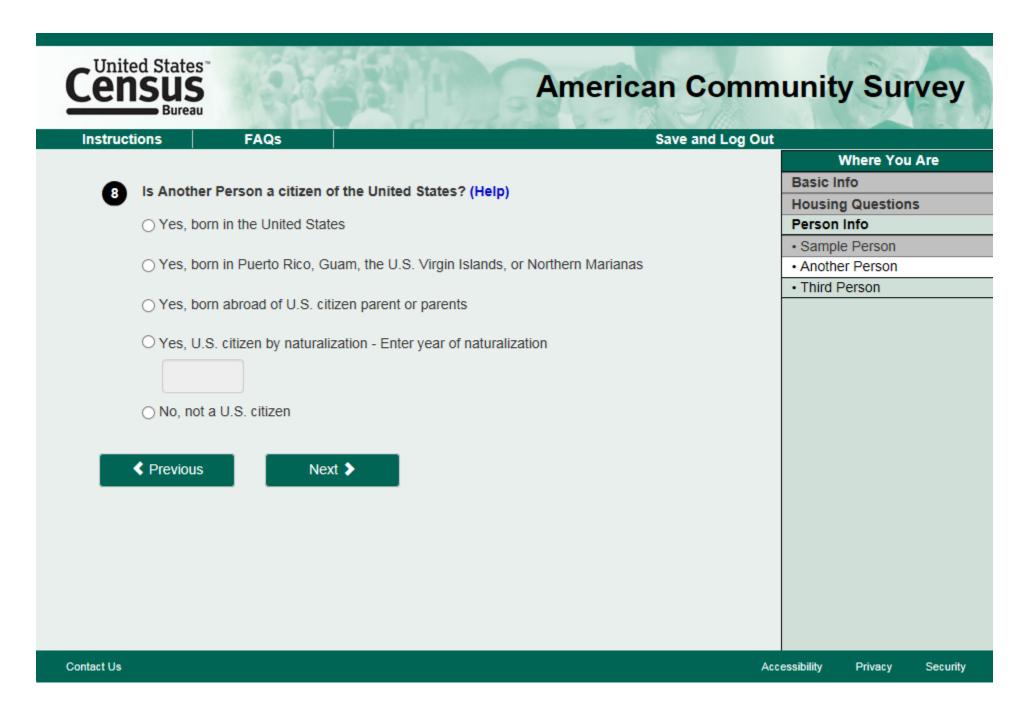
citizenship arrow and highlighting



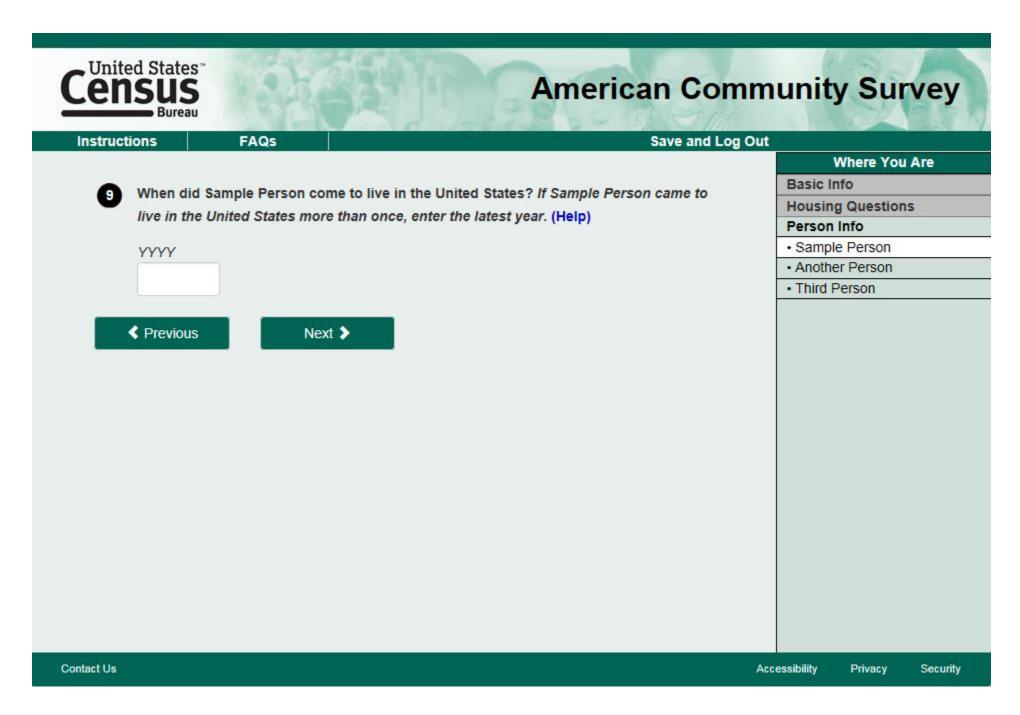
citizenship edit message



citizenship (placeofbirth left blank)



yearofentry



yearofentry help

Help

×

Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

- Click Here to Collapse Additional Text

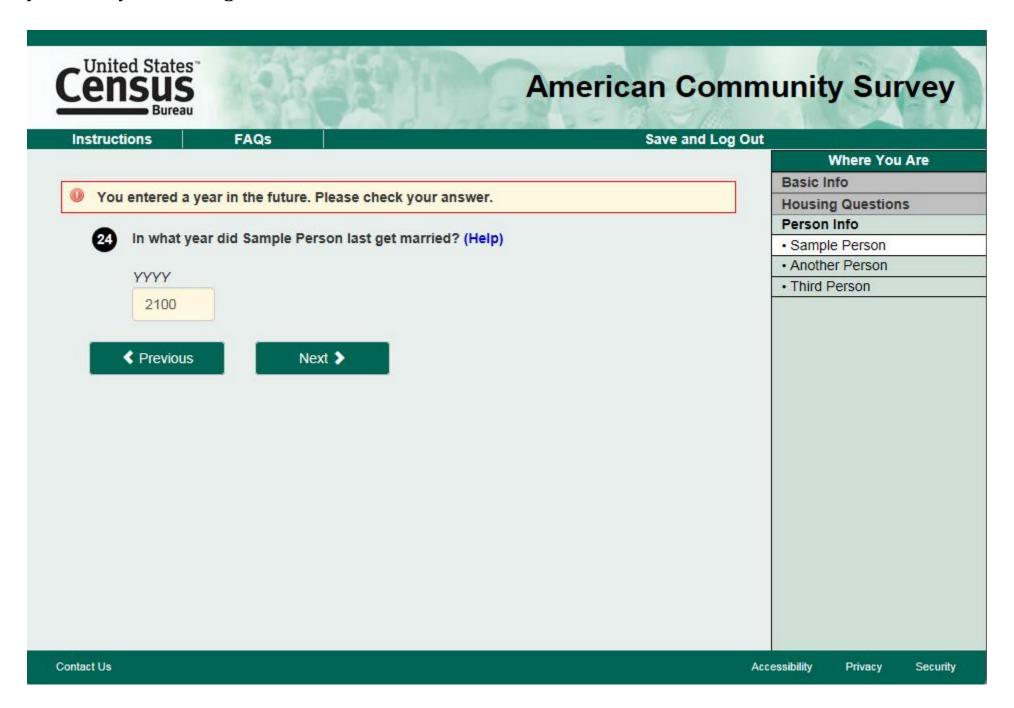
Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

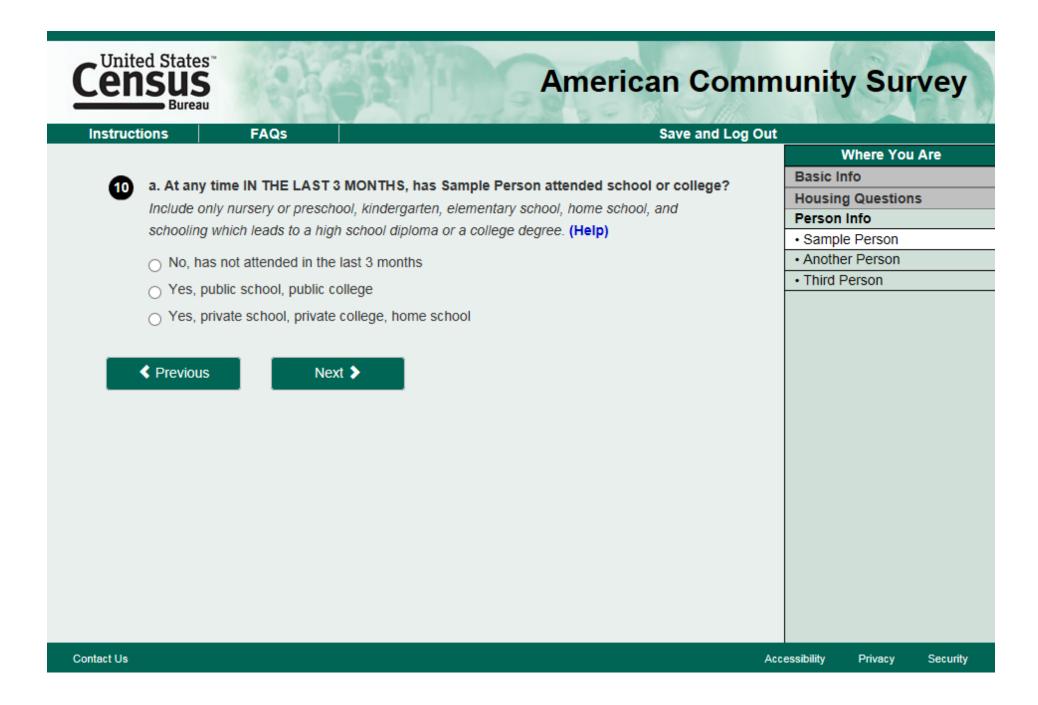
Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

yearofentry edit message



attendschool



attendschool help

Help

 \times

Why We Ask?

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

- Click Here to Collapse Additional Text

Examples of Federal Uses

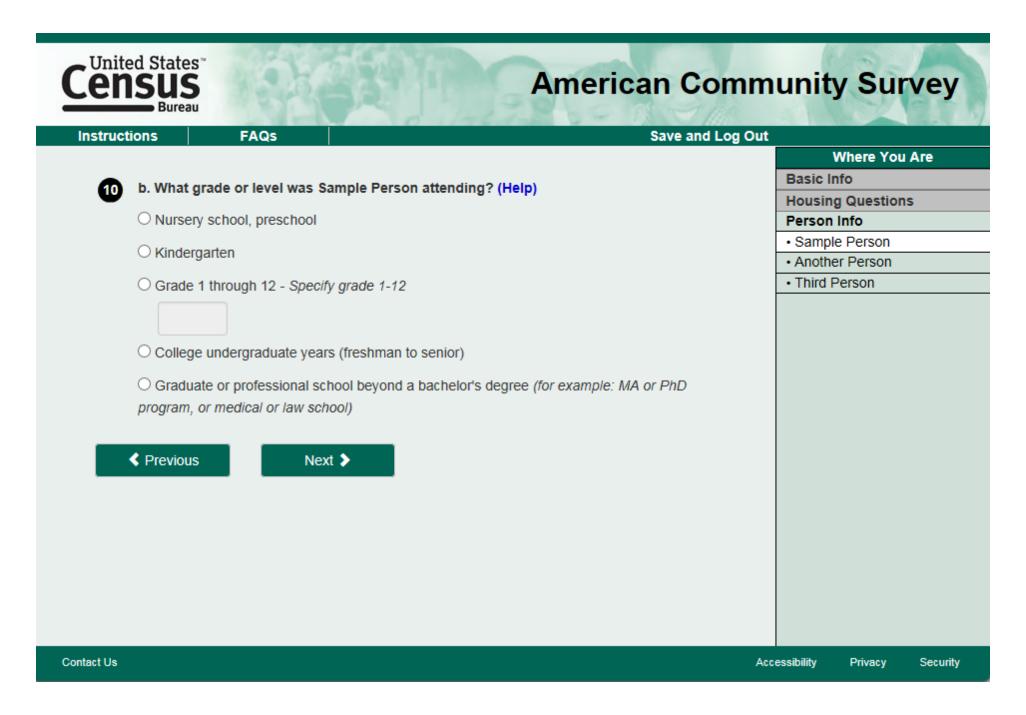
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- · Used to provide funds to states based on the number of adults without a diploma.

Examples of Other Uses

 Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

Help	
Category:	Definition:
	Supported and controlled primarily by local, county, state or federal government
Private	Supported and controlled primarily by religious organization or other private
school	group
Home school	Parental guided education outside of public or private school for grades 1-12

whatgrade



whatgrade help

Help



Why We Ask?

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- · Used to provide funds to states based on the number of adults without a diploma.

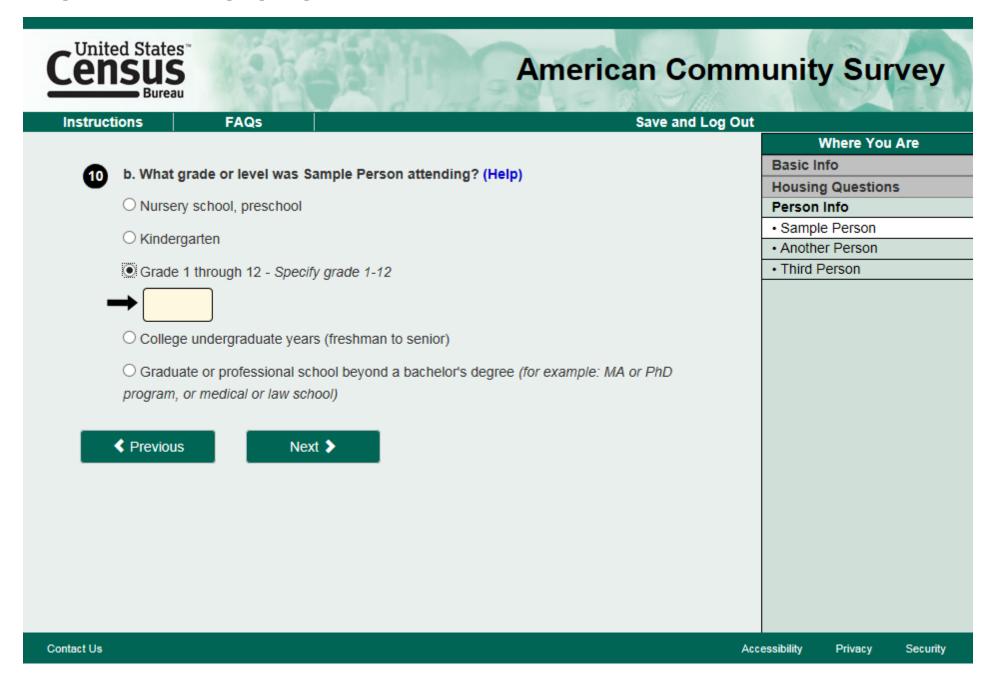
Examples of Other Uses

 Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

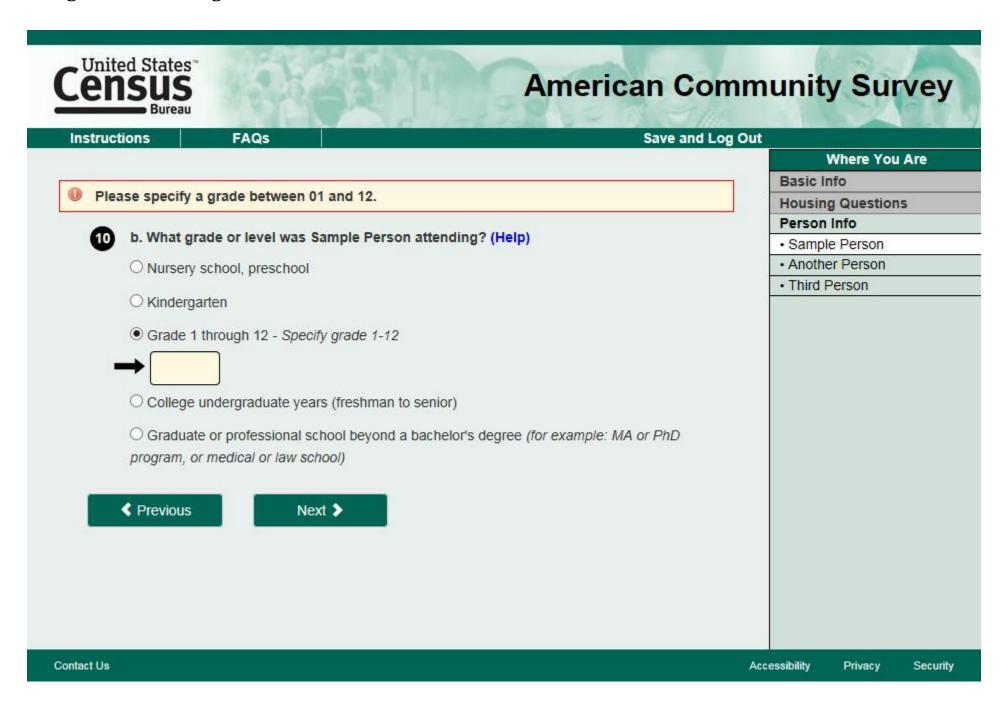
Help

- Only record grades that the person attended in the LAST 3 MONTHS
- If this is currently a summer month \rightarrow do NOT record grades the person will attend in the future

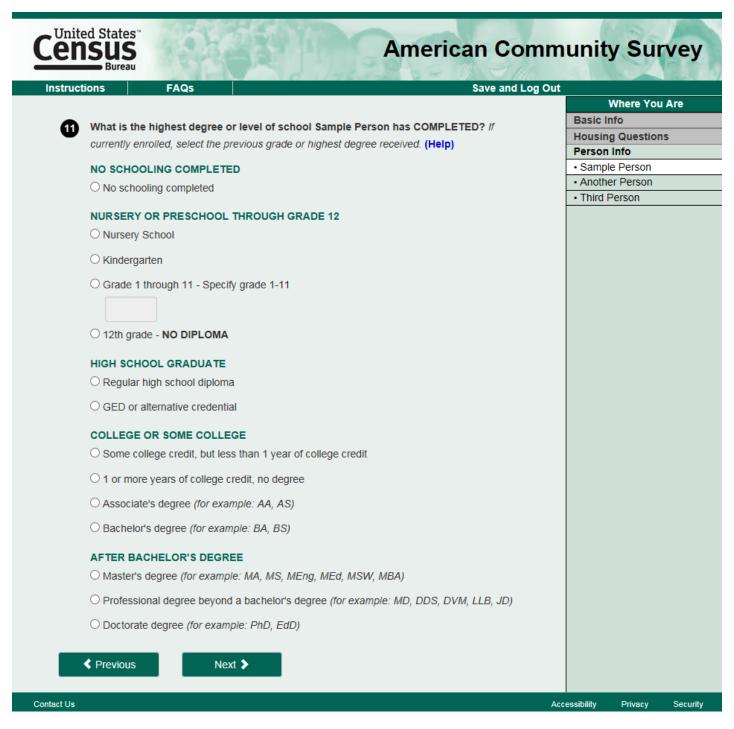
whatgrade arrow and highlighting



whatgrade edit message



highestlevel



highestlevel help

Help

×

Why We Ask?

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

Examples of Other Uses

 Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.

Help

- Select highest grade or level of schooling person has COMPLETED or highest degree received
- School completed in foreign or ungraded school → report equivalent level of schooling in regular American school system
- No college courses completed for credit → select highest level completed below college level

Category:	Definition:
General Education Development (GED) or alternative credential	The person did not receive a regular high school diploma, BUT Completed high school by receiving a GED or other formal recognition of high school completion from a school or government authority
Some college credit, but less than 1 year of college credit	The person has NOT completed enough college credit to be counted as a sophomore
Professional degree beyond a bachelor's degree	Do NOT include: Certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology Post-bachelor's certificates that are related to occupational training, such as teaching, accounting, or engineering

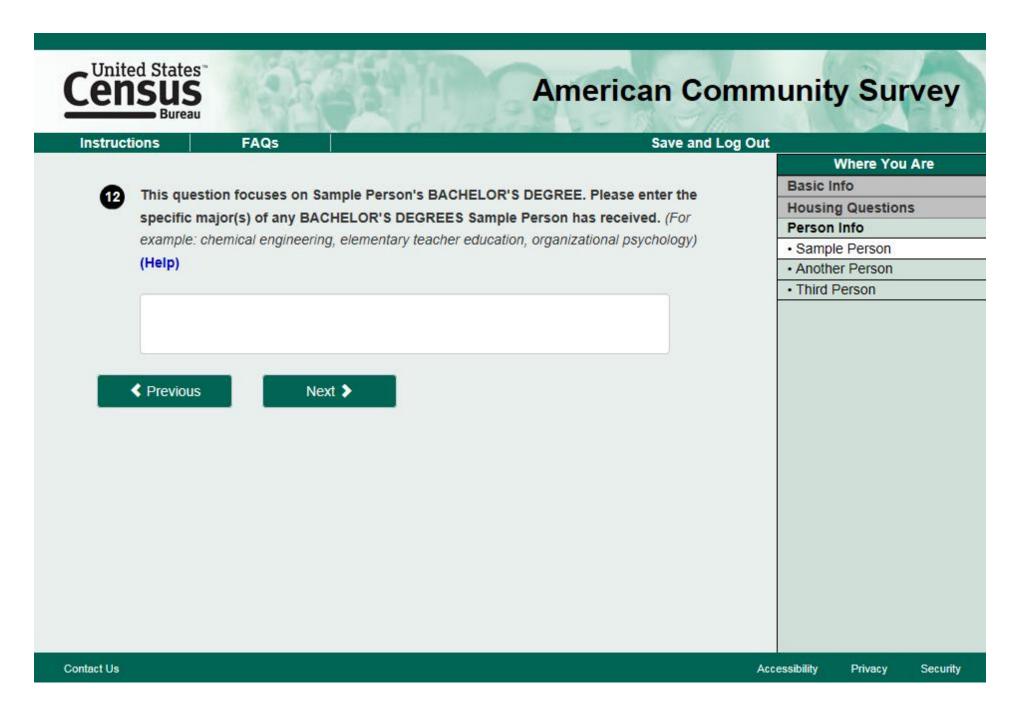
highestlevel arrow and highlighting



highestlevel edit message



fieldofdegree



fieldofdegree help

Help

×

Why We Ask?

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

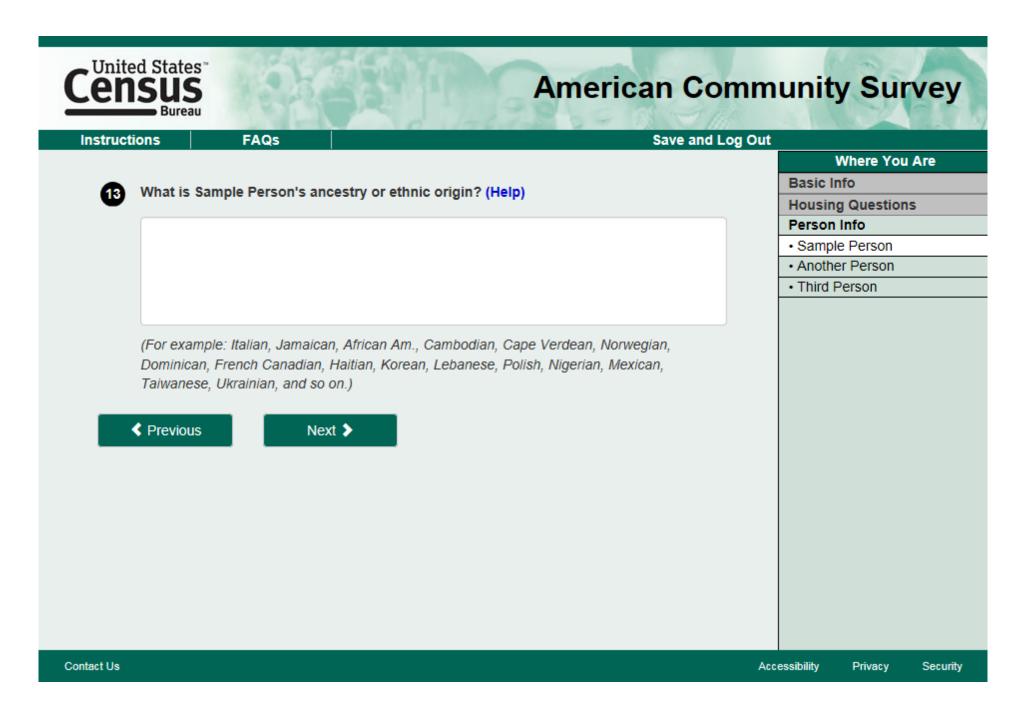
Examples of Other Uses

 Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.

Help

More than one bachelor's degree or major \rightarrow enter names of specific majors for all bachelor's degrees

ancestry



ancestry help

Help



Why We Ask?

We ask about a person's ancestry to understand the ethnic origins of the population. These statistics are needed to measure the characteristics of ethnic groups and to tailor services to accommodate cultural differences.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences by ancestry in education, employment, home ownership, health, income and many other areas of interest to policymakers.

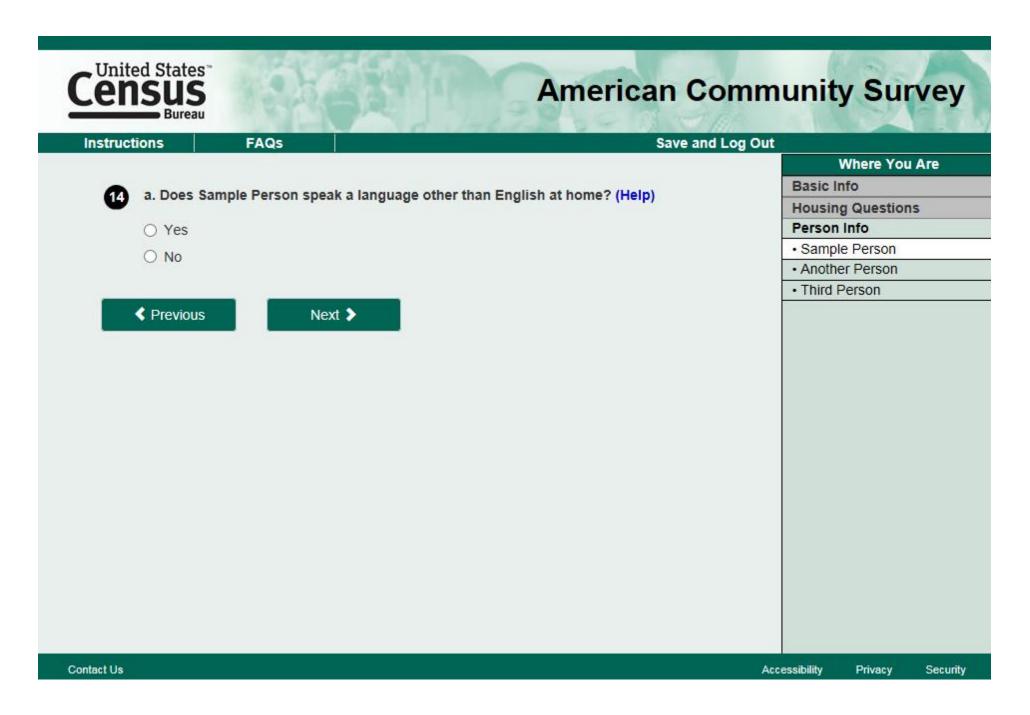
Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of ancestry groups over time.

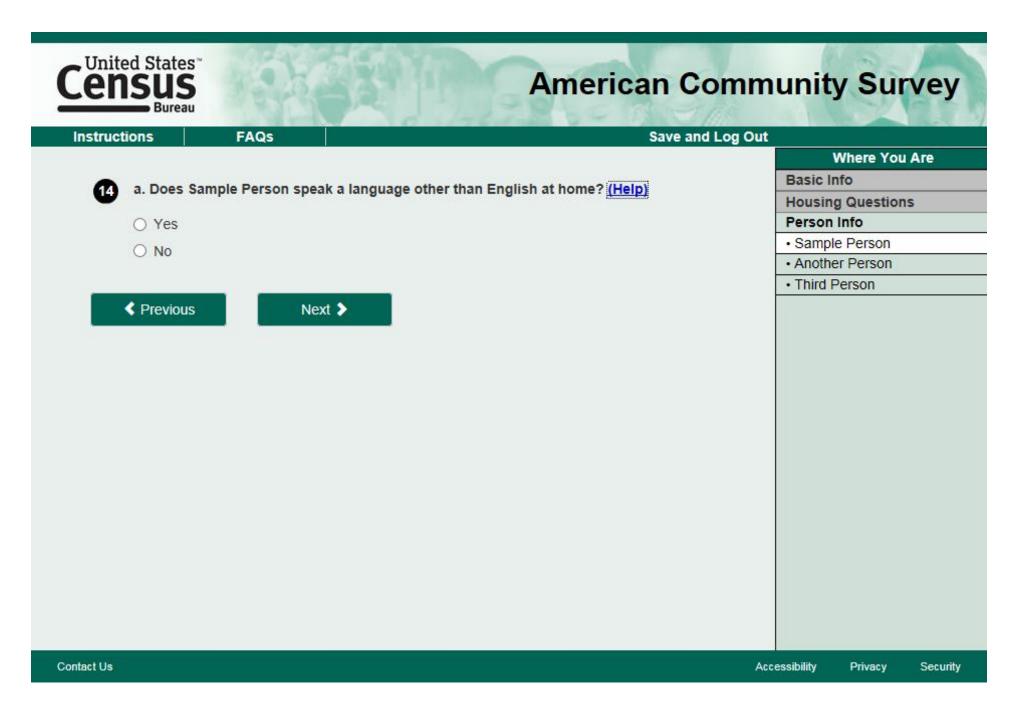
Help

- · Ancestry refers to the person's ethnic origin or descent, "roots," or heritage
- Ancestry may also refer to the country of birth of the person or the person's parents or ancestors before their arrival in the U.S.
- Do NOT report a religious group as person's ancestry
- · A person may report two ancestry groups (for example: German, Irish)
- Answer for ALL persons, regardless of race, Hispanic origin, or place of birth.

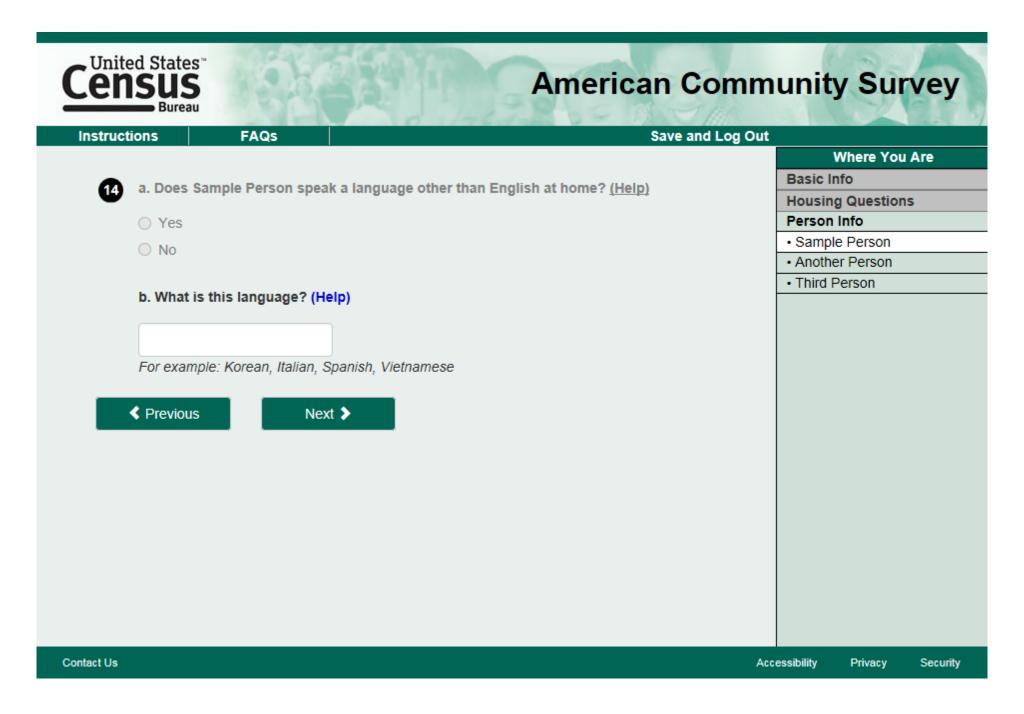
language



language help



whatlanguage



whatlanguage help

Help

×

Why We Ask?

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

Click Here to Collapse Additional Text

Examples of Federal Uses

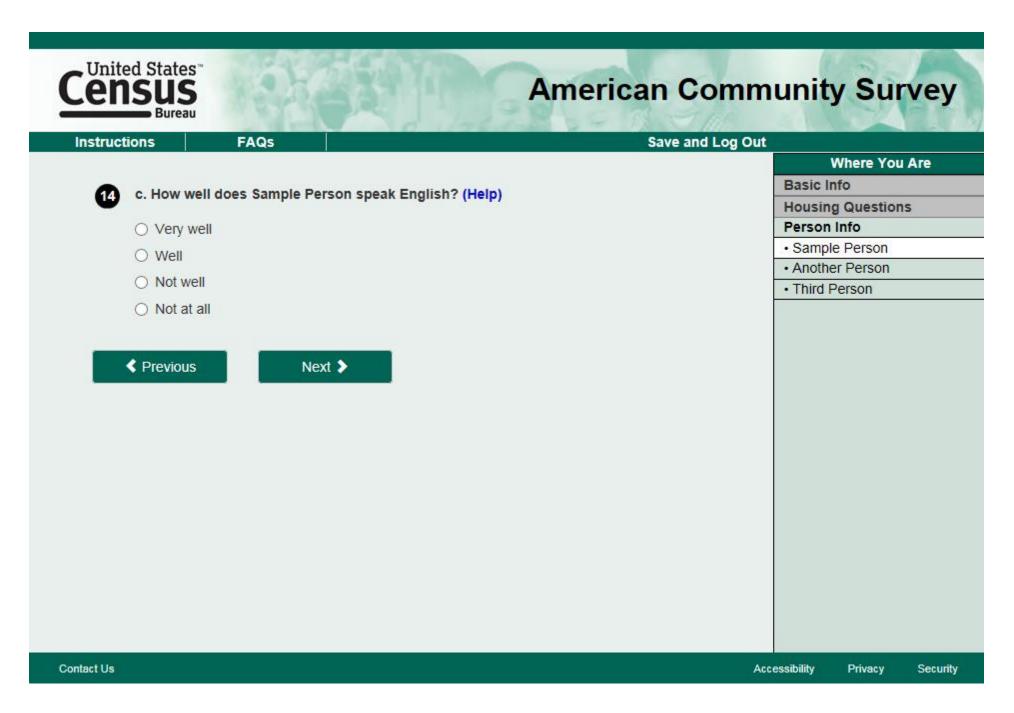
- Used to report the housing needs of minorities, including non-native English speakers.
 State and Local governments receiving grants from Community Development Block
 Grants program, HOME Investment Partnership Program, Emergency Solutions Grant
 and Housing Opportunities for Persons with AIDS programs, are required by law to
 report these needs.
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.

Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

Help	
lf:	Then:
The person speaks more than one non-English	Report language first learned to
language,	speak
AND	
Cannot determine which is spoken more often	

englishprof



englishprof help

Help



Why We Ask?

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

- Click Here to Collapse Additional Text

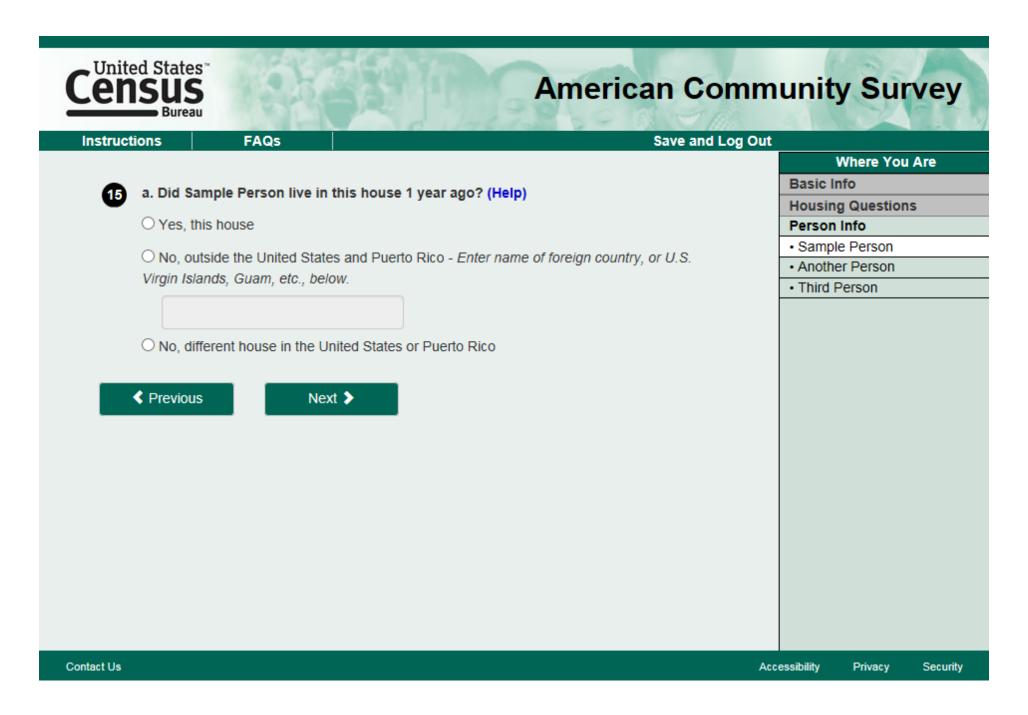
Examples of Federal Uses

- Used to report the housing needs of minorities, including non-native English speakers.
 State and Local governments receiving grants from Community Development Block
 Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.

Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

residencelastyear



residencelastyear help

Help

×

Why We Ask?

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

- Click Here to Collapse Additional Text

Examples of Federal Uses

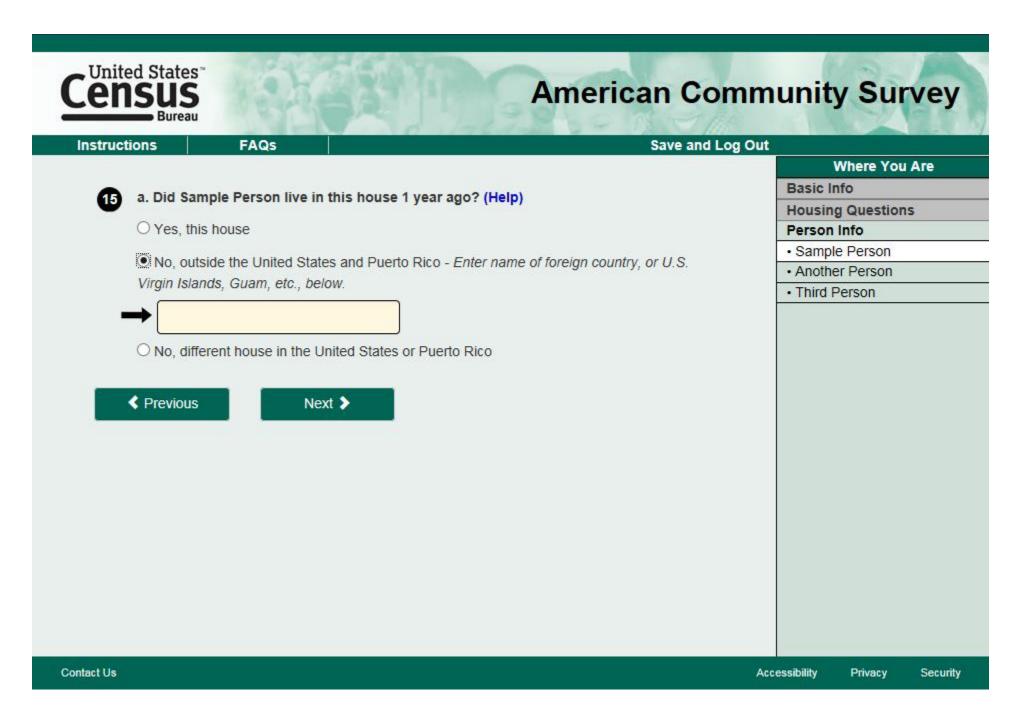
- · Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

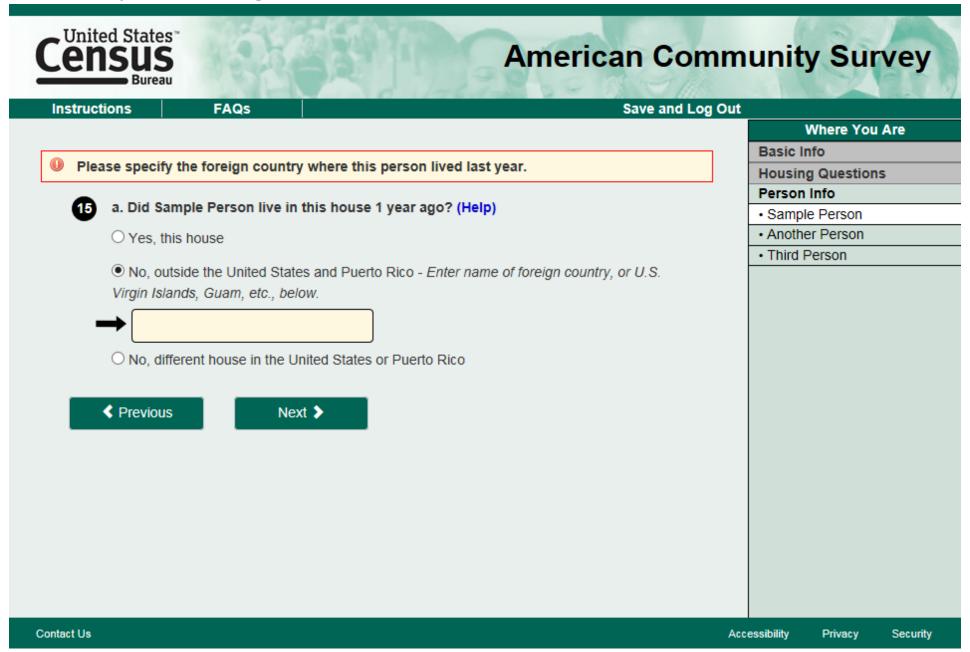
- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help		
If the person:	Then:	
Did not live in United States or Puerto Rico one year ago	Select "No, outside the United States and Puerto Rico" AND Enter the name of the foreign country, or U.S. Virgin Islands, Guam, etc., where the person lived Be specific when entering name of foreign country. For example: Czech Republic or Slovakia (not Czechoslovakia) North or South Korea (not Korea) Specify particular country or island in Caribbean. For example, Jamaica (not West Indies)	

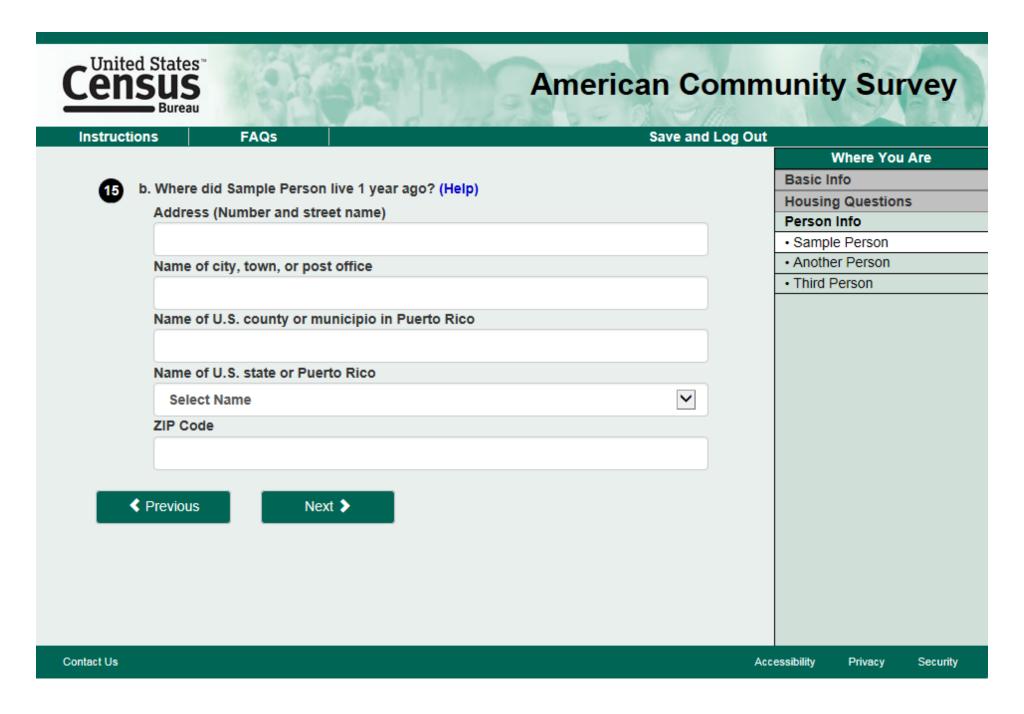
residencelastyear arrow and highlighting



residencelastyear edit message



addresslastyear



addresslastyear help

Help

×

Why We Ask?

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- · Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help

Include:

- · House or structure number;
- · Street name;
- · Street type (for example, St., Road, Ave.);
- . Street direction (if a direction such as "North" is part of the address).
 - For example, enter 1239 Main St. or 1239 Main St., N.W., not just 1239 Main.

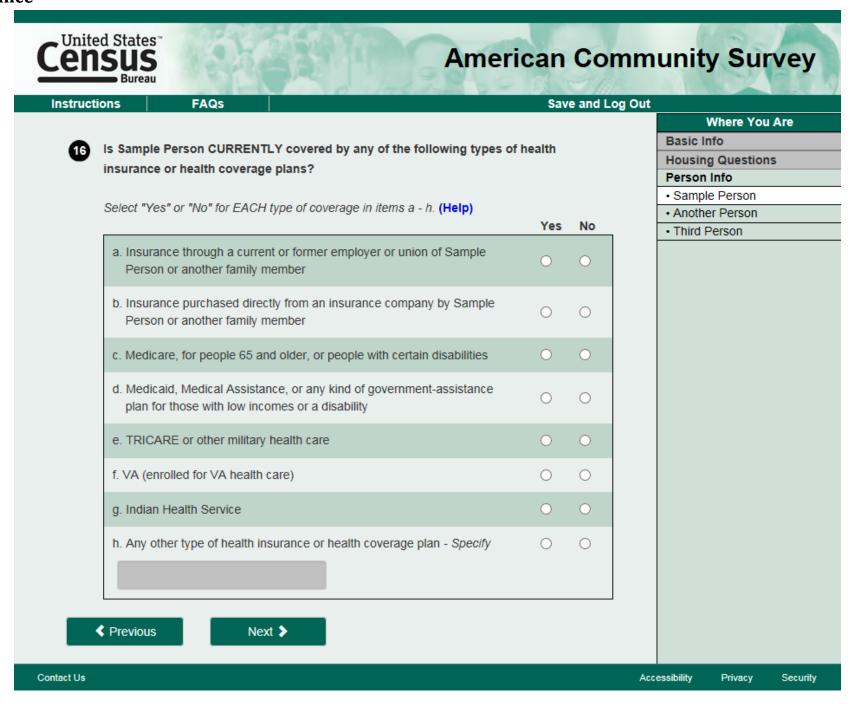
Address:

lf:	Then:
Lived in Puerto Rico	Address should also include name of development or
	condominium
Only known address is a post	Do NOT give a post office box number
office box	Give description of residence location. For example,
	enter:
	 Name of the building where the person lived
	Nearest intersection
	 Name of military base or installation
	 Nearest street where residence located

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

lf:	Then:
Lived in Louisiana	Enter parish name
Lived in Alaska	Enter borough or census area name, if known
Lived in New York City AND county name is not known	Enter borough name
Lived in independent city (not in any county)	Leave blank
Lived in Washington, D.C.	Leave blank

insurance



insurance help

Help



Why We Ask?

We ask questions about health insurance to create statistics about the percentage of the population covered by health insurance, and the sources of their health insurance. These statistics help federal agencies better understand health insurance coverage, state and local health insurance needs, and to help federal agencies accurately distribute resources and plan programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to identify vulnerable populations that might have limited health care access, poor health quality, and poor health outcomes.
- Used in the Marketplace, Medicaid, and Children's Health Insurance Program (CHIP) to target efforts to enroll eligible people and provide Navigator funding.
- Used to project the demand for VA extended health care services.

Examples of Other Uses

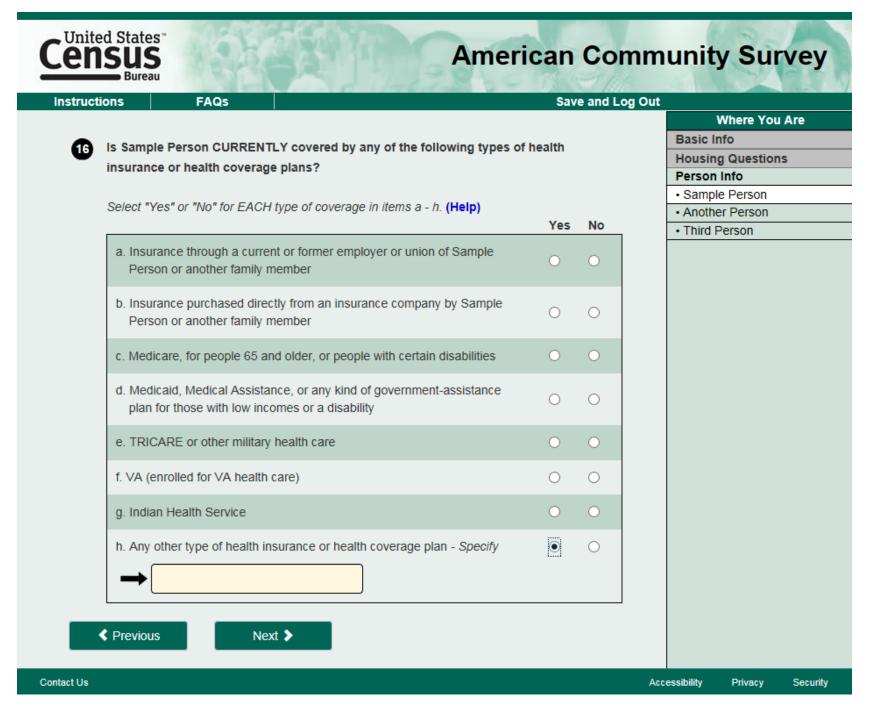
- State and local agencies use these statistics to understand gaps in community services, and to plan services for everyone, including the uninsured.
- Researchers use these statistics to understand the effect of health care policies, and to understand who is covered by health insurance and the sources of their insurance.

Help

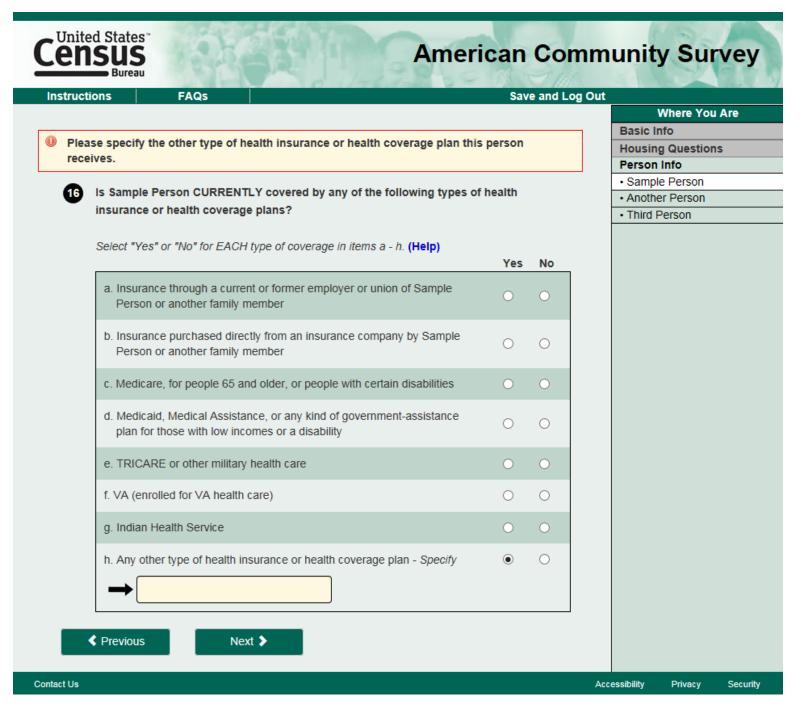
Do NOT include:

- Plans that cover only one type of health care (such as dental plans)
- · Plans that only cover a person in case of an accident or disability

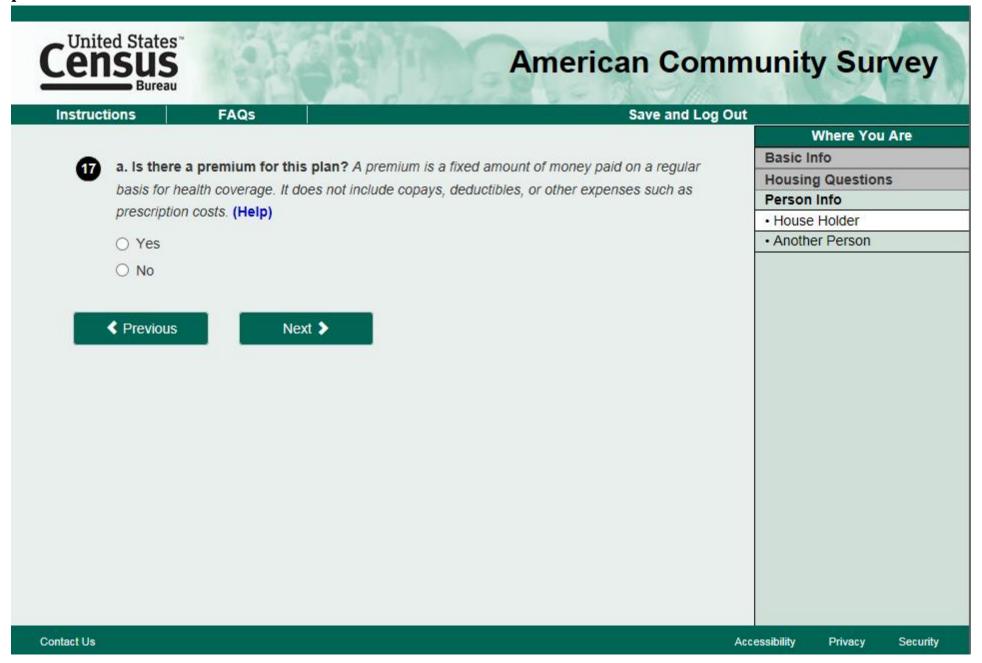
insurance arrow and highlighting



insurance edit message



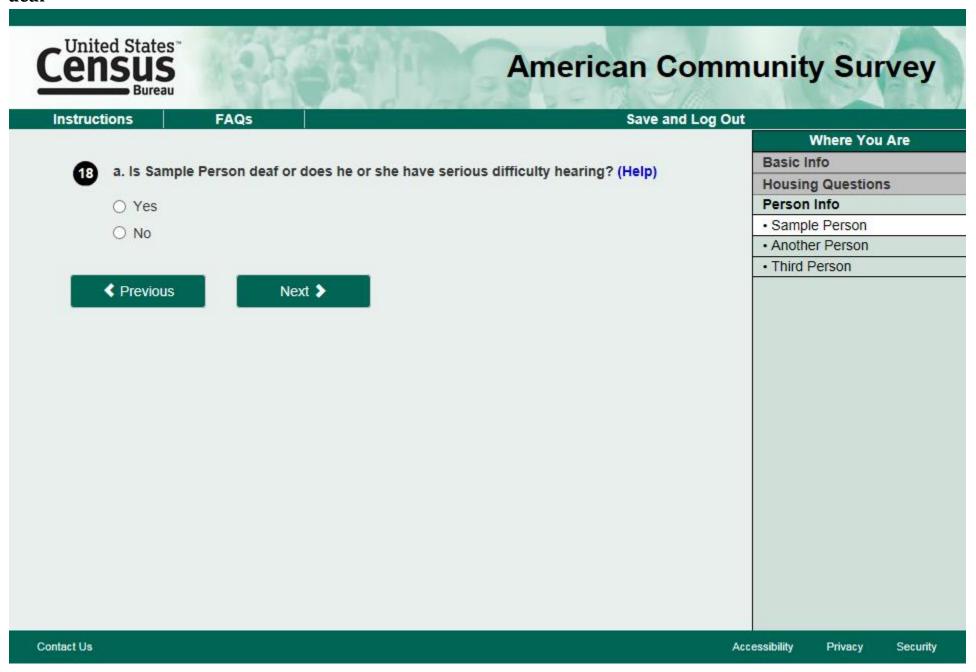
premium



premium help



deaf



deaf help

Help



Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

Click Here to Collapse Additional Text

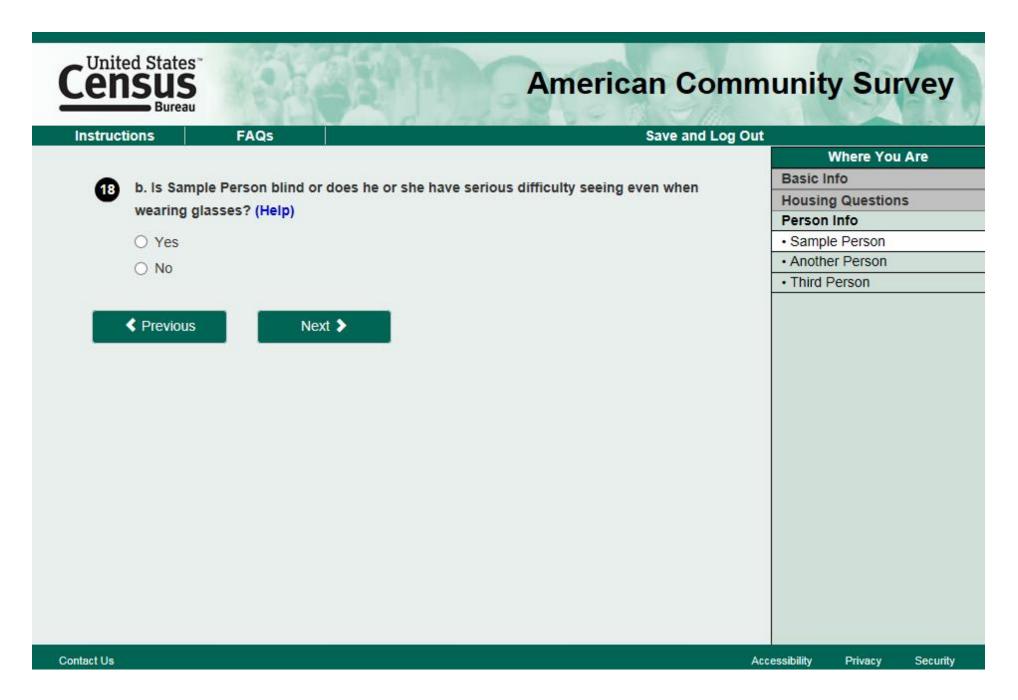
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

blind



blind help

Help

×

Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

Click Here to Collapse Additional Text

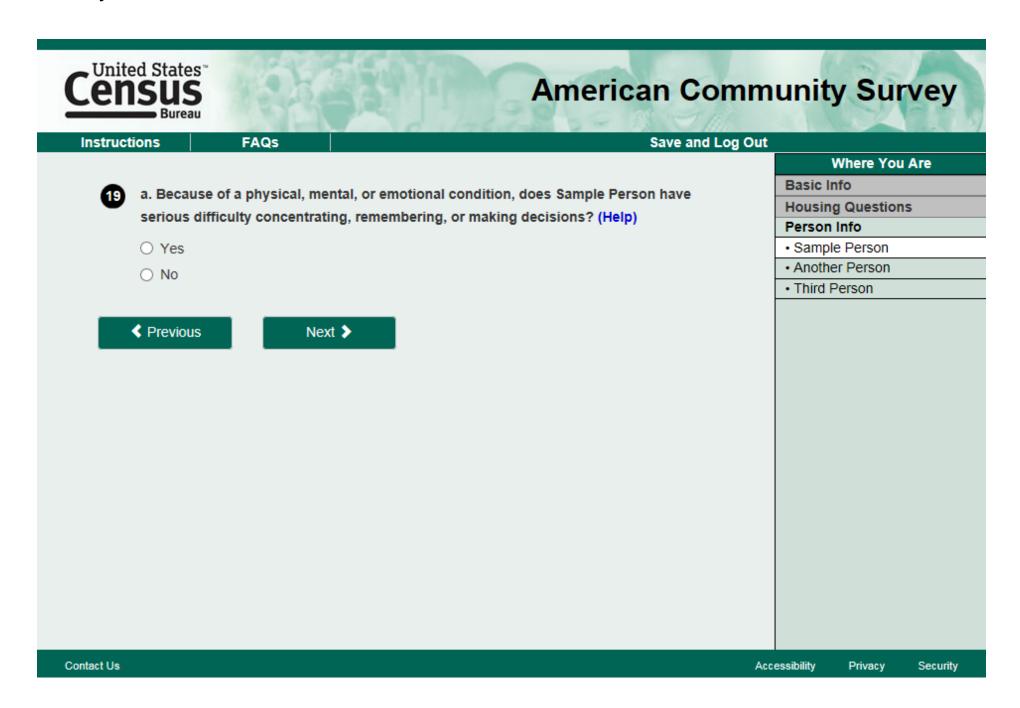
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

difficultyconcent



difficultyconcent help

Help



Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

Click Here to Collapse Additional Text

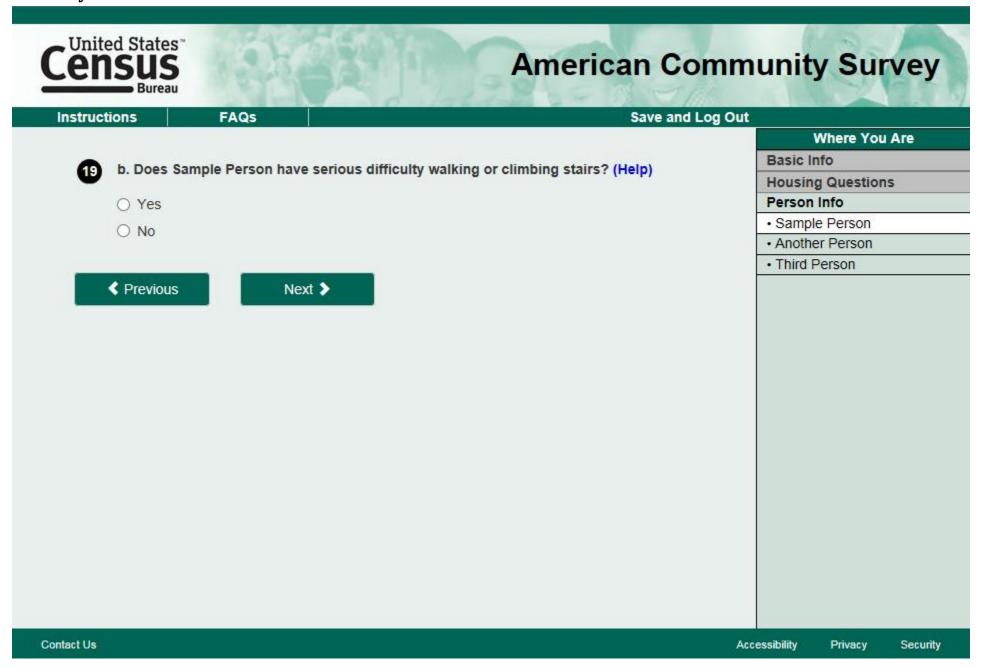
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used
 to estimate the size and nature of populations in a disaster-affected area and
 determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

difficultywalk



difficultywalk help

Help



Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

- Click Here to Collapse Additional Text

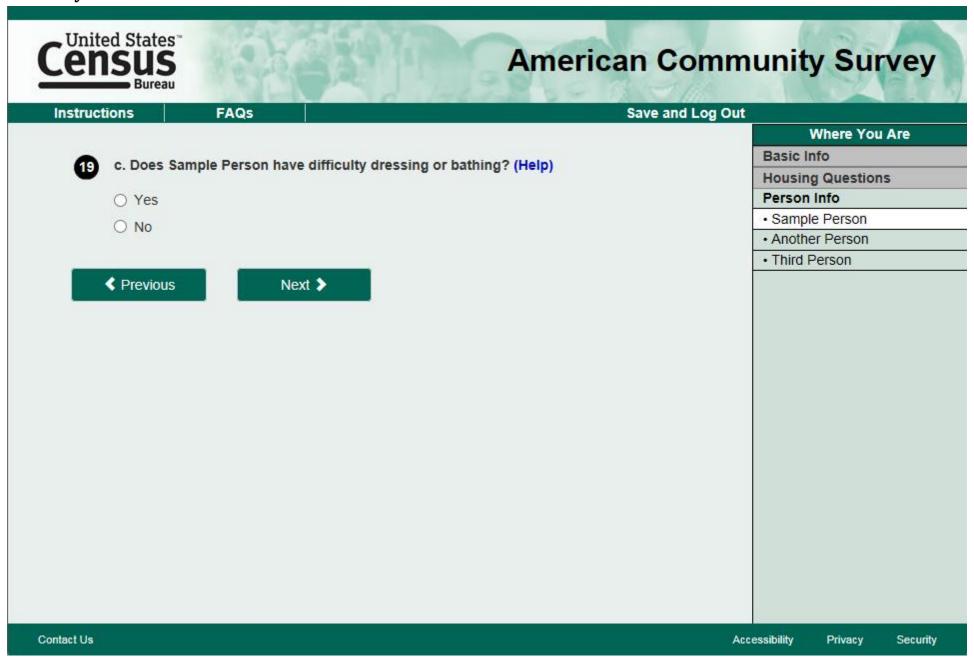
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments
 receiving grants from Community Development Block Grants program, HOME
 Investment Partnership Program, Emergency Solutions Grant and Housing
 Opportunities for Persons with AIDS programs, are required by law to report these
 needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

difficultydress



difficultydress help

Help

×

Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

Click Here to Collapse Additional Text

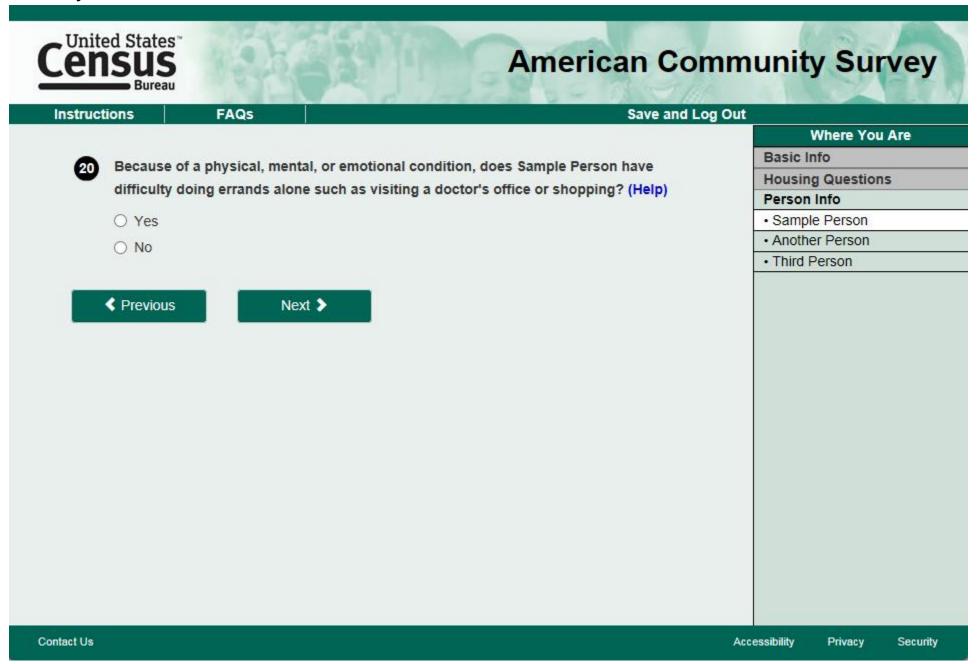
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments
 receiving grants from Community Development Block Grants program, HOME
 Investment Partnership Program, Emergency Solutions Grant and Housing
 Opportunities for Persons with AIDS programs, are required by law to report these
 needs.
- · Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used
 to estimate the size and nature of populations in a disaster-affected area and
 determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

difficultyerrand



difficultyerrand help

Help

×

Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

Click Here to Collapse Additional Text

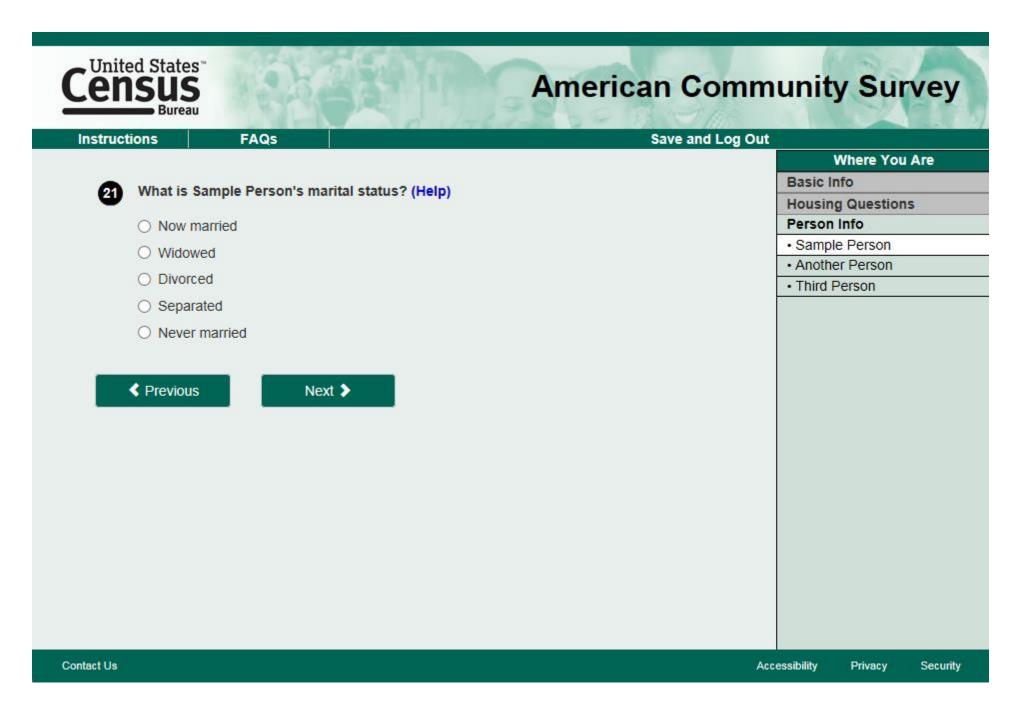
Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments
 receiving grants from Community Development Block Grants program, HOME
 Investment Partnership Program, Emergency Solutions Grant and Housing
 Opportunities for Persons with AIDS programs, are required by law to report these
 needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

marriedstatus



marriedstatus help

Help

×

Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

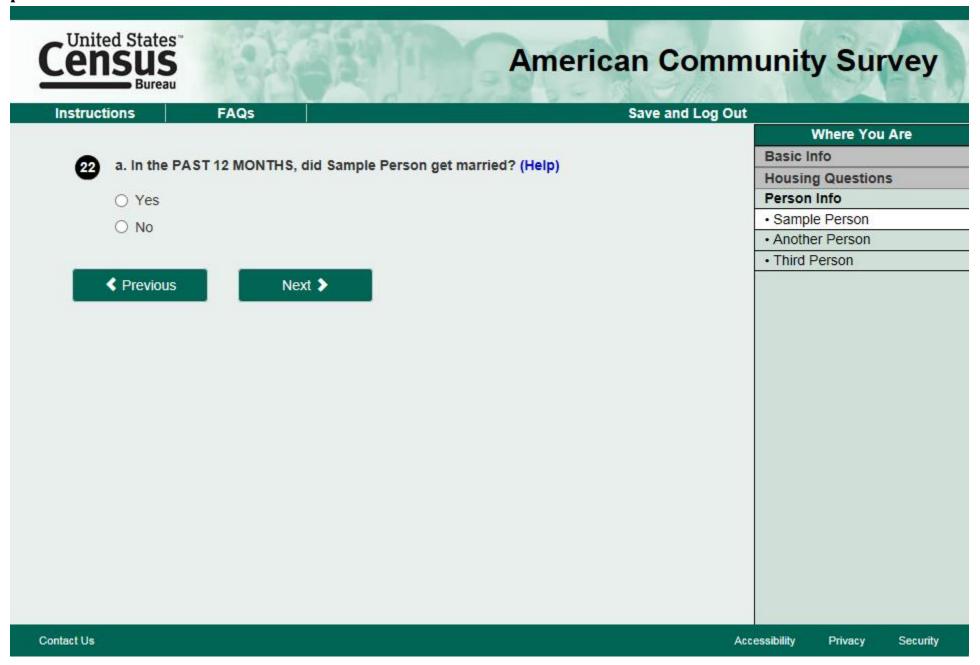
- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- · Researchers use these statistics to understand marriage trends.

Help			
lf:	Then select:		
Spouse not living in the household for reason OTHER than separation	Now married		
Has received divorce decree	Divorced		
Only marriage was annulled	Never married		

pmarried



pmarried help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

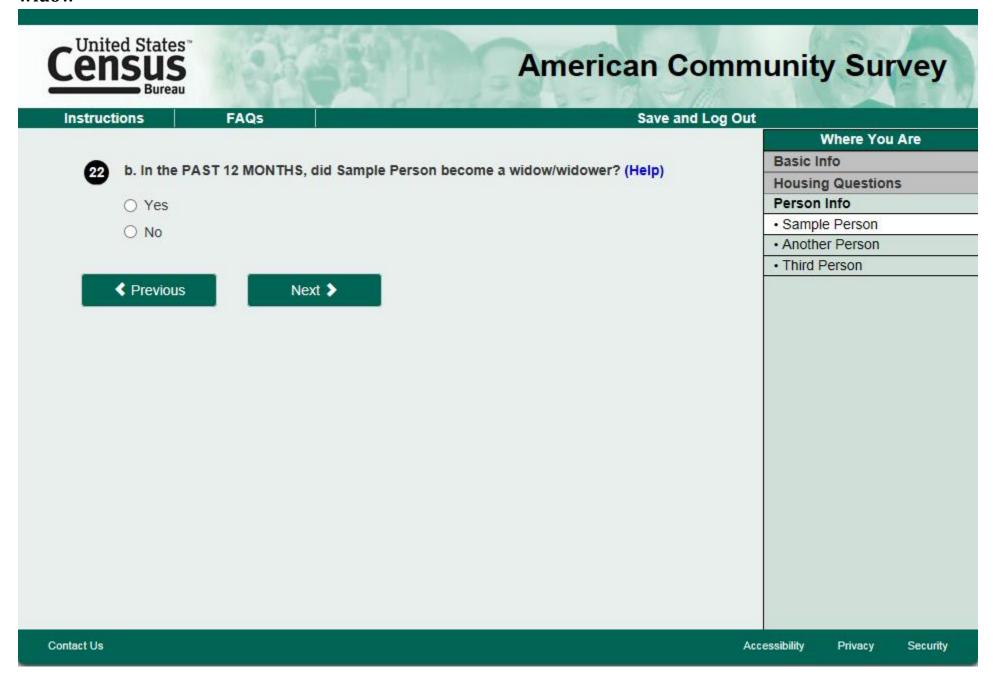
Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- · Researchers use these statistics to understand marriage trends.

widow



widow help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

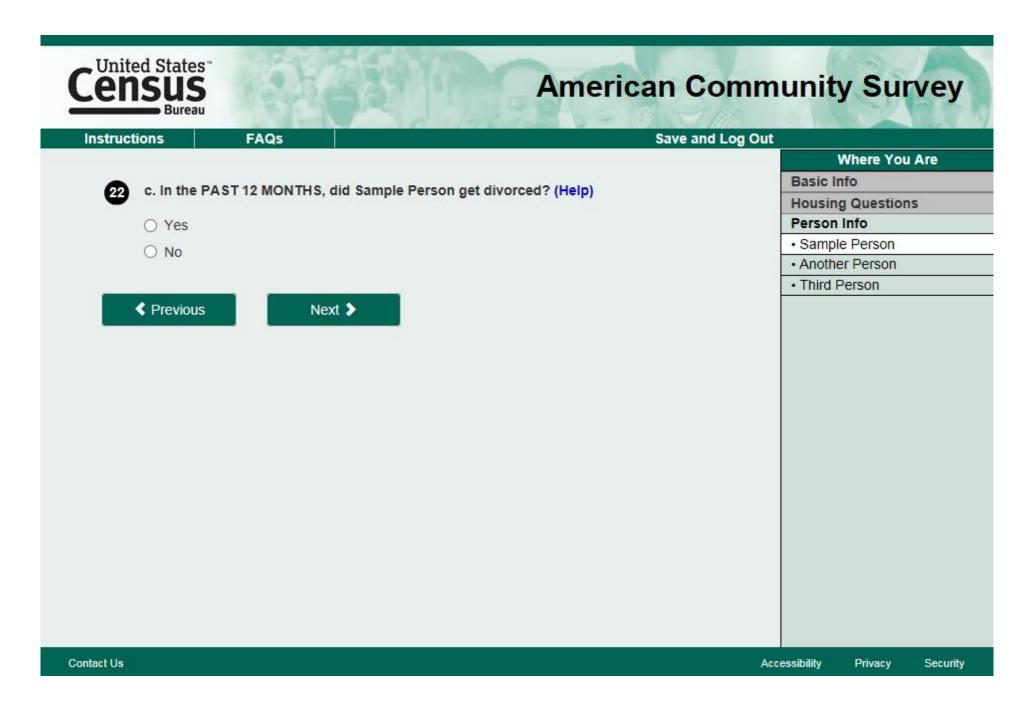
Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- · Researchers use these statistics to understand marriage trends.

divorce



divorce help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

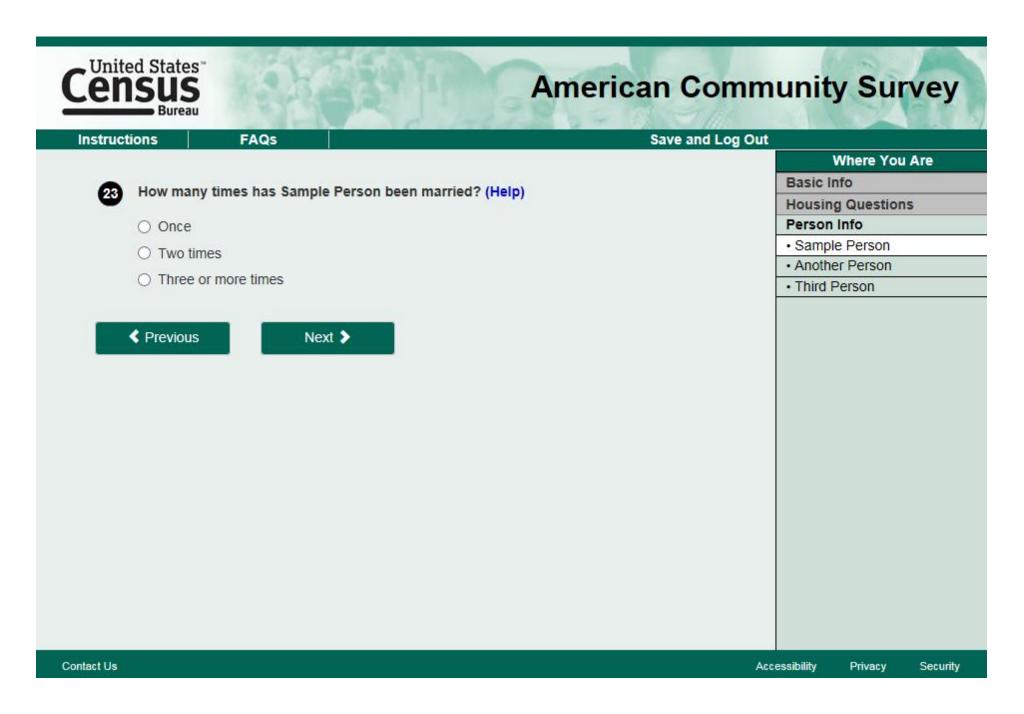
Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- · Researchers use these statistics to understand marriage trends.

Help

Select "Yes" only if the person received a divorce decree in the PAST 12 MONTHS.

numberofmarriages



numberofmarriages help

Help

×

Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

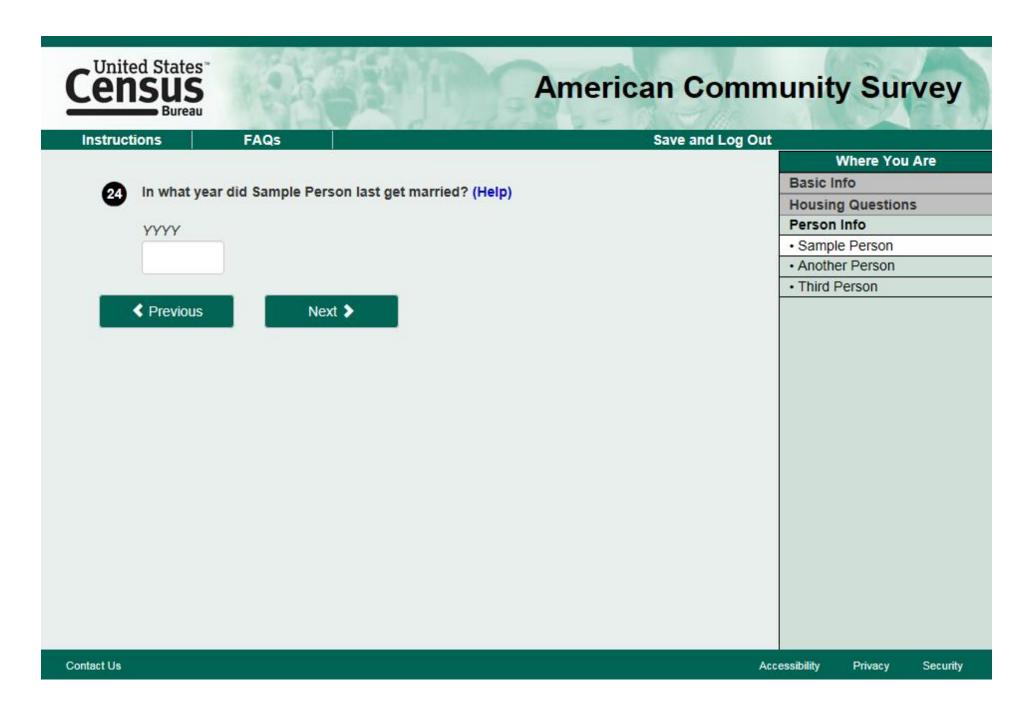
Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Do not count marriages that ended in annulment.

yearofmarriage



yearofmarriage help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

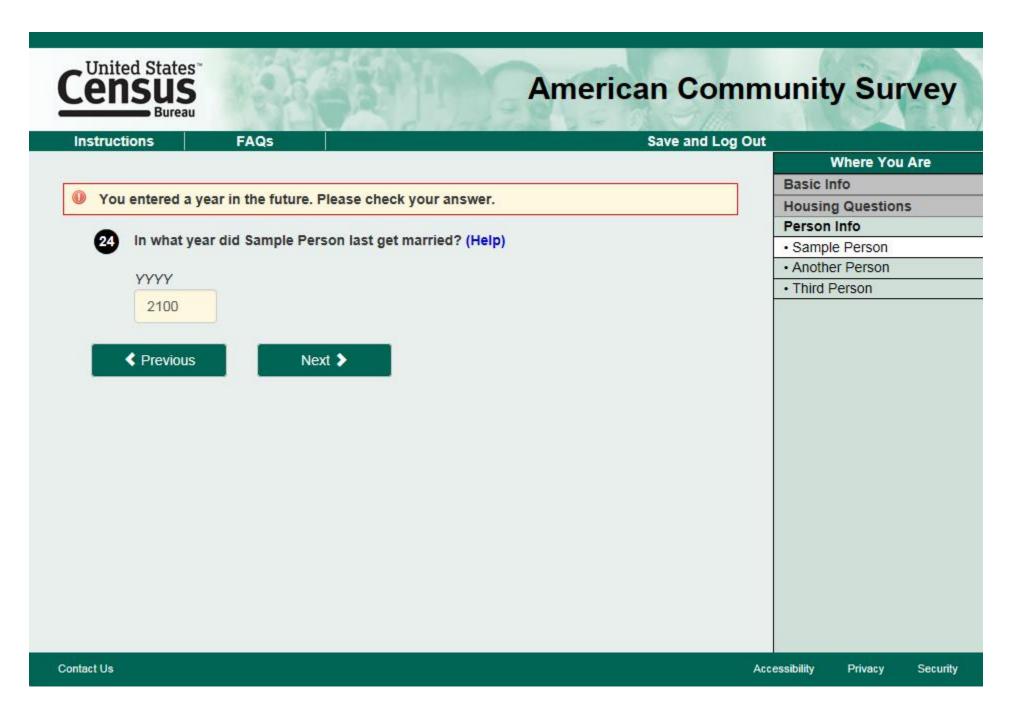
Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- · Researchers use these statistics to understand marriage trends.

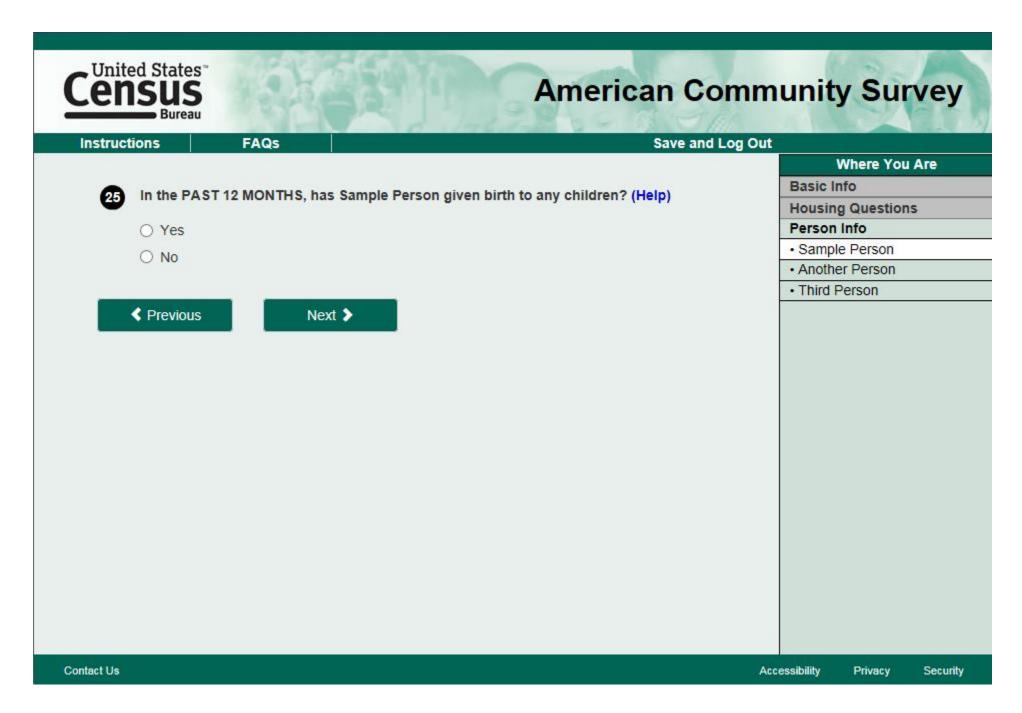
Help

Even if widowed, divorced, or separated → enter year last got married.

yearofmarriage edit message



birth



birth help

Help

×

Why We Ask?

We ask whether a woman has given birth in the past 12 months to create fertility statistics. These statistics can be used to project the future size of the population, and to understand more about growing families.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to estimate current and future populations eligible for federal programs and services, such as health care.
- · Used in programs that investigate poverty, families, and children's health.

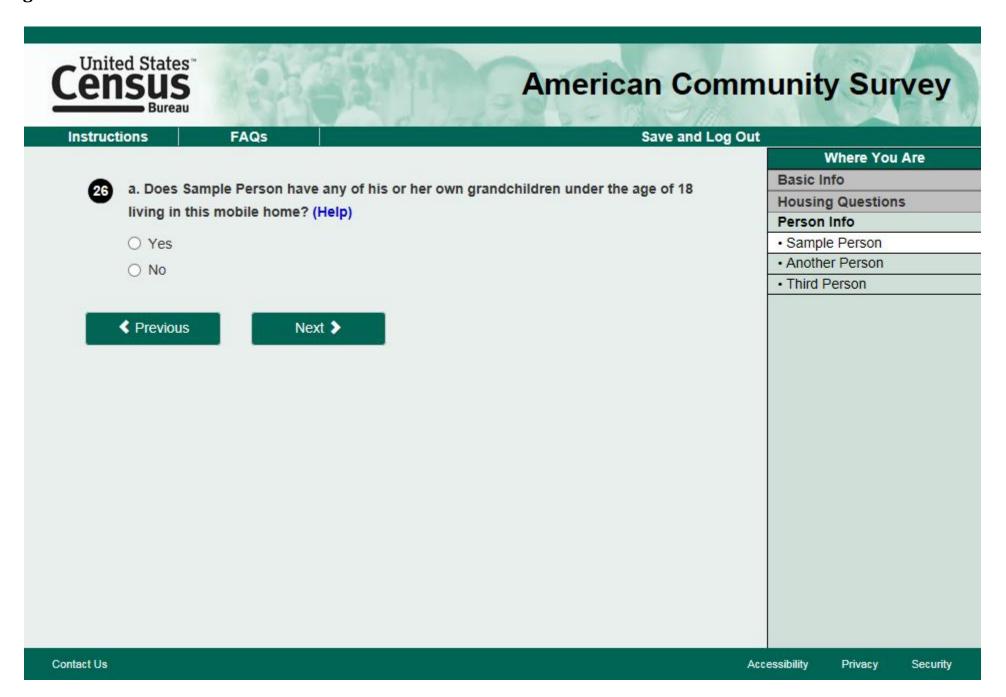
Examples of Other Uses

- State and local agencies use these statistics, in combination with their vital statistics, to understand future demands on local education systems, health programs and services, etc.
- Businesses, especially in baby-related industries, use this information to estimate business markets for specific needs in different areas based on fertility rate, and to understand their markets.

Help

- Select "Yes" if the person has given birth in the PAST 12 MONTHS to at least one child born alive, even if the child died or no longer lives with the mother
- Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren

grandchildrenhome



grandchildrenhome help

Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

- Click Here to Collapse Additional Text

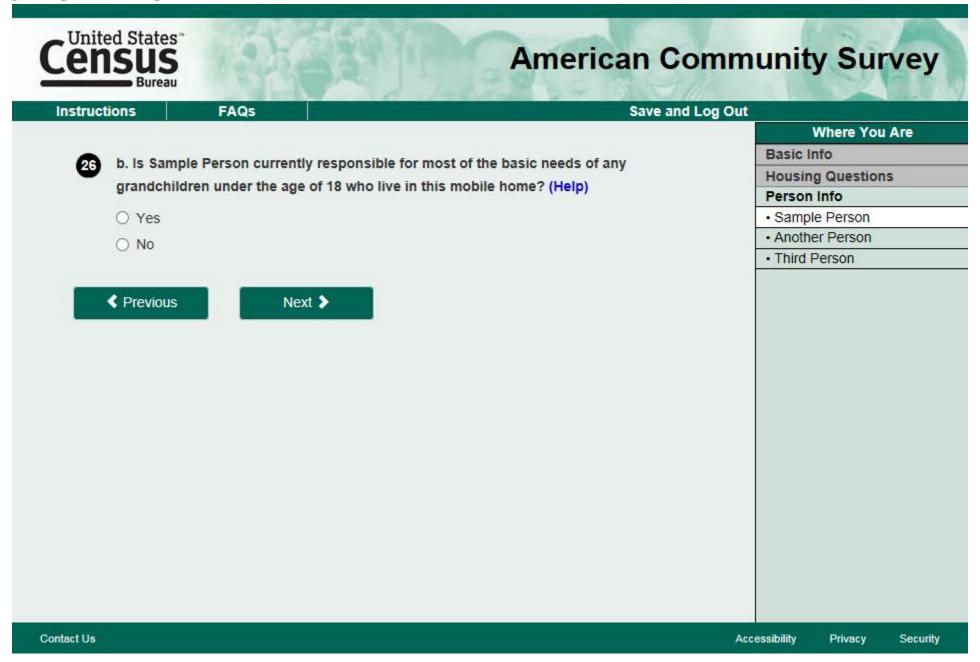
Examples of Federal Uses

 Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

grandparentsresp



grandparentsresp help

Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

- Click Here to Collapse Additional Text

Examples of Federal Uses

 Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

lengthofresp



American Community Survey

FAQs Save and Log Out Instructions Where You Are **Basic Info** c. How long has Sample Person been responsible for these grandchildren? If Sample **Housing Questions** Person is financially responsible for more than one grandchild, answer the question for the Person Info grandchild for whom Sample Person has been responsible for the longest period of time. · Sample Person (Help) Another Person · Third Person Less than 6 months 6 to 11 months 1 or 2 years O 3 or 4 years 5 or more years Previous Next > Contact Us Accessibility Privacy Security

lengthofresp help

Help

×

Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

- Click Here to Collapse Additional Text

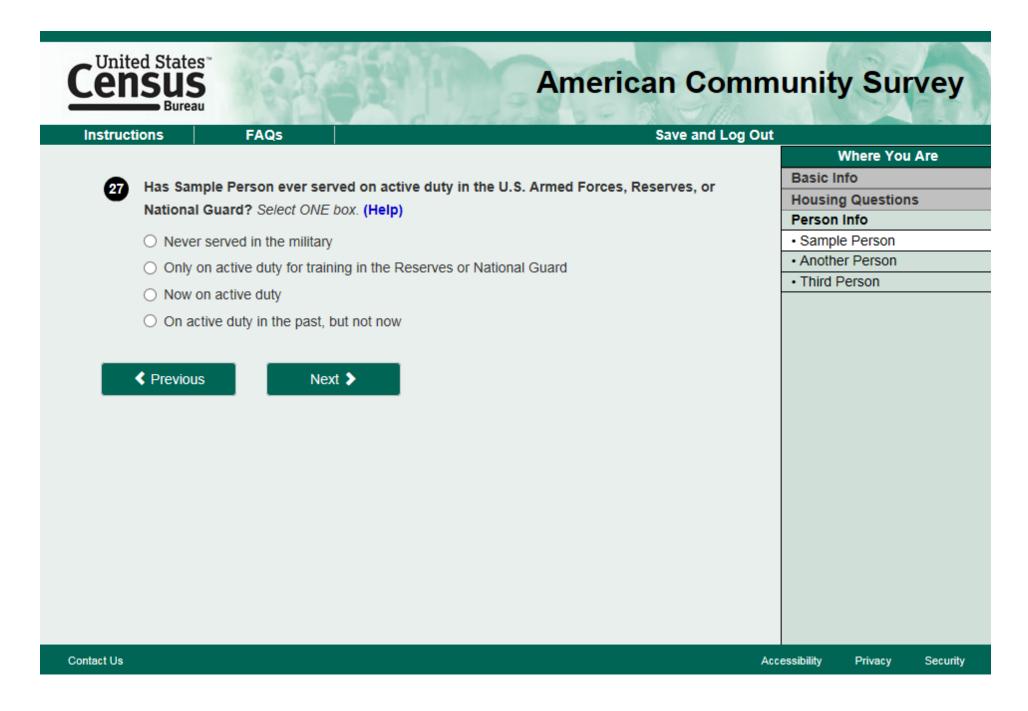
Examples of Federal Uses

 Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

veteranstat



veteranstat help

Help

Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

- Click Here to Collapse Additional Text

Examples of Federal Uses

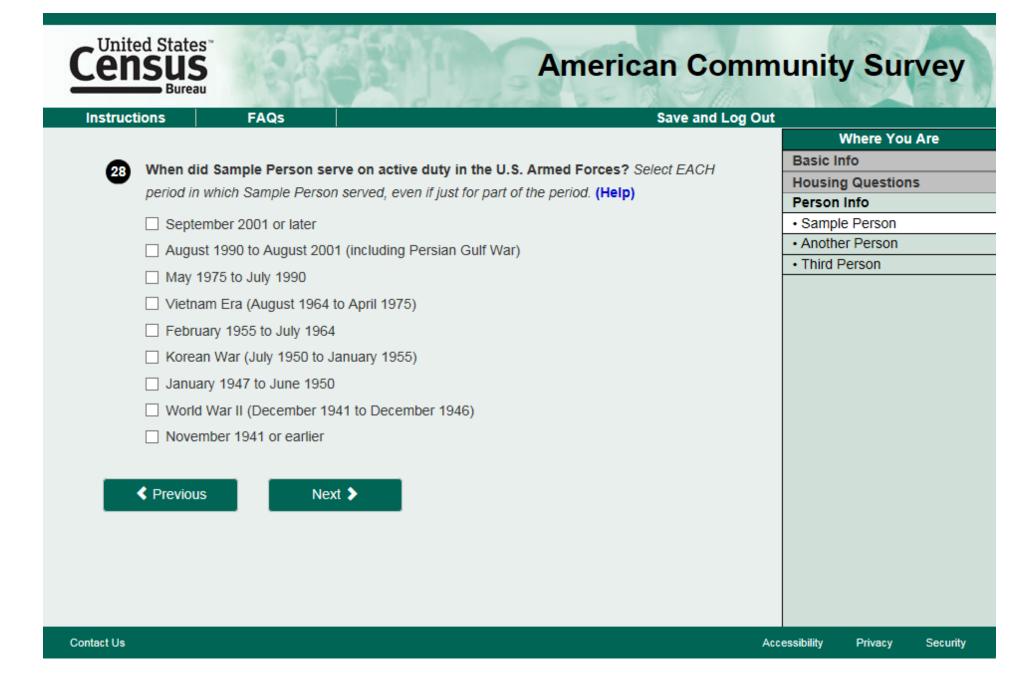
- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- · Businesses may use these estimates to understand potential employees or trainees.

Help	
lf:	Then select:
 Served in the military Reserves, or National Guard, 	"Now on active duty."
AND called up for active duty other than for training	OR
 Served as a commissioned officer of the: 	"On active duty in the past, but
 Public Health Service 	not now."
 National Oceanic and Atmospheric 	
Administration	
 Coast and Geodetic Survey 	
 Environmental Science Service Administration 	
Civilian employee or volunteer for:	"Never served in the military."
Red Cross	
• USO	
Public Health Service	
War or Defense Department	
World War II Merchant Marine service	"On active duty in the past, but not now."
Merchant Marine service other than World War II	"Never served in the military"
	OR
	"Only on active duty for training
	in the Reserves or National
	Guard."

periodofservice



periodofservice help

Help



Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- · Businesses may use these estimates to understand potential employees or trainees.

vadisability



vadisability help

Help

×

Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

Click Here to Collapse Additional Text

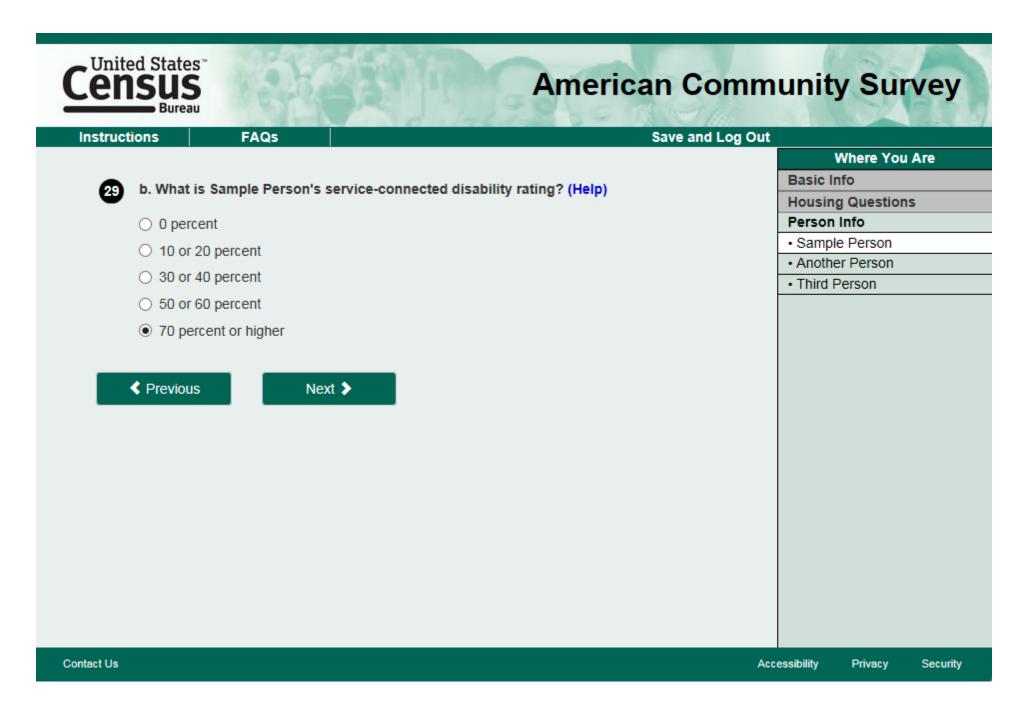
Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- · Businesses may use these estimates to understand potential employees or trainees.

disabilityrate



disabilityrate help

Help

×

Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

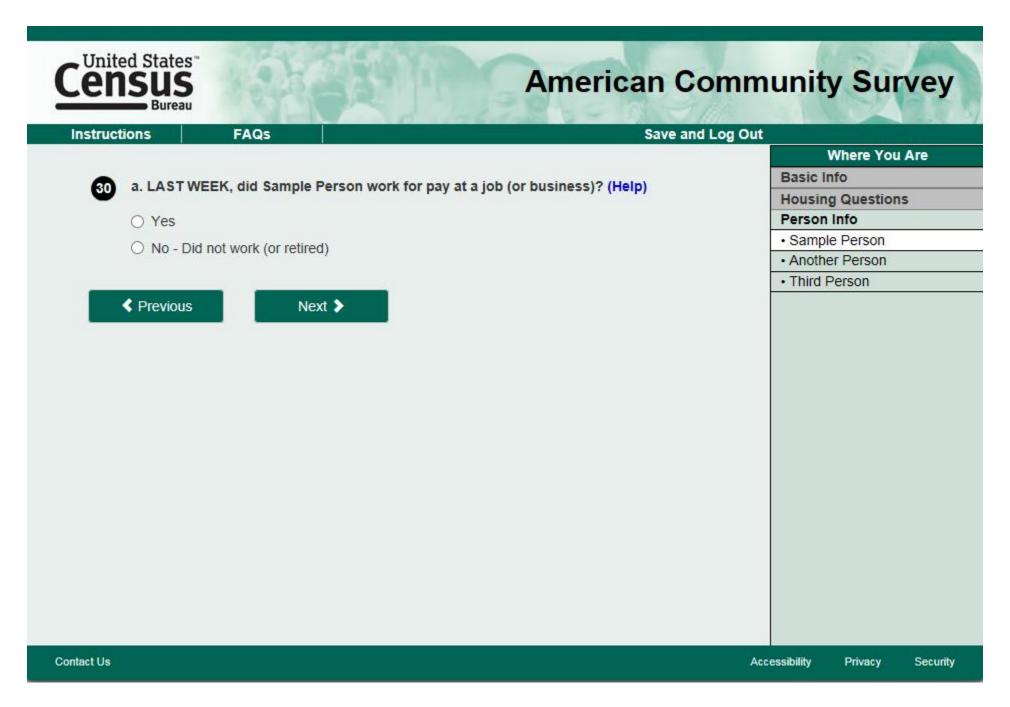
Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

Help

- Received service-connected disability rating of zero → select "0 percent"
- . Do NOT select "0 percent" to indicate no rating

worklastweek



worklastweek help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

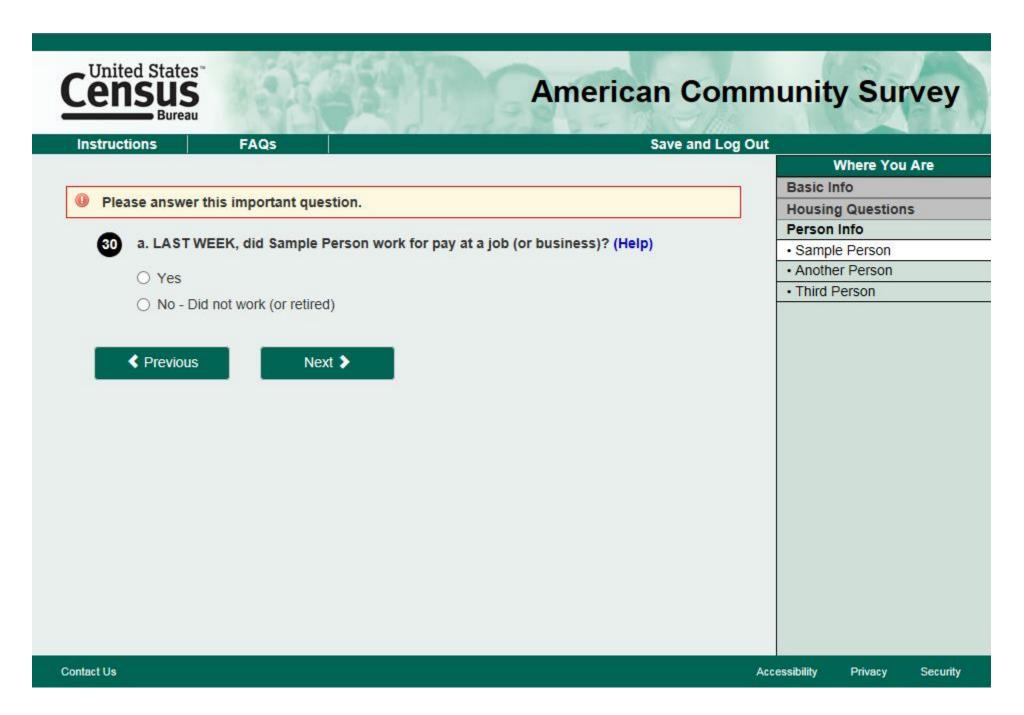
Examples of Other Uses

 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

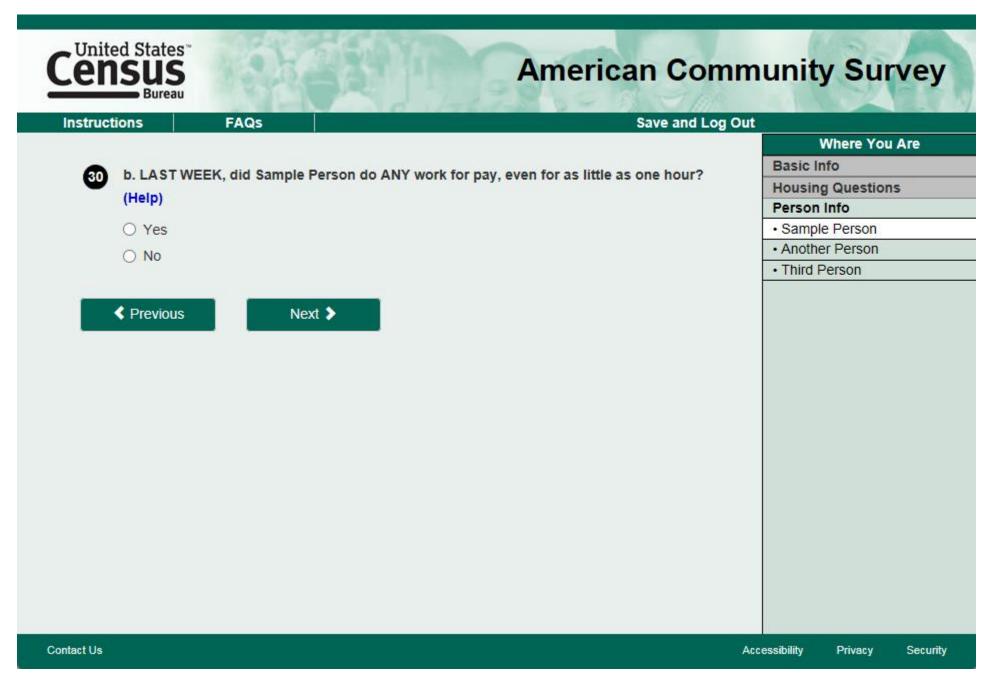
Help

- Count as work → Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - · Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - · Any part-time work including babysitting, paper routes, etc.
 - · Active duty in the Armed Forces
- Do not count as work → Select "No" if this person's activities were limited to the following:
 - · Housework or yard work at home
 - · Unpaid volunteer work
 - · School work done as a student
 - Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility)

worklastweek edit message



anywork



anywork help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

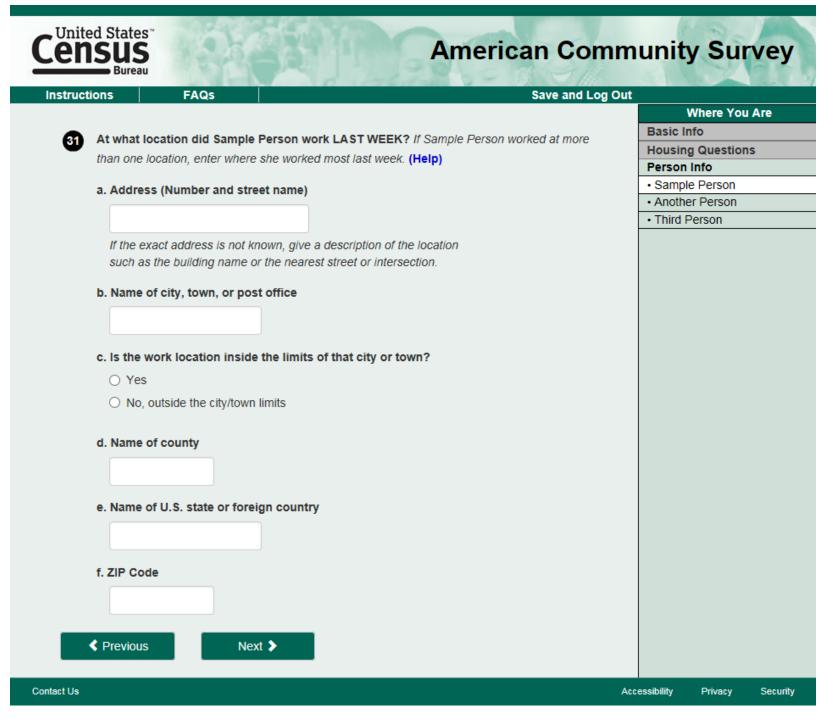
Examples of Other Uses

 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- · Count as work Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - · Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - · Active duty in the Armed Forces
- Do not count as work Select "No" if this person's activities were limited to the following:
 - · Housework or yard work at home
 - · Unpaid volunteer work
 - · School work done as a student
 - Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility)

worklocal



worklocal help

Help

Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- . Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These area are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

Include:

- . Building or structure number,
- · Street name;
- . Street type (for example, St., Road, Ave.);
- . Street direction (if direction such as "North" is part of the address);
 - For example, type 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main

it:	Then:	
Only known address is post office box	Do NOT give a post office box number Enter description of work location, such as name of building or shopping center, nearest intersection, or nearest street	
Worked at military installation or military base that has no street address	Enter name of military installation or base, AND enter description of work location, such as building number, building name, nearest street or intersection	
Worked at several locations, but reported to same location each day to begin work	Enter street address of location reported	
Worked at several locations, but did NOT report to same location each day to begin work	Enter address of location worked most of the time last week	
Employer operates in more than one location, such as: • Grocery store chain • Public school system	Enter street address of location or branch where worked If street address of a school is not known, enter name of school, AND description of location, such as nearest street or intersection	
Person worked on a college or university campus AND street address of the workplace is not known	Enter name of building where worked, AND description of location, such as nearest street or intersection	

transport towork



American Community Survey

nstructio	ons FAQs S	Save and Log Out			
			Who	ere You Are	
How did Sample Person usually get to work LAST WEEK? Select ON	How did Sample Person usually get to work LAST WEEK? Select ONE box for to	he method	Basic Info		
	of transportation used for most of the distance. (Help)	Housir	lousing Q		
	Car, truck, or van		Person Info		
			Sample Pe		
Bus Subway or elevated rail	O Bus		Another P Third Pers		
	Subway or elevated rail	<u> </u>	Tilliu Peis	OH	
	Long-distance train or commuter rail				
	Light rail, streetcar, or trolley				
	○ Ferryboat				
	○ Taxicab				
	○ Motorcycle				
	○ Bicycle				
	○ Walked				
	O Worked from home				
	Other method				
•	Previous Next >				

transporttowork help

Help

34

Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- · Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These area are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

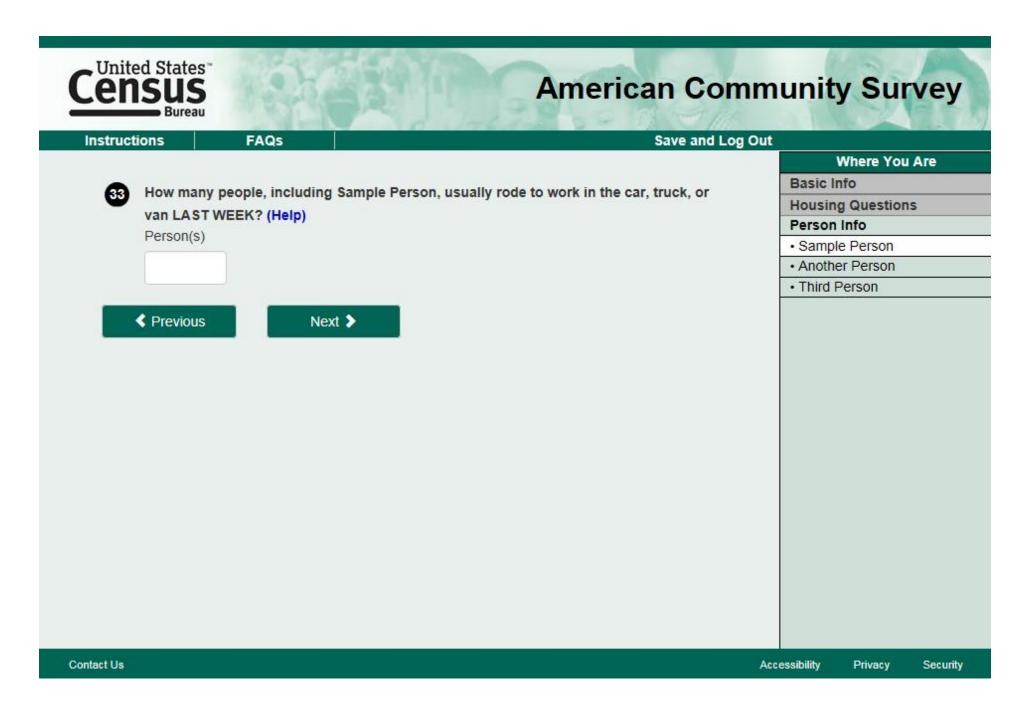
- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

- · Worked on a farm where he or she lives → select "Worked from home"
- . Worked in an office or shop in the person's own home → select "Worked from home"
- If different modes are used on different days → select mode used on most of the days

If person rode:	Then select:
Company car	Car, truck, or van
Limousine (private)	
Mini-bus	
Station wagon	
Truck cab	
 Truck (light) of 1-ton capacity or less 	
Light rail	Light rail, streetcar, or trolley
· Vehicles that operate on tracks or rails with overhead	
electrical wires	
Commuter train	Long-distance train or
	commuter rail
Cab	Taxicab
· Limousines for which fare is charged (airport limousines)	
Moped	Motorcycle
Motor scooter	_
Similar motor-driven vehicle	
Bicycle or other vehicle that is pedaled	Bicycle
Airplane	Other method
All-Terrain Vehicle (ATV)	
Boat (other than public ferry)	
Dogsled	
Helicopter	
 Horse (with or without buggy) 	
Inline skates	
Limousine (for hire)	
Motor home (large)	
Motorized chair	
 Self-balancing electric vehicle 	
Skateboard	
 Snow machine/snowmobile 	
Truck (large) or truck rig	

numberofriders



numberofriders help

Help



Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- · Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These area are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

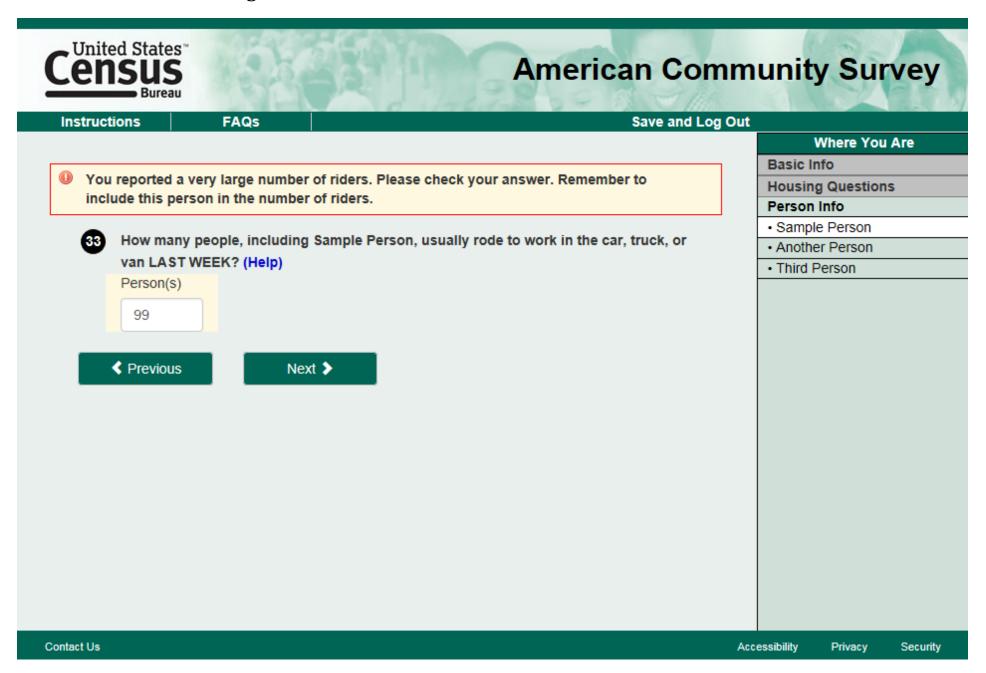
Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

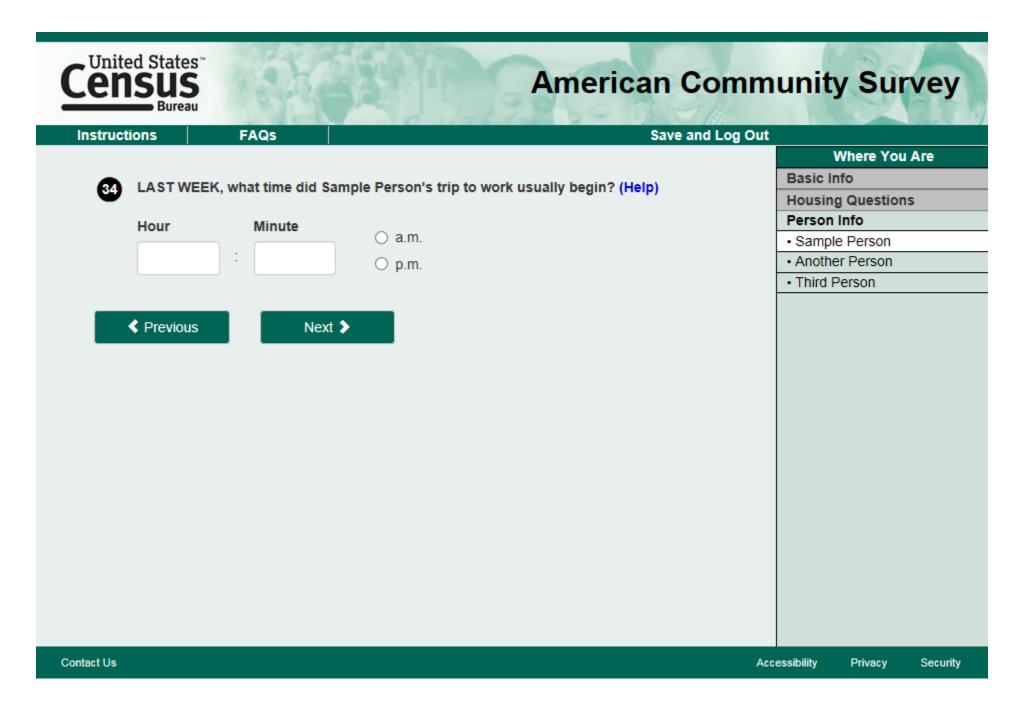
Help

- If driven to work by someone who then drove back home or to a non-work destination
 → enter "1"
- · Do NOT include persons who rode to school or some other non-work destination

numberofriders edit message



timeleftforwork



timeleftforwork help

Help

×

Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These area are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

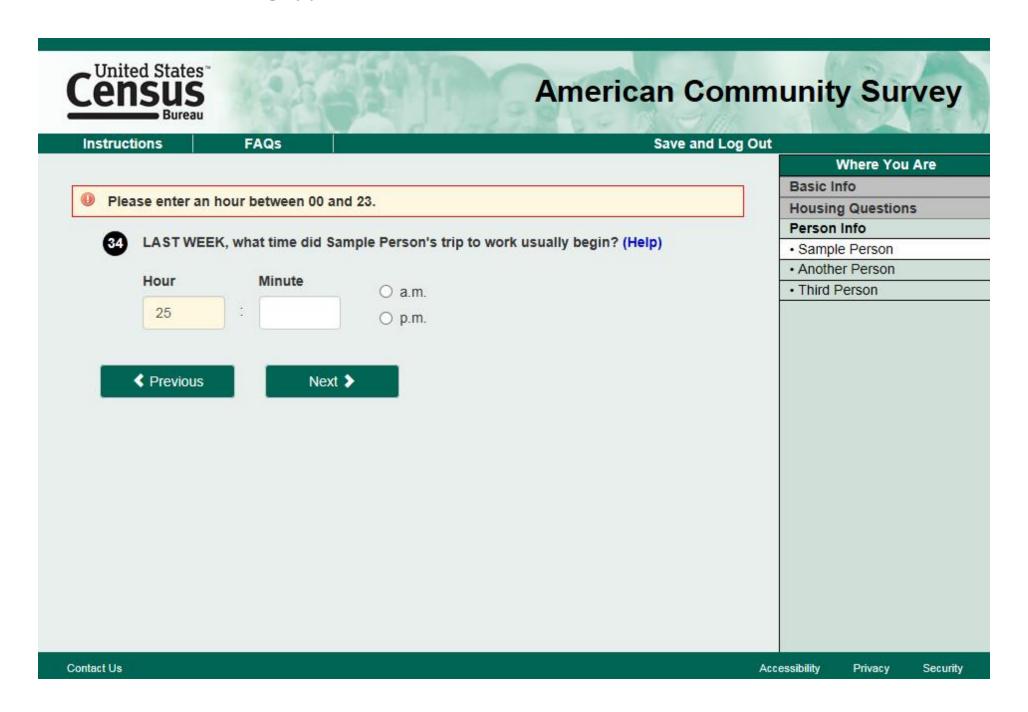
Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

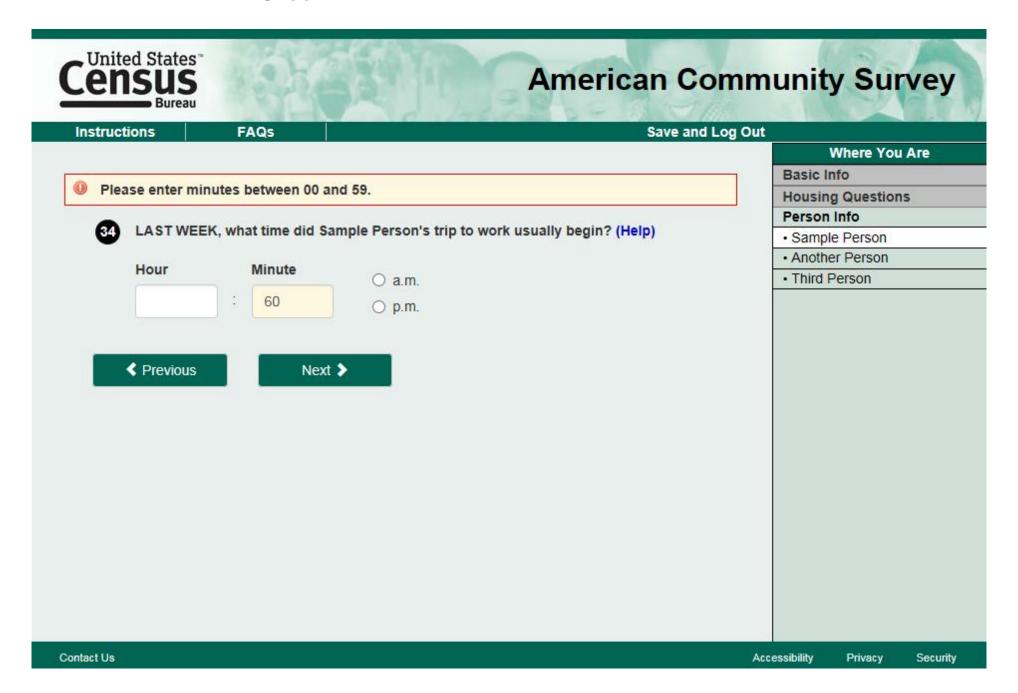
Help

- Between 12:00 o'clock midnight and 11:59 a.m. → select "a.m."
- Between 12:00 o'clock noon and 11:59 p.m. → select "p.m."

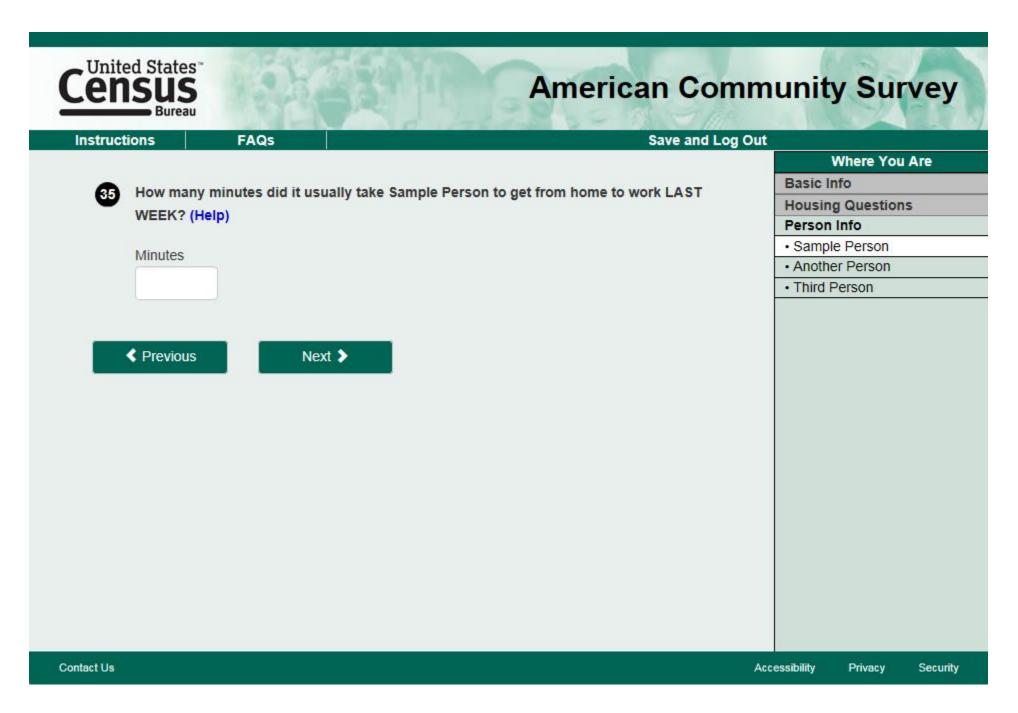
timeleftforwork edit message (1)



timeleftforwork edit message (2)



mintowork



mintowork help

Help

×

Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These area are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

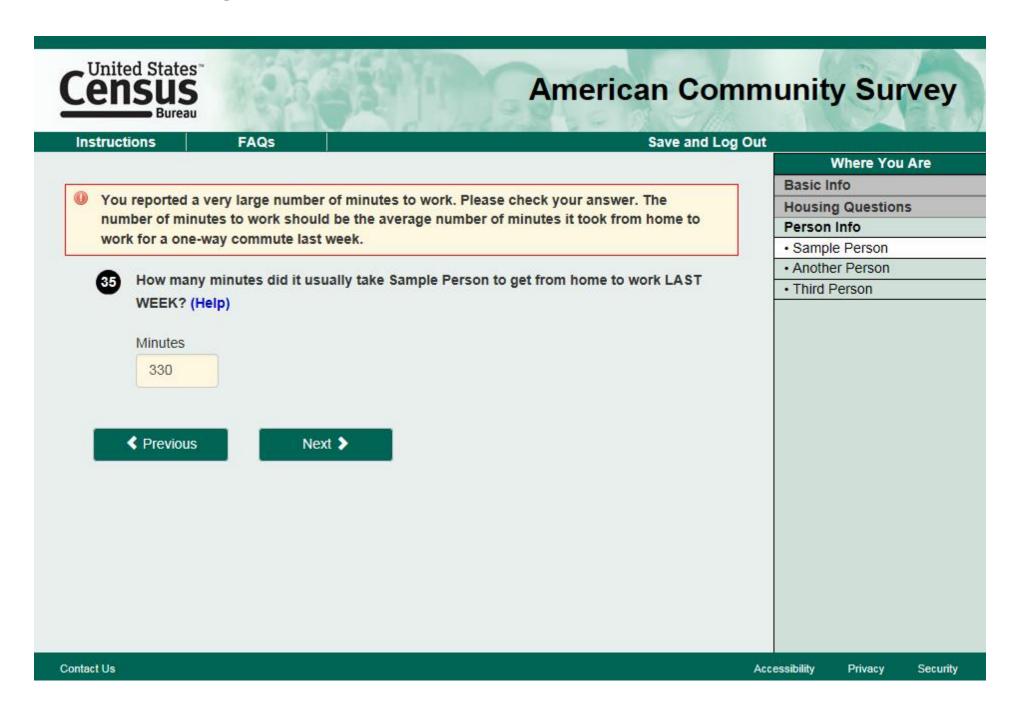
Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

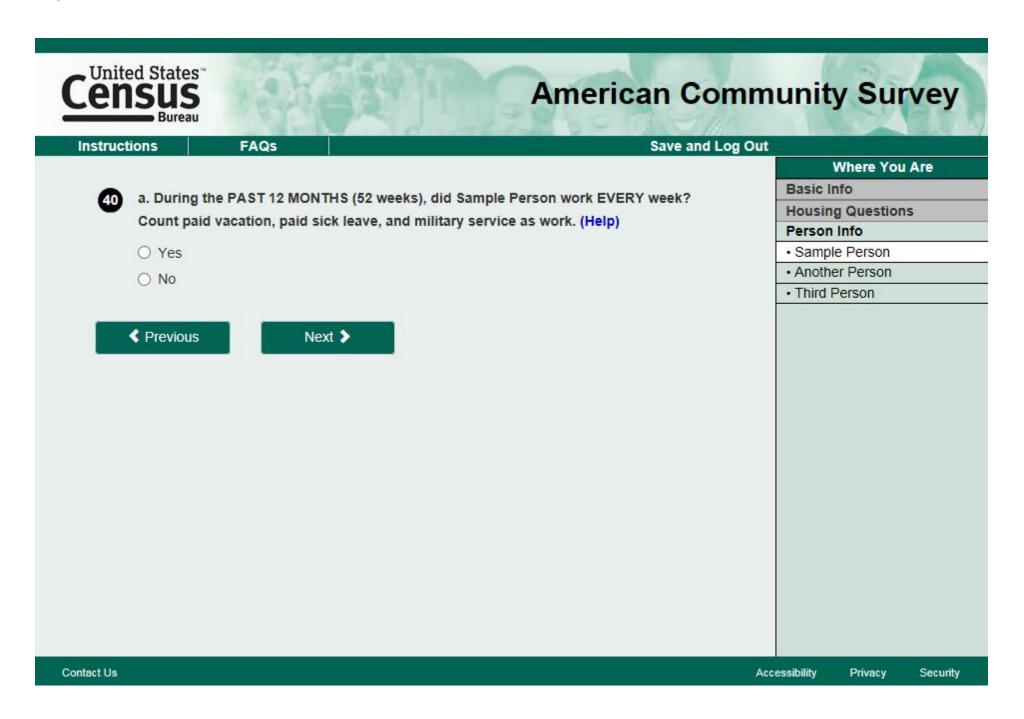
Help

- Travel time is from door to door
- Enter one-way commute time for this person's usual daily commute
- · Include time waiting for public transportation or picking up passengers in a carpool

mintowork edit message



fiftymoreweeks



fiftymoreweeks help

Help

×

Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to examine the labor force participation and income status of all serviceconnected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

 State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community yearround.

Help

- · Count every week in which the person did any work at all, even for an hour
- · Count weeks this person was on paid vacation, paid sick leave, or military service
- · Count weeks if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - · Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - · Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do NOT count weeks in which this person's activities were limited to the following:
 - Housework or yard work at home
 - · Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institution

weeks worked



American Community Survey

1Struc	tions FAQs Save and	Log Out
		Where You Ar
100	a. During the PAST 12 MONTHS (52 weeks), did Sample Person work EVERY week?	Basic Info
	Count paid vacation, paid sick leave, and military service as work. (Help)	Housing Questions
		Person Info
	⊚ Yes	Sample Person
	○ No	Another Person
		Third Person
	h During the DAST 12 MONTUS (52 weeks) how many WEEKS did Sample Barean	
40	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did Sample Person	
	work? Include paid time off and include weeks when Sample Person only worked for a	
	few hours. (Help)	
	Weeks	

weeksworked help

Help

×

Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

Click Here to Collapse Additional Text

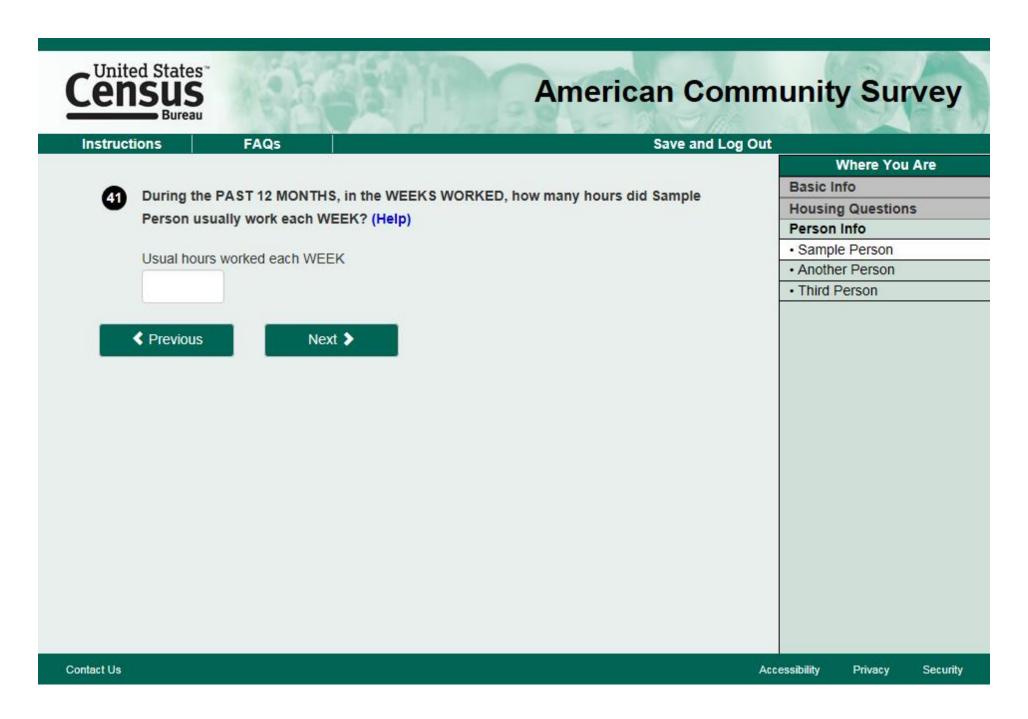
Examples of Federal Uses

- Used to examine the labor force participation and income status of all serviceconnected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

 State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community yearround.

hoursworked



hoursworked help

Help

×

Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to examine the labor force participation and income status of all serviceconnected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

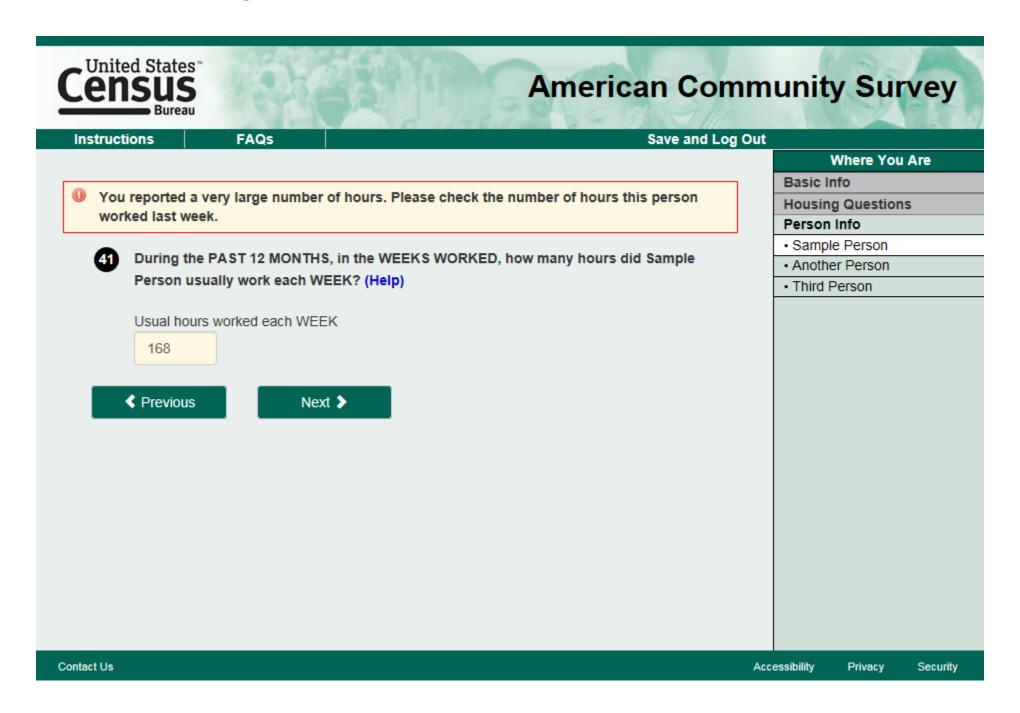
Examples of Other Uses

 State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community yearround.

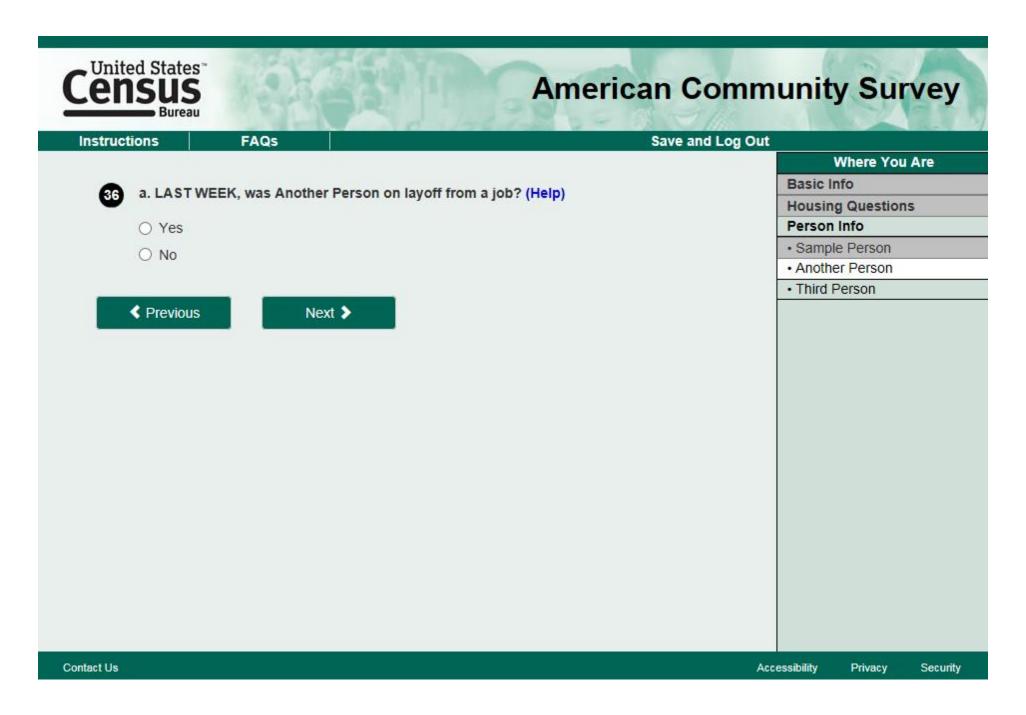
Help

If hours worked each week varied considerably → enter approximate average number of hours worked each week

hoursworked edit message



layoff



layoff help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

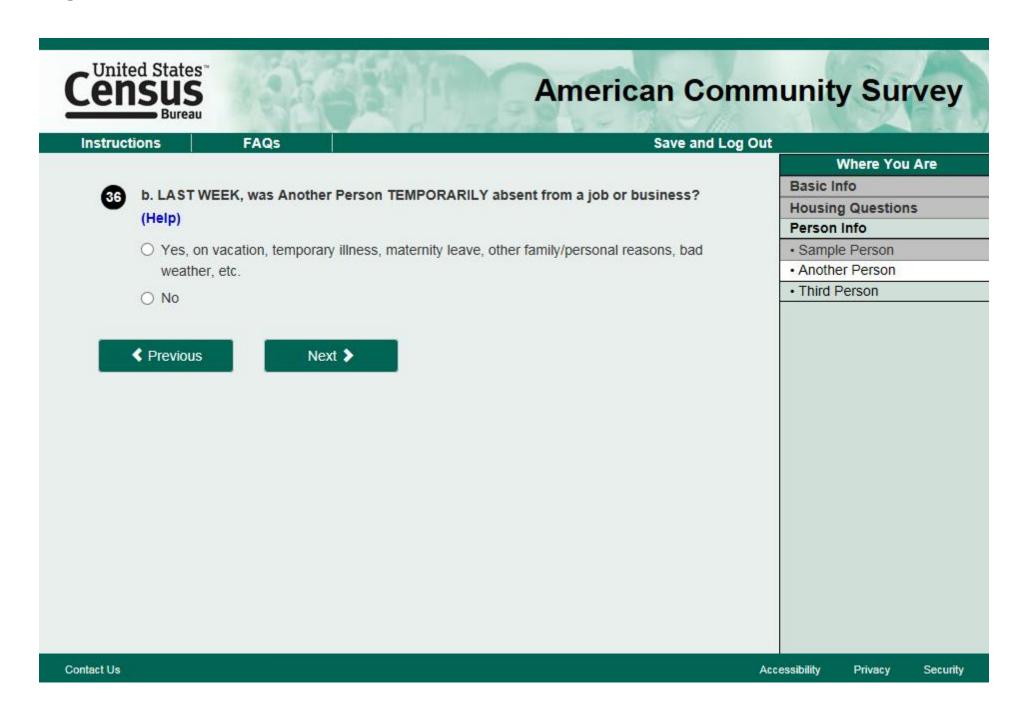
Examples of Other Uses

 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

 Waiting to be recalled to a job from which the person was temporarily separated for business-related reasons → select "Yes"

tempabsent



tempabsent help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

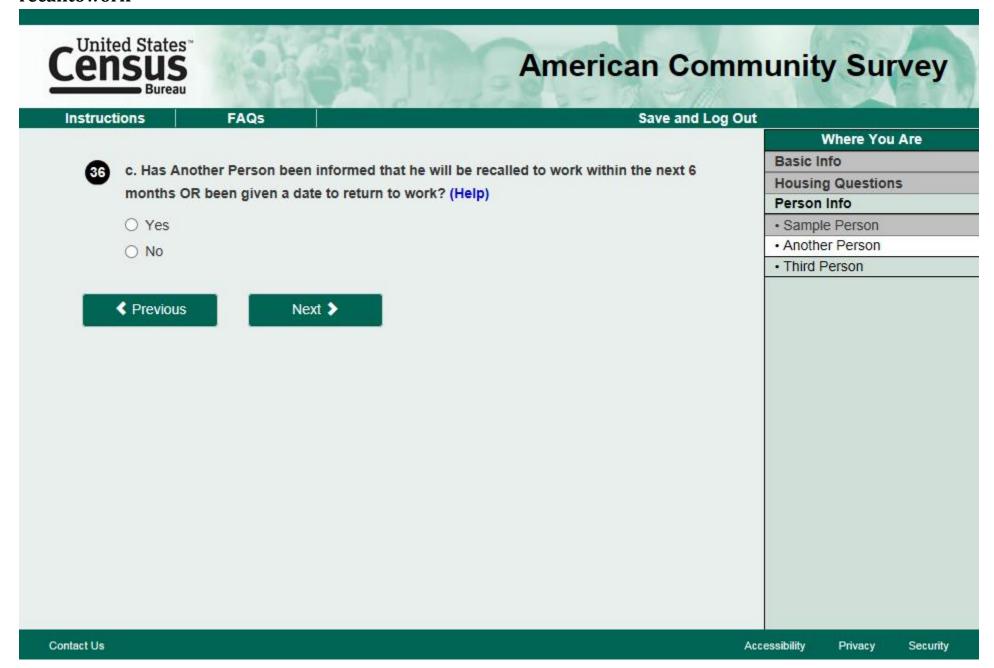
 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "No" if the person:

- · Works only during certain seasons
- · Works only on a day-by-day basis when work is available

recalltowork



recalltowork help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

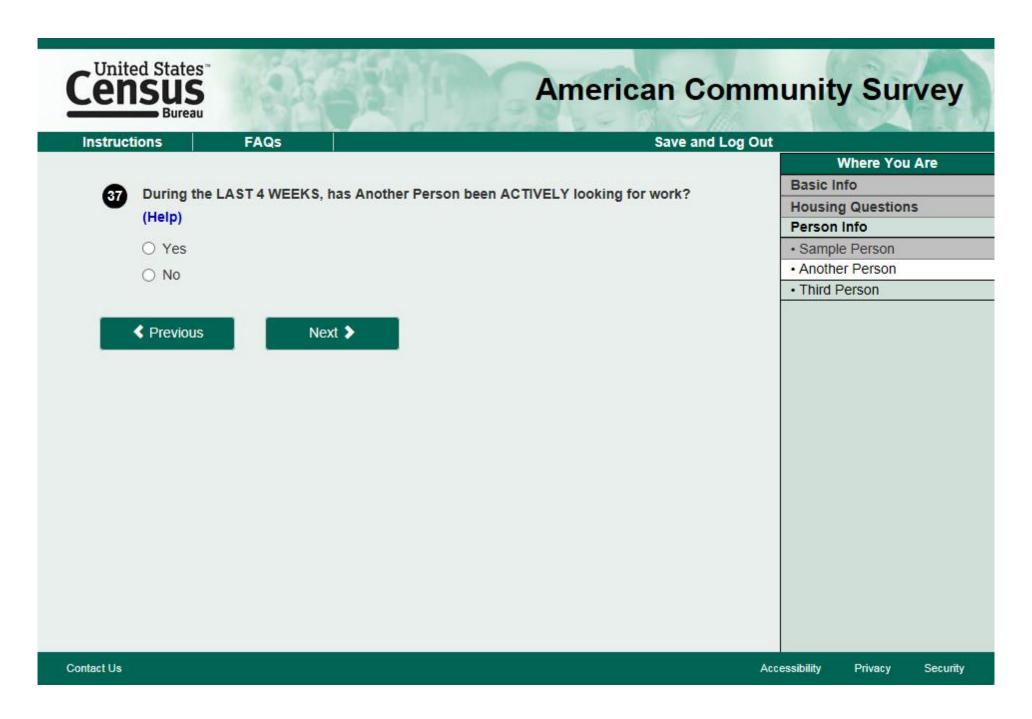
 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "Yes" if the person was:

- Informed by employer, either formally or informally, that they will be recalled within next 6 months
- Given, formally or informally, specific date to return to work, even if that date is more than 6 months away

activelookforwork



activelookforwork help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

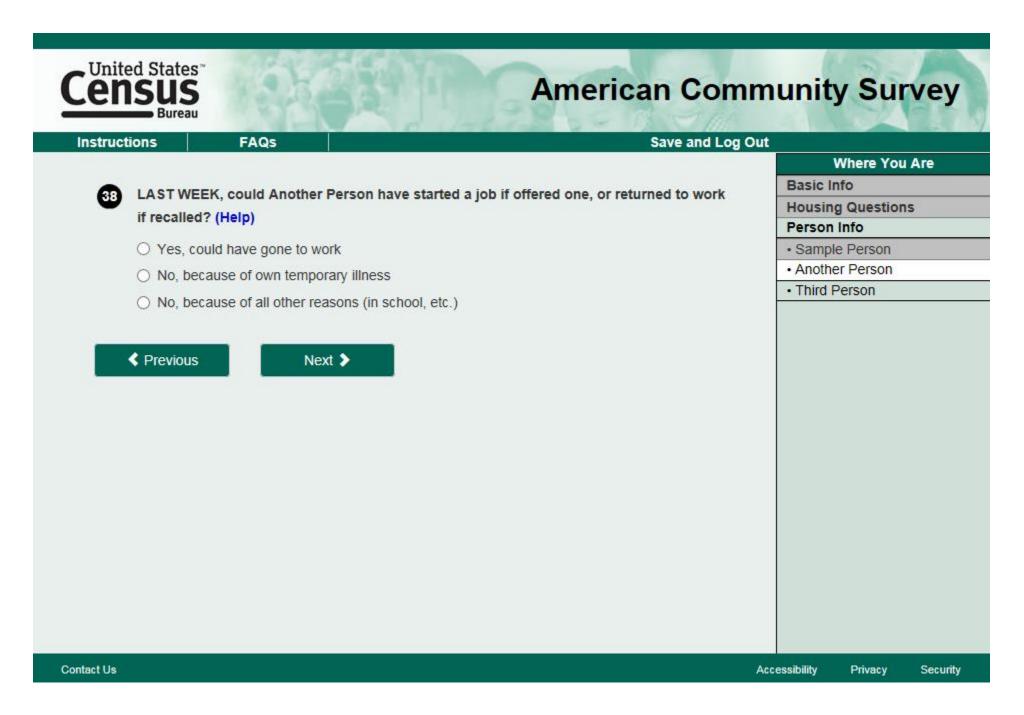
 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "Yes" if the person tried to get a job or start a business or professional practice at any time in the last 4 weeks. For example:

- · Registered at a public or private employment office
- · Went to a job interview
- · Placed or answered employment ads
- · Did anything toward starting a business or professional practice

couldwork



couldwork help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

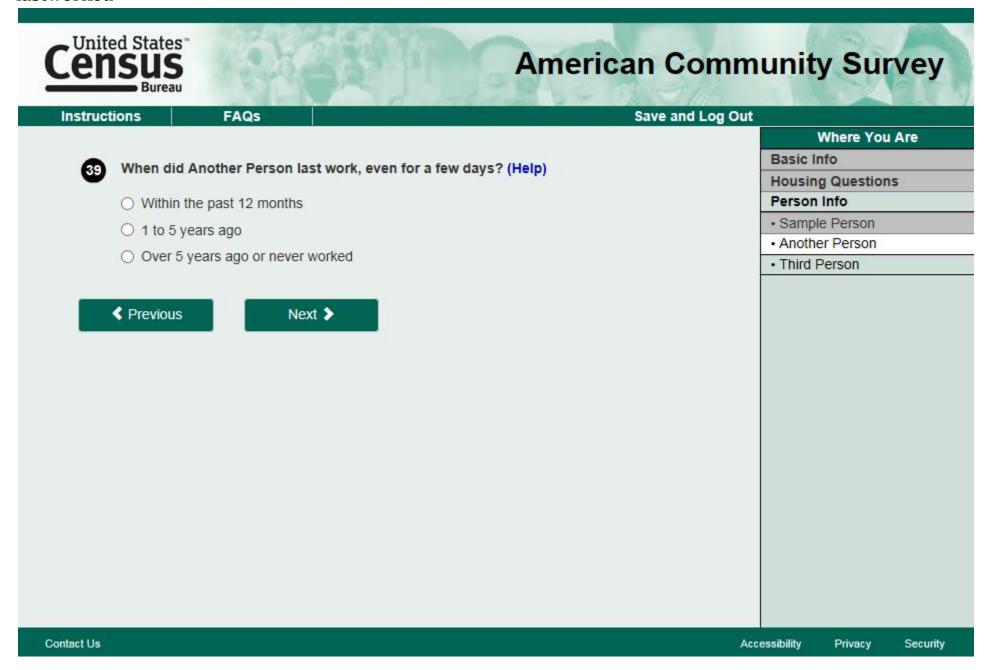
Examples of Other Uses

 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- If the person was expecting to report to a job within 30 days → select "Yes, could have gone to work"
- Select "No, because of own temporary illness" only if the person expects to be able to work within 30 days
- If the person could not have gone to work because he or she was going to school, taking care of children, etc. → select "No, because of all other reasons (in school, etc.)"

lastworked



lastworked help

Help

×

Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

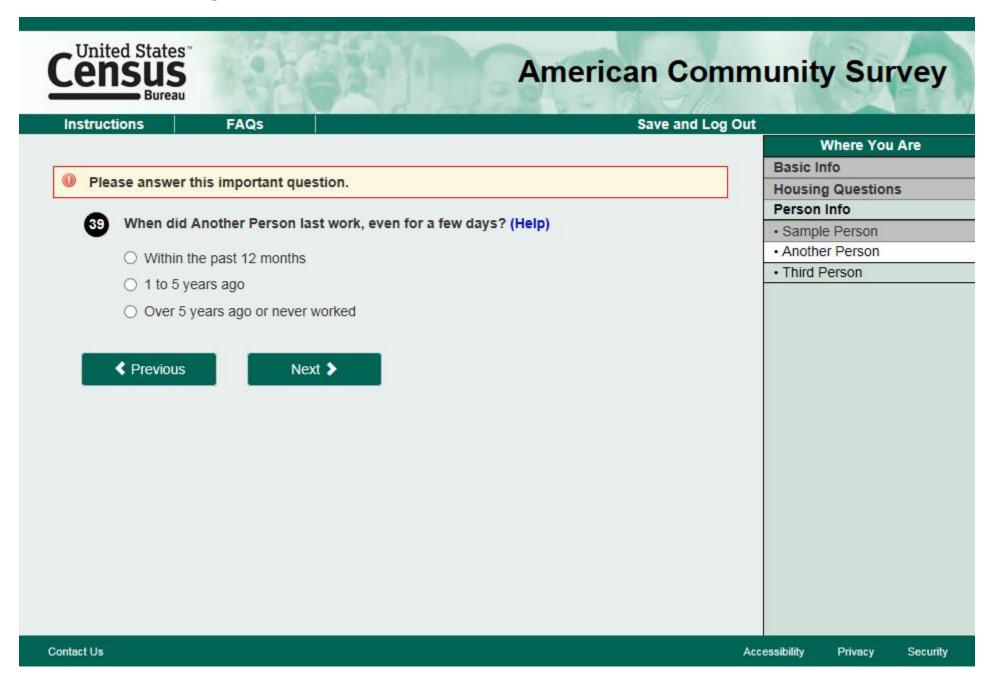
Examples of Other Uses

 State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

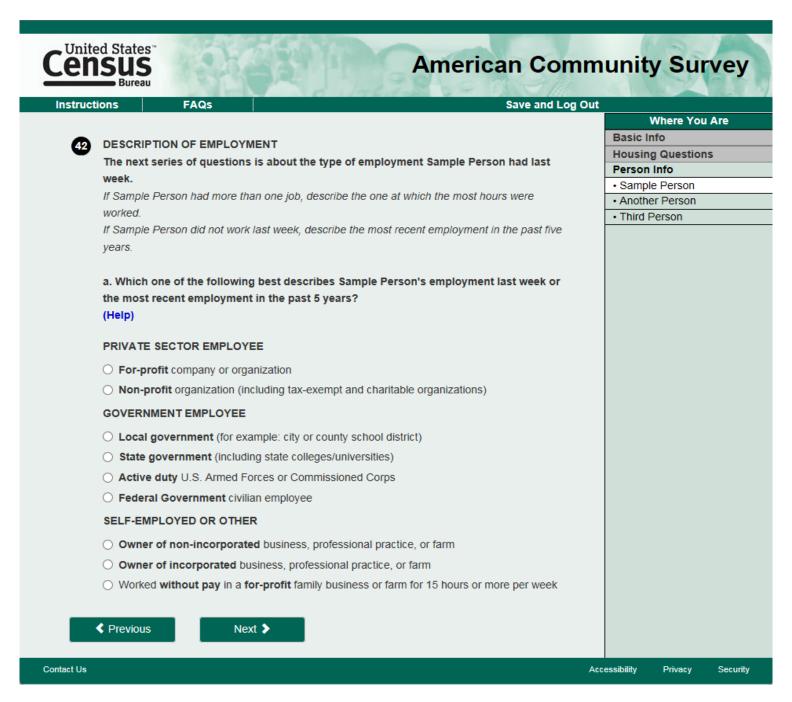
Help

- Count as work if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - · Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - · Any part-time work including babysitting, paper routes, etc.
 - · Active duty in the Armed Forces
- · Do NOT count as work if this person's activities were limited to the following:
 - Housework or yard work at home
 - · Unpaid volunteer work
 - · School work done as a student
 - · Work done as a resident or inmate of an institution
- Select "Over 5 years ago or never worked" if the person:
 - · Never worked at any kind of job or business, either full or part time, AND
 - Never worked, with or without pay, in a family business or farm, AND
 - Never served on active duty in Armed Forces

lastworked edit message



employeetype



employeetype help

Help

Why We Ask?

We ask about whether a person was a private employee, government employee, selfemployed, or working without pay in a family business, to produce statistics about class of worker. These statistics are used to understand more about the type of ownership of employing organizations, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

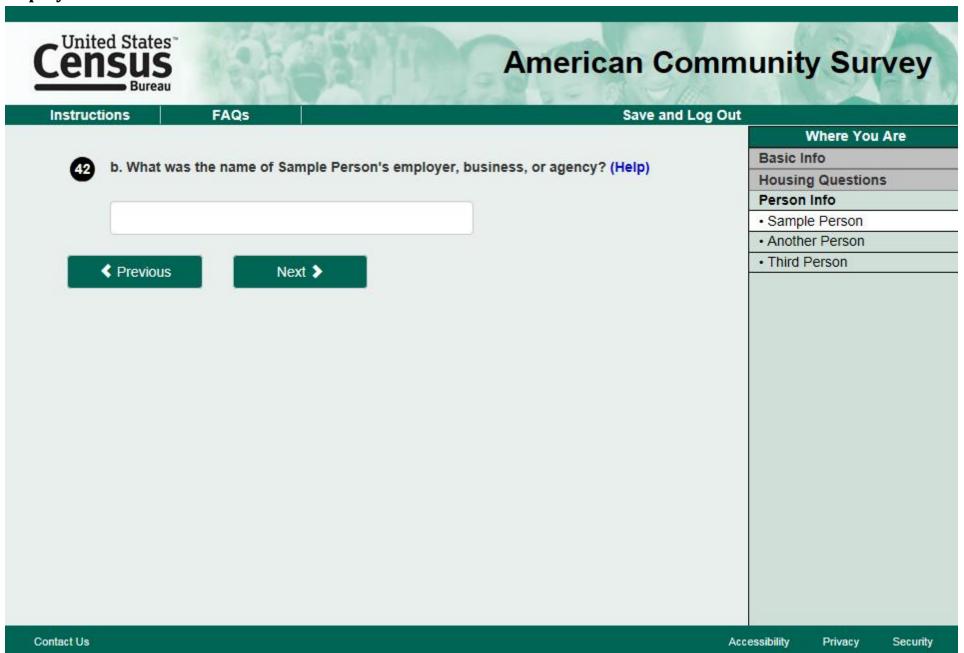
- Used to support cooperative agricultural extension work.
- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories, including veterans and people with disabilities.

Examples of Other Uses

 State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community yearround.

Help	
If worked for:	Then select:
Department store Restaurant Automobile dealer National investment firm	For-profit company or organization
Cooperative Credit union Mutual insurance company	Non-profit organization (including tax exempt and charitable organizations)
County-run community college City-run public school City-owned bus lines	Local government (for example: city or county school district)
State university State police	State government (including state colleges/universities)
Armed Forces, regular service U.S. Public Health Service or NOAA Commissioned Corps Military Reserves AND called to service by military order (not weekend training)	Active duty U.S. Armed Forces or Commissioned Corps
Foreign government United Nations	Federal government civilian employee
Profit or fees in his or her own business, farm, office, etc. Sole proprietorships and partnerships, but the company is not incorporated	Owner of non-incorporated business, professional practice, or farm
 Own business or organization which was a legal entity created by filing documents with the local secretary of state, commissioner of corporations, or similar official 	Owner of incorporated business, professional practice, or farm
Worked on a farm or in a business operated by a relative. This category only applies to workers in the family business or farm, not the owners. The work does not include housework or yard work at home, caring for a family member, unpaid volunteer work or unpaid internships. If the worker receives money, which is considered wages for work, do not assign this category.	Worked without pay in a for-profit family business or farm for 15 hours or more per week

employer



employer help

Help

×

Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

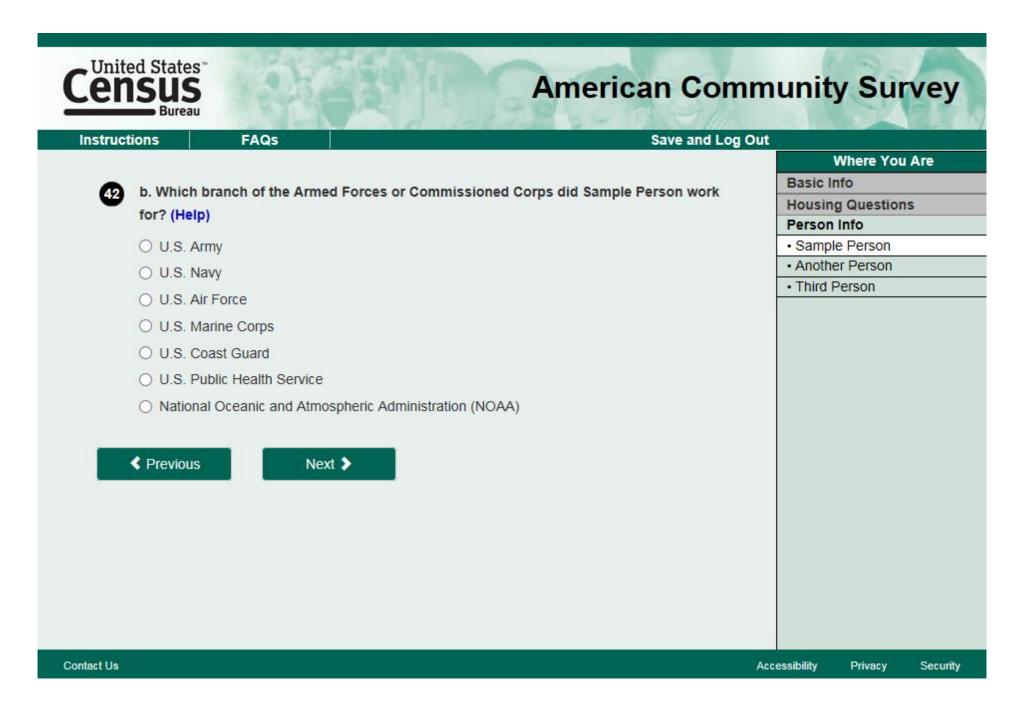
- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help		
If worked for:	Then enter:	
Company Business Government agency	Name of company, NOT name of person's supervisor	
Individual or business that had no company name	Name of individual this person worked for	
 His or her own un-named business 	"Self-employed"	

militaryemployer



militaryemployer help

Help

×

Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

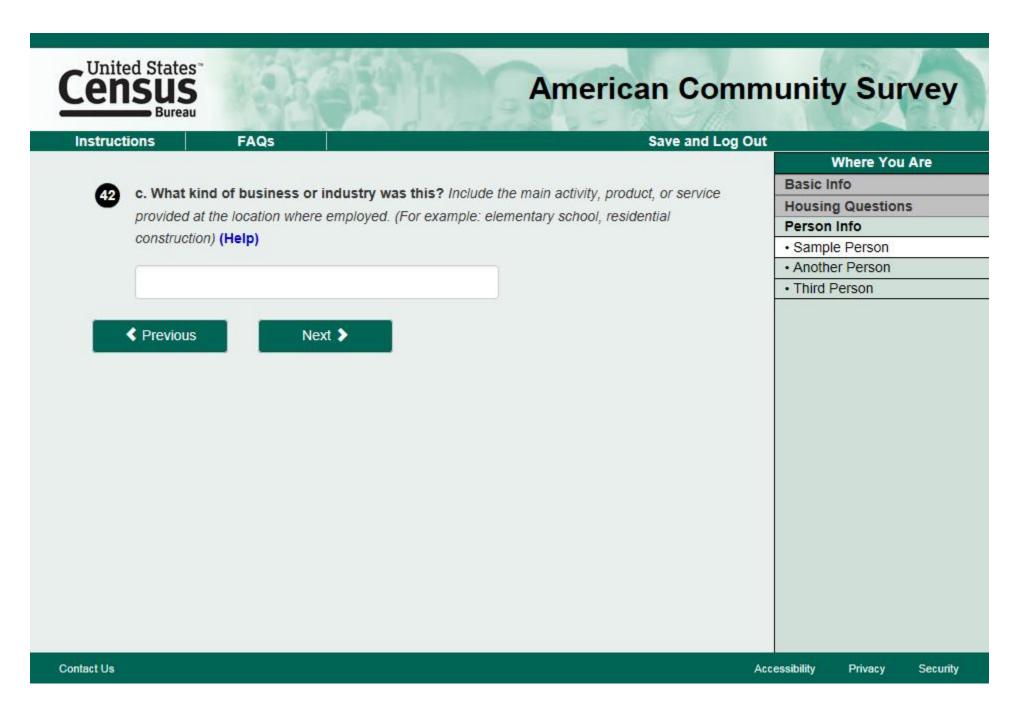
Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- · Used by companies to decide where to locate new plants, stores, or offices.

Help

- Do NOT include:
 - · Persons elected to federal offices
 - · Civilian employees of the Armed Forces
- · Include ACTIVE DUTY members of:
 - U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marine Corps
 - U.S. Coast Guard
 - · U.S. Public Health Service
 - National Oceanic and Atmospheric Administration (NOAA)

typeofbusiness



typeofbusiness help

Help

×

Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

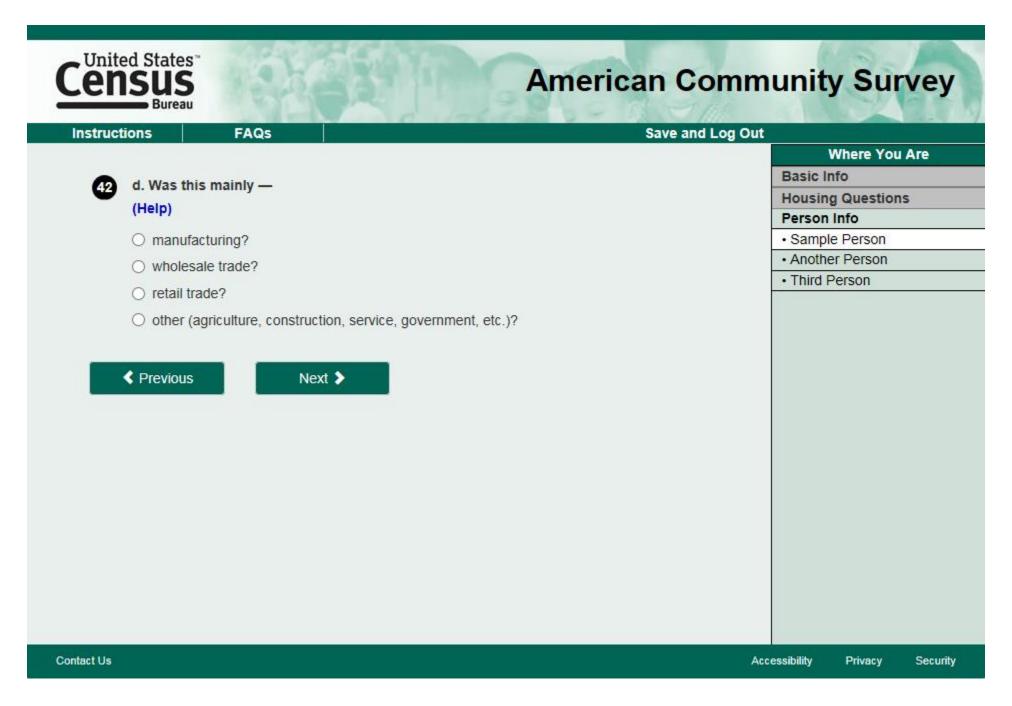
Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- · Used by companies to decide where to locate new plants, stores, or offices.

Help

- Clearly and specifically describe what the business, industry, or individual employer does at the location where the person worked
- Enter what the main activity was, what products were made or sold, or what service was given.
- · If more than one activity, describe only the major activity.
- · Enter descriptions like the following:
 - Urgent care center
 - · Certified public accounting firm
 - · Office supplies manufacturing company

businessclass



businessclass help

Help

×

Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

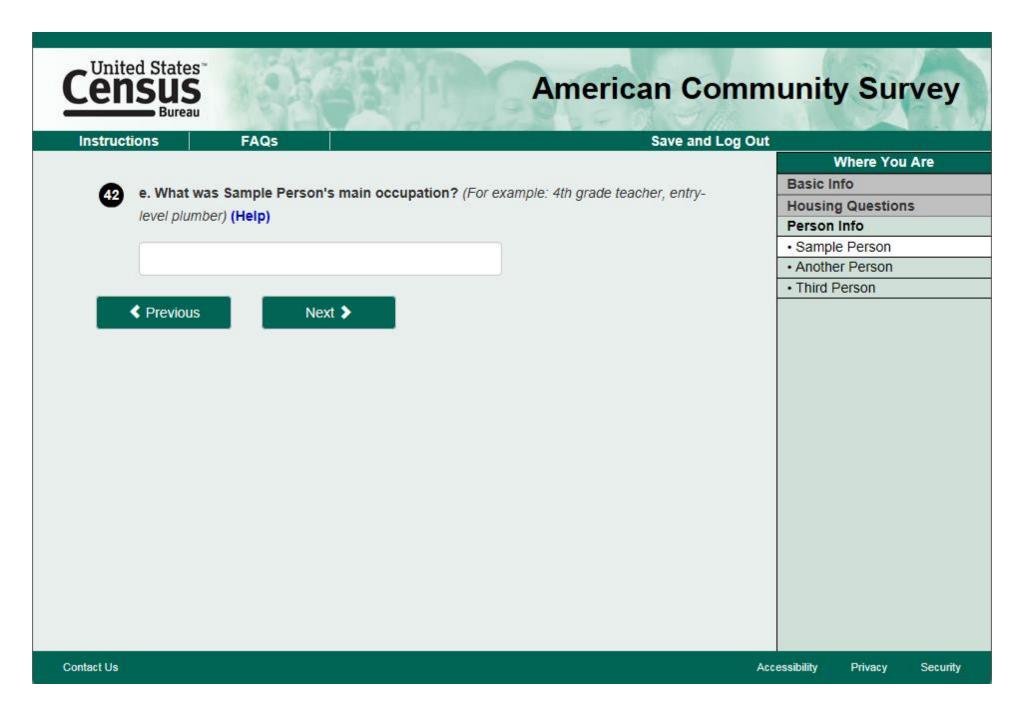
- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- · Used by companies to decide where to locate new plants, stores, or offices.

Help	
If main industry activity was:	Then select:
Making and processing of products, OR	Manufacturing
Making, processing, and selling of products in large lots to	
other manufacturers, wholesalers, or retailers	
Buying of goods in large quantities from the manufacturer	Wholesale trade
and selling the goods, usually in large volume, to other	
wholesalers or retailers, or industrial users	
Selling of products to individual consumers or users	Retail trade
Other kinds of industries not previously mentioned, such	Other (agriculture,
as farms, construction firms, government offices, and	construction, service,
services	government, etc.)

typeofwork



typeofwork help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

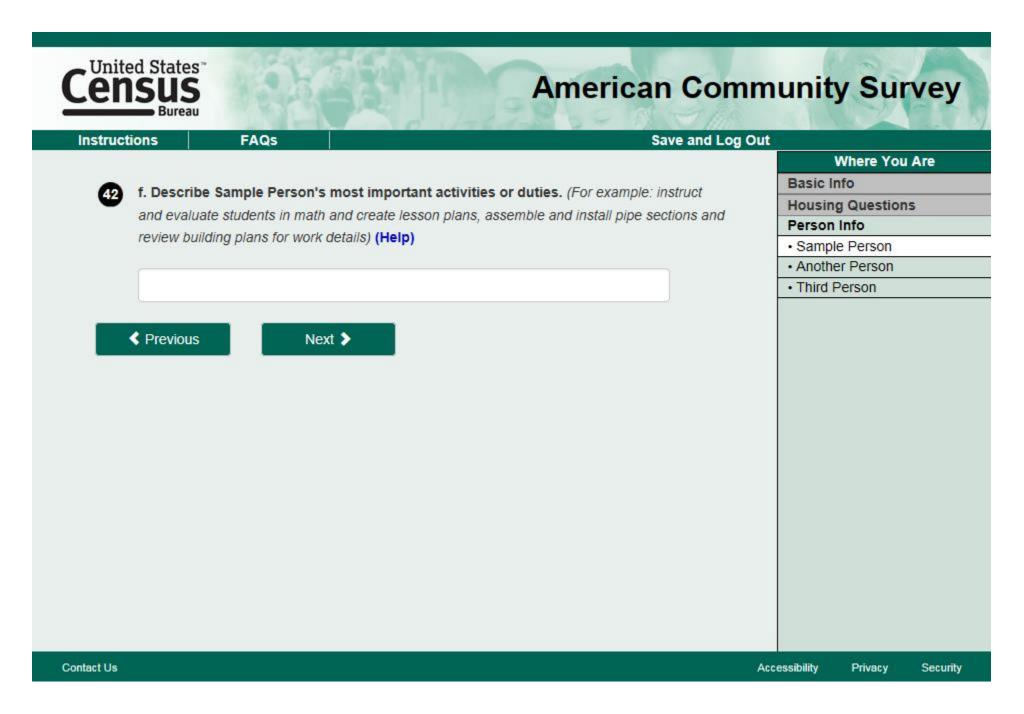
Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Provide clearly and specifically a description of the kind of work the person does.
- If possible, avoid single words such as: nurse, manager, or engineer.
- · Enter descriptions like the following:
 - · Registered nurse
 - · Human resources manager
 - · Industrial engineer
- · If trainee, apprentice, or helper, then include in this description

duties



duties help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

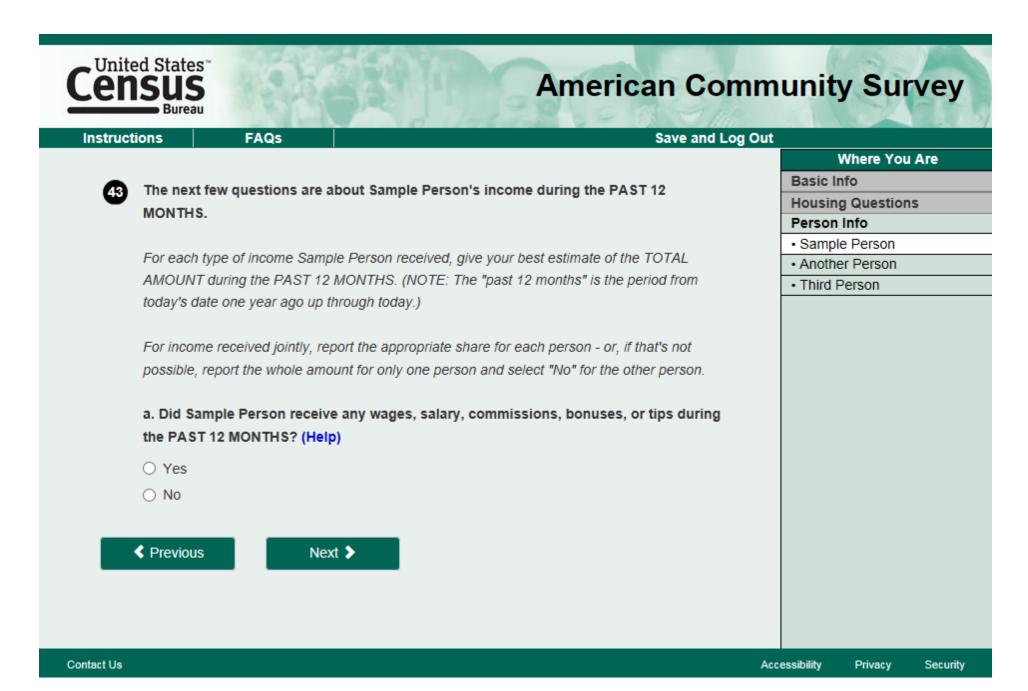
Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- · Used by companies to decide where to locate new plants, stores, or offices.

Help

- Provide clearly and specifically a description of the most important activities or duties performed
- · Enter descriptions like the following:
 - · Coordinate patient care and administer medications
 - · Direct hiring policies and advise supervisors on employee relations matters
 - · Design control systems to ensure product quality

wages



wages help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
If person received:	Then select:
Wages and salaries before deductions from ALL jobs	Yes
Tips	
Commissions	
Bonuses	
Salary from incorporated businesses	
Sick leave pay	
Vacation pay	
Director fees	
Severance pay	
 Assistantships and teaching fellowships 	
Piece-rate	
Military personnel:	
Base pay	
 Cash housing and/or subsistence allowance 	
Flight pay	
Uniform allotments	
Reenlistment bonuses	
Armed forces or national guard pay	

wages edit message



American Community Survey

Save and Log Out Instructions **FAQs** Where You Are Basic Info Please answer this important question. **Housing Questions** Person Info The next few questions are about Sample Person's income during the PAST 12 Sample Person MONTHS. Another Person · Third Person For each type of income Sample Person received, 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.) 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 select "No" for the other person. a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? (Help) Yes O No Previous Next > Contact Us Accessibility Privacy Security

wagesamt

Contact Us



American Community Survey

Accessibility

Privacy

Security

Save and Log Out Instructions **FAQs** Where You Are Basic Info The next few questions are about Sample Person's income during the PAST 12 **Housing Questions** MONTHS. Person Info Sample Person For each type of income Sample Person received, give your best estimate of the TOTAL Another Person AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from Third Person today's date one year ago up through today.) 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 select "No" for the other person. a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? (Help) Yes O No What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. (Help) TOTAL AMOUNT for past 12 months .00 Amount Previous Next >

wagesamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

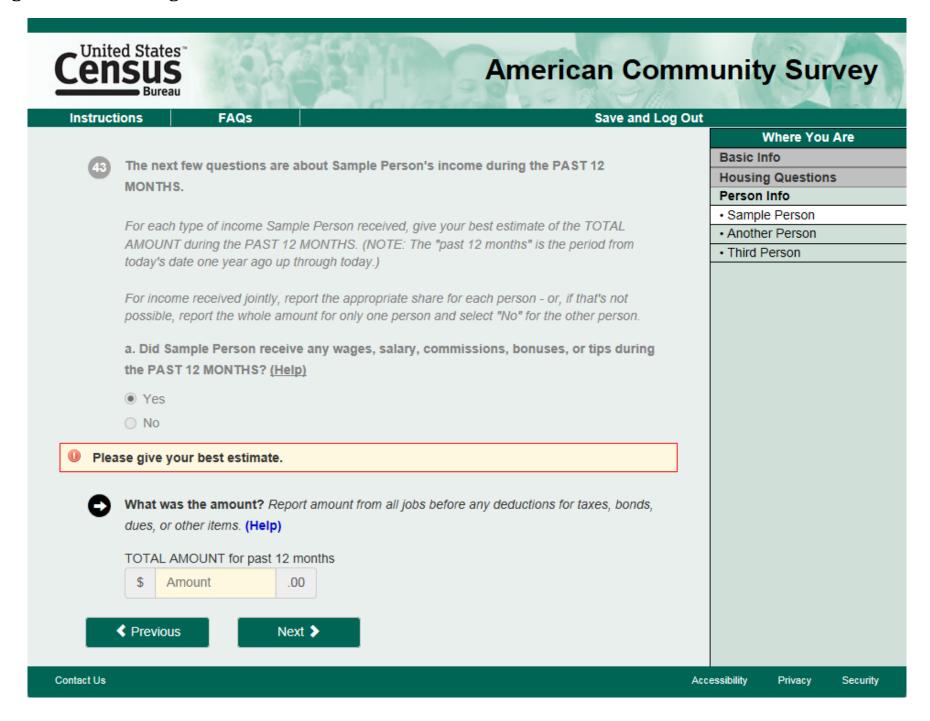
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

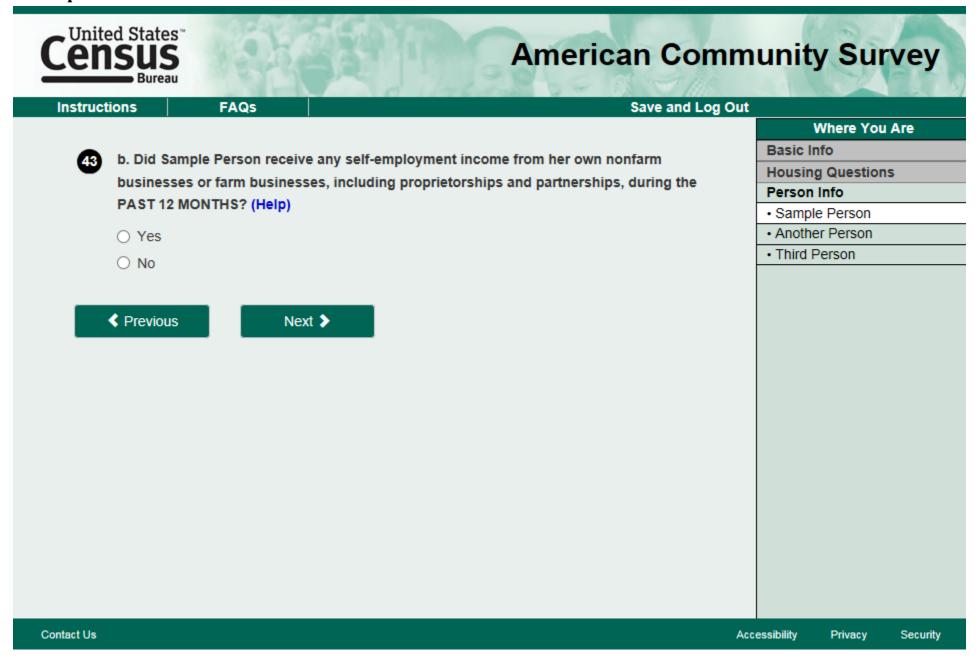
- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

person received:	Then:
Wages and salaries before deductions from ALL jobs	Include in amount
• Tips	
Commissions	
Bonuses	
 Salary from incorporated businesses 	
Sick leave pay	
 Vacation pay 	
Director fees	
Severance pay	
 Assistantships and teaching fellowships 	
Piece-rate	
Military personnel:	
Base pay	
 Cash housing and/or subsistence allowance 	
Flight pay	
 Uniform allotments 	
Reenlistment bonuses	
 Armed forces or national guard pay 	
Refunds or rebates of any kind	Do NOT include in
 Withdrawals from savings of any kind 	amount
 Capital gains or losses from the sale of homes, shares of 	
stock, etc.	
 Inheritances or insurance settlements 	
Any type of loan	
 Pay in-kind such as food, free rent 	
Lottery winnings taken in lump sum	

wagesamt edit message



selfemp



selfemp help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors)
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

lf:	Then select:
Nonfarm	"Yes" if:
	 Person received profit (or loss) from self-employment in sole proprietorships and partnerships
	"No" if:
	Person received profit (or loss) from incorporated business
Farm	"Yes" if:
	Person received amounts from land rented for shares
	Person received profit (or loss) from self-employment in sole proprietorships and partnerships
	"No" if:
	Person received amounts from land rented for cash
	Person received profit (or loss) from incorporated business

selfempamt



American Community Survey

Save and Log Out Instructions **FAQs** Where You Are Basic Info b. Did Sample Person receive any self-employment income from her own nonfarm **Housing Questions** businesses or farm businesses, including proprietorships and partnerships, during the Person Info PAST 12 MONTHS? (Help) · Sample Person Another Person Yes · Third Person O No What was the amount? Report NET income after business expenses. If net income was a loss, enter the amount and select "Loss." (Help) TOTAL AMOUNT for past 12 months \$.00 Amount Loss Previous Next > Contact Us Accessibility Privacy Security

selfempamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

lf:	Then:
Nonfarm	Include:
	Profit or Loss (report net money income - gross receipts minus expenses)
	from self-employment in sole proprietorships and partnerships
	Exclude:
	Profit (or loss) of incorporated businesses the person owns
Farm	Include:
	Profit (or loss) from self-employment in sole proprietorships and partnerships
	Amounts from land rented for shares
	Exclude:
	Profit (or loss) of incorporated farm businesses the person owns
	Amounts from land rented for cash

interest



American Community Survey Save and Log Out Instructions **FAQs** Where You Are Basic Info c. Did Sample Person receive any interest, dividends, net rental income, royalty income, **Housing Questions** or income from estates and trusts during the PAST 12 MONTHS? Report even small Person Info amounts credited to an account. (Help) · Sample Person Another Person For income received jointly, report the appropriate share for each person - or, if that's not Third Person possible, report the whole amount for only one person and select "No" for the other person. O Yes O No Previous Next > Contact Us Accessibility Privacy Security

Return to Top

interest help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

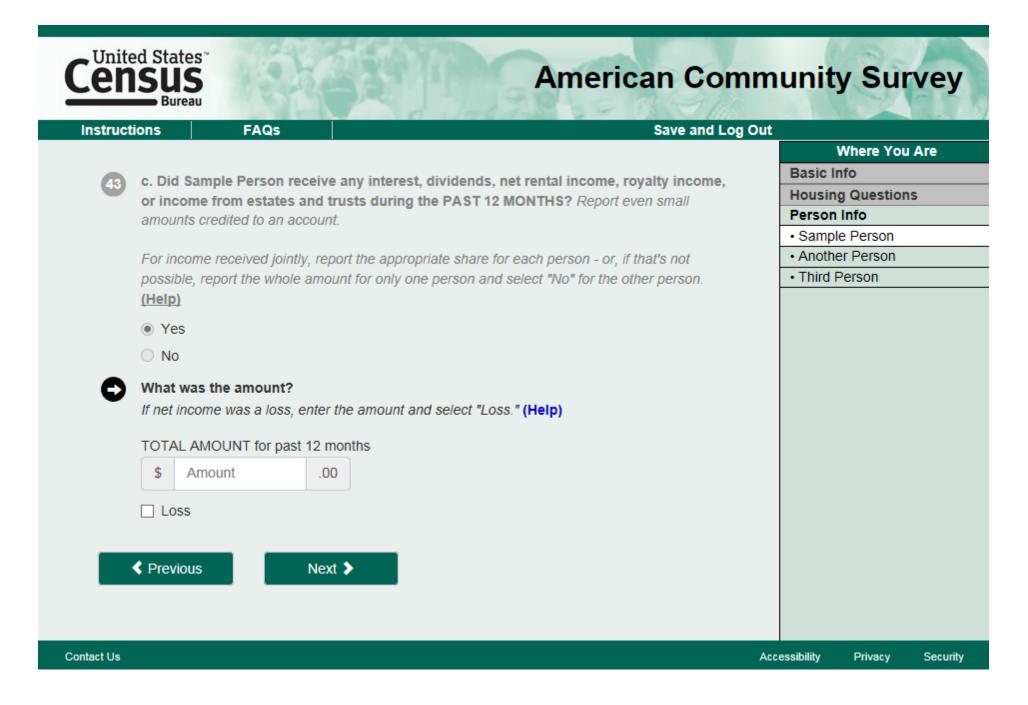
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
If person received:	Then select:
Interest received or credited to: Checking and saving accounts Money market funds Certificates of deposit (CDs) Individual Retirement Accounts (IRAs) KEOGHs Government bonds Dividends received, credited, or reinvested from ownership of stocks or mutual funds Profit (or loss) from: Royalties Rental of land, buildings or real estate Roomers or boarders Regular payments from estate or trust fund	Yes

interestamt



interestamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

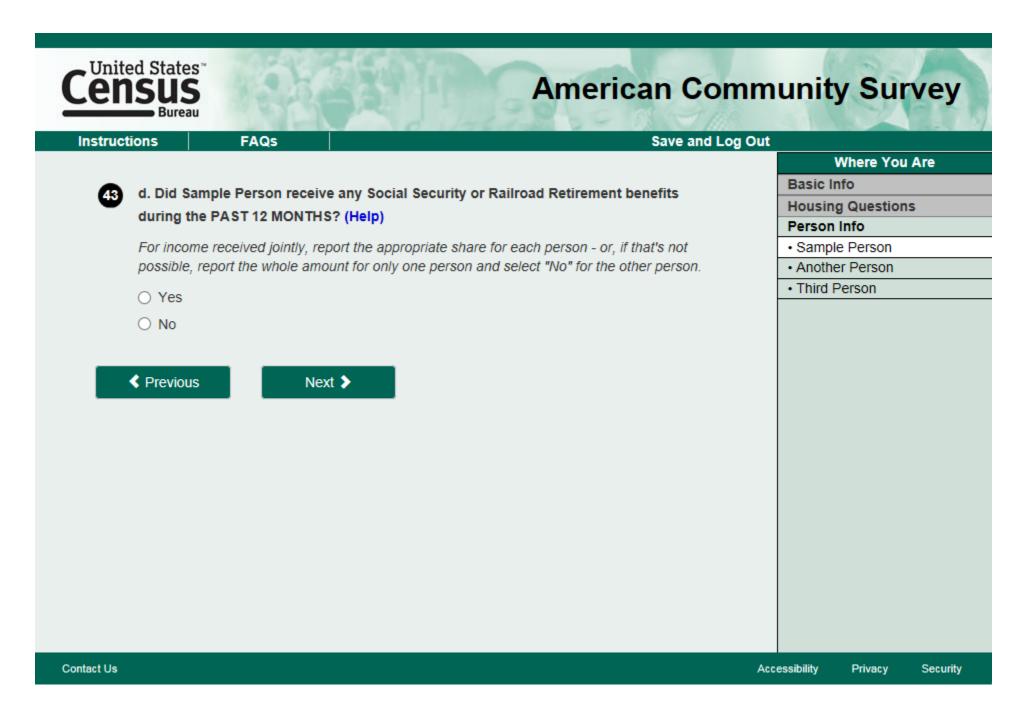
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
f person received:	Then:
Interest received or credited to:	Include in amount
 Checking and saving accounts 	
Money market funds	
 Certificates of deposit (CDs) 	
 Individual Retirement Accounts (IRAs) 	
KEOGHs	
Government bonds	
· Dividends received, credited, or reinvested from ownership of	
stocks or mutual funds	
Profit (or loss) from:	
Royalties	
 Rental of land, buildings or real estate 	
 Roomers or boarders 	
 Regular payments from estate or trust fund 	
Refunds or rebates of any kind	Do NOT include in
 Withdrawals from savings of any kind 	amount
. Capital gains or losses from the sale of homes, shares of stock,	
etc.	
 Inheritances or insurance settlements 	
Any type of loan	
 Pay in-kind such as food, free rent 	
 Lottery winnings taken in lump sum 	

socialsecurity



socialsecurity help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

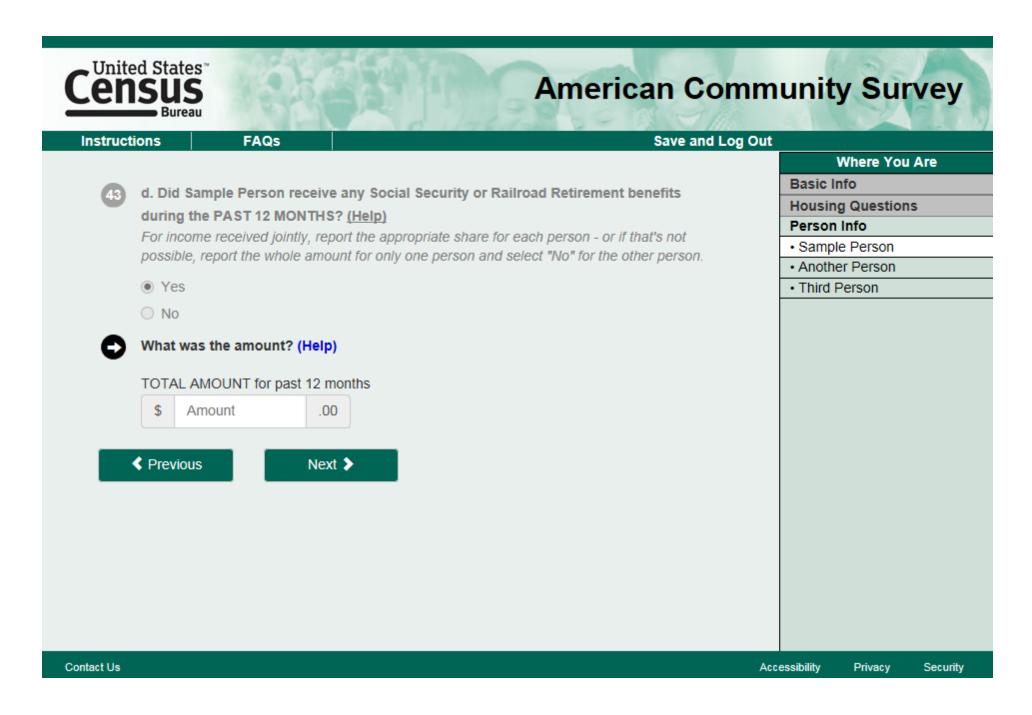
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
If person received:	Then select:
Before Medicare deductions: Social Security Railroad Retirement payments	Yes
Payments to retired persons Payments to dependents of deceased insured workers Payments to disabled workers	

socialsecurityamt



socialsecurityamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

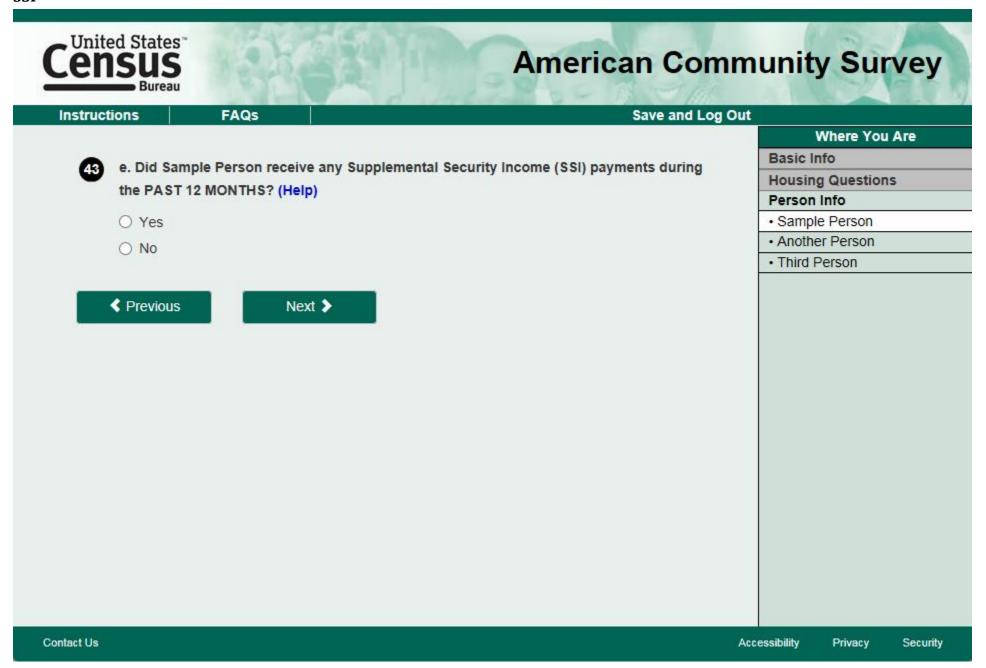
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
If person received:	Then:
Before Medicare deductions:	Include in amount
Social Security	
Railroad Retirement payments	
Payments to retired persons	
Payments to dependents of deceased insured workers	
Payments to disabled workers	
Refunds or rebates of any kind	Do NOT include in
Withdrawals from savings of any kind	amount
Capital gains or losses from the sale of homes, shares of	
stock, etc.	
Inheritances or insurance settlements	
Any type of loan	
Pay in-kind such as food, free rent	

ssi



ssi help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

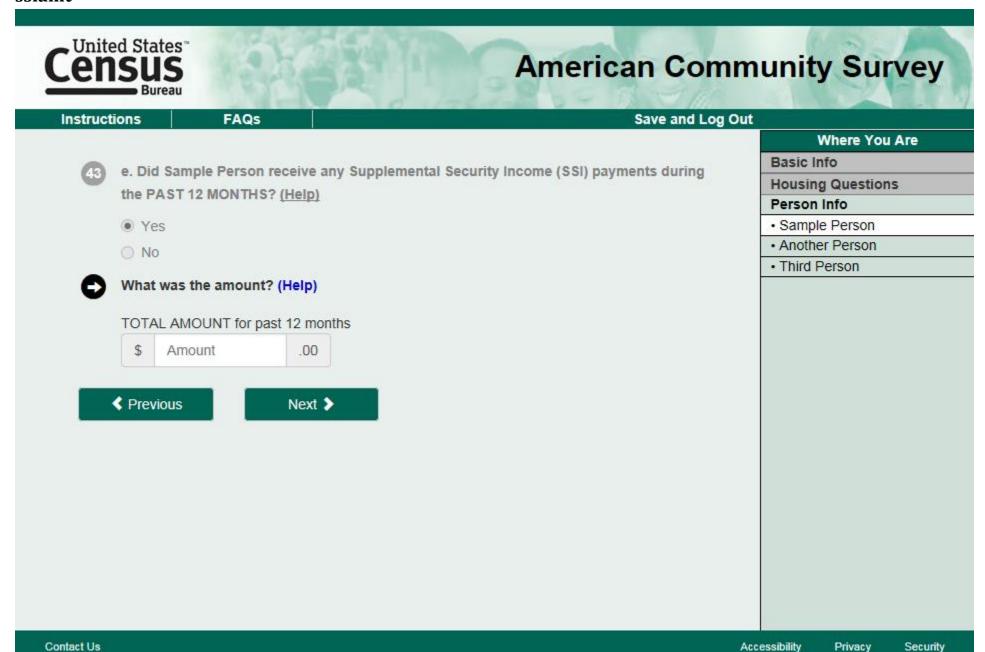
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
Supplemental Security Income (SSI) provided to:	Yes
Elderly	
Blind	
Disabled persons	

ssiamt



ssiamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

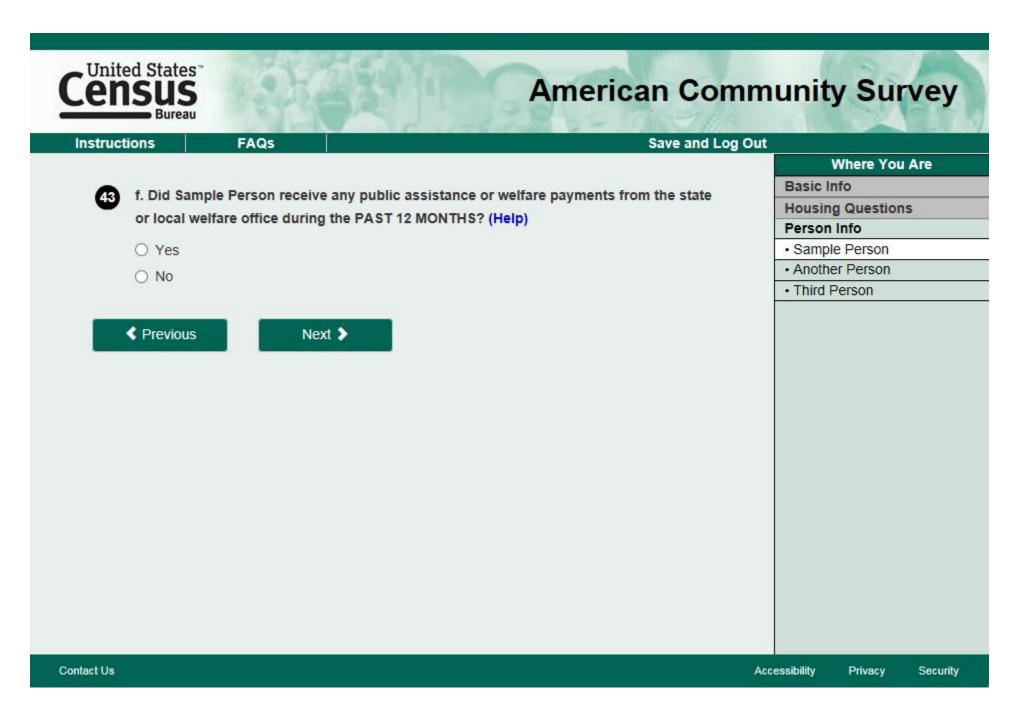
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
Supplemental Security Income (SSI) provided to:	Include in amount
Elderly	
Blind	
Disabled persons	
Refunds or rebates of any kind	Do NOT include in
Withdrawals from savings of any kind	amount
Capital gains or losses from the sale of homes, shares of	
stock, etc.	
Inheritances or insurance settlements	
Any type of loan	
Pay in-kind such as food, free rent	

publicasst



publicasst help

Help

X

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

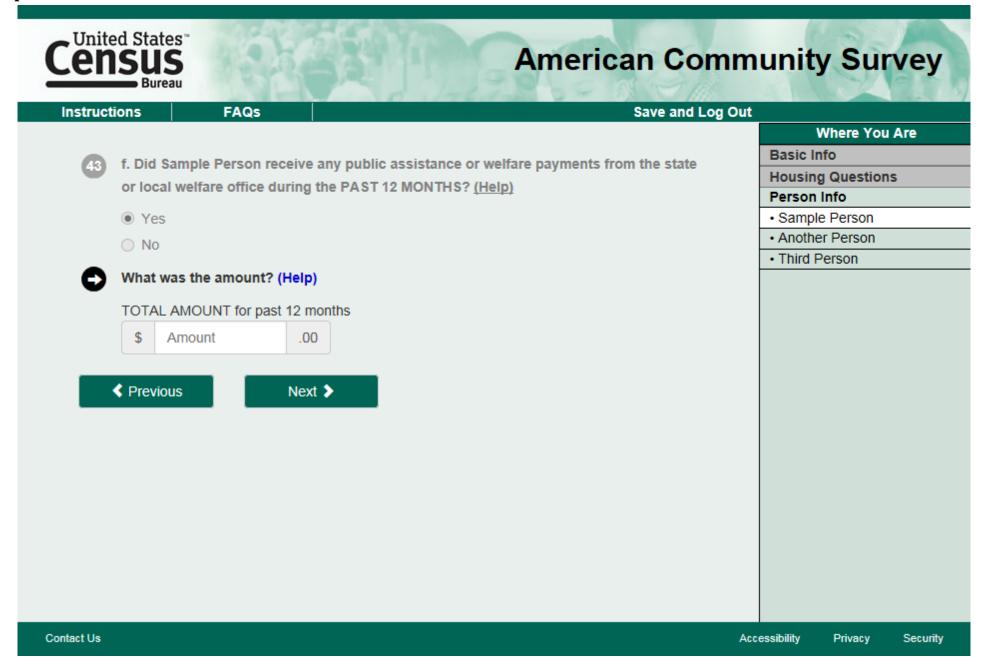
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	
	select:
Cash public assistance or welfare payments from state or county welfare	Yes
office	

publicasstamt



publicasstamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

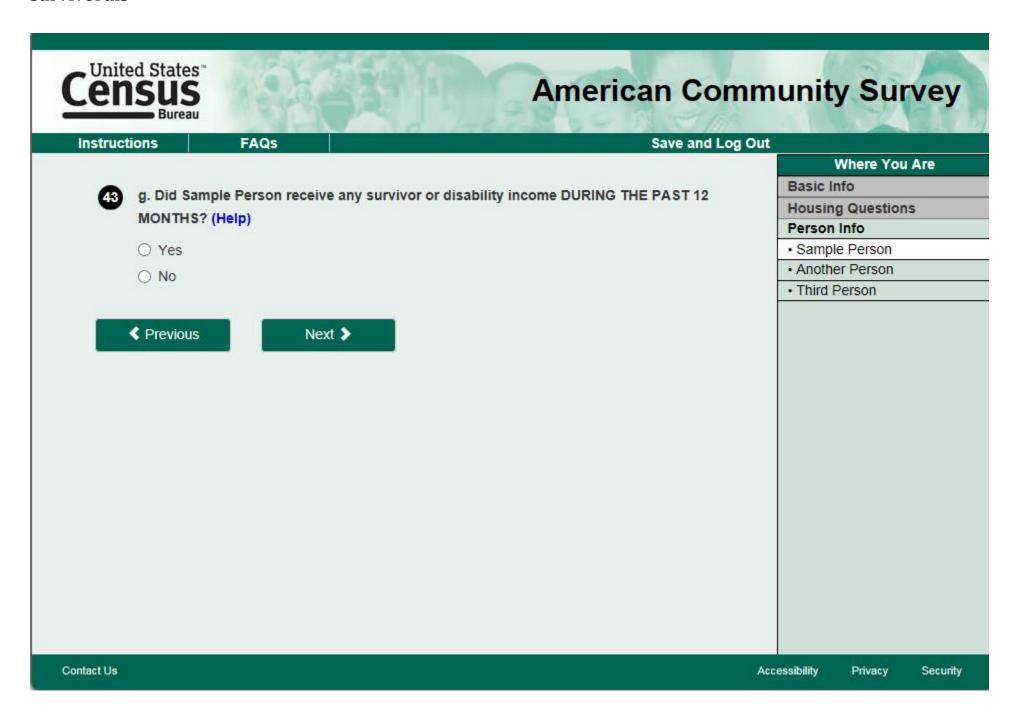
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- . If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
Public assistance or welfare payments received by check or electronic	Include in the
transfer from the state or local welfare office, even if received for only	amount
one month or less than a year	
 Benefits received on behalf of children (Temporary Assistance for 	
Needy Families (TANF), Aid to Families with Dependent Children	
(AFDC), Aid to Dependent Children (ADC))	
 Welfare to work, General Assistance, General Relief, Emergency 	
Assistance, and Diversion Payments	
Supplemental Security Income (SSI)	Do NOT
 Food assistance (such as food stamps and benefits from the 	include in
Supplemental Nutrition Assistance Program, or SNAP)	amount
Rental assistance	
Educational assistance	
Child care assistance	
Transportation assistance	
 Assistance with heating or cooling costs or ANY other energy 	
assistance (such as Low Income Home Energy Assistance Program, or	
LIHEAP)	

survivordis



survivordis help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

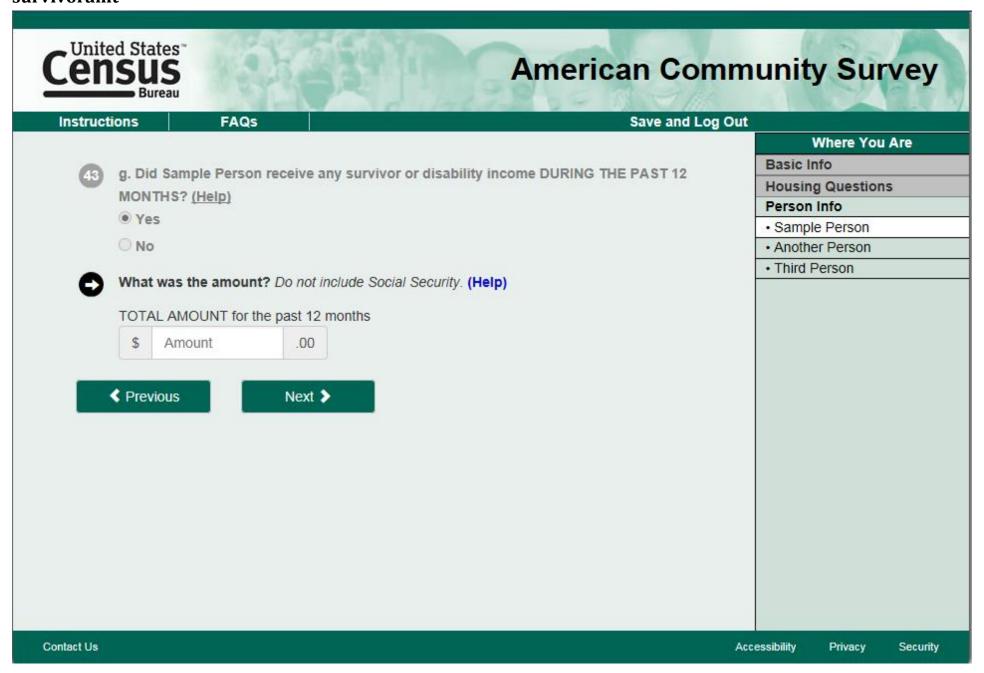
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
Survivor or disability benefits from:	Yes
 Companies or unions 	
 Federal, state or local governments 	
U.S. military	

survivoramt



survivoramt help

Help

X

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

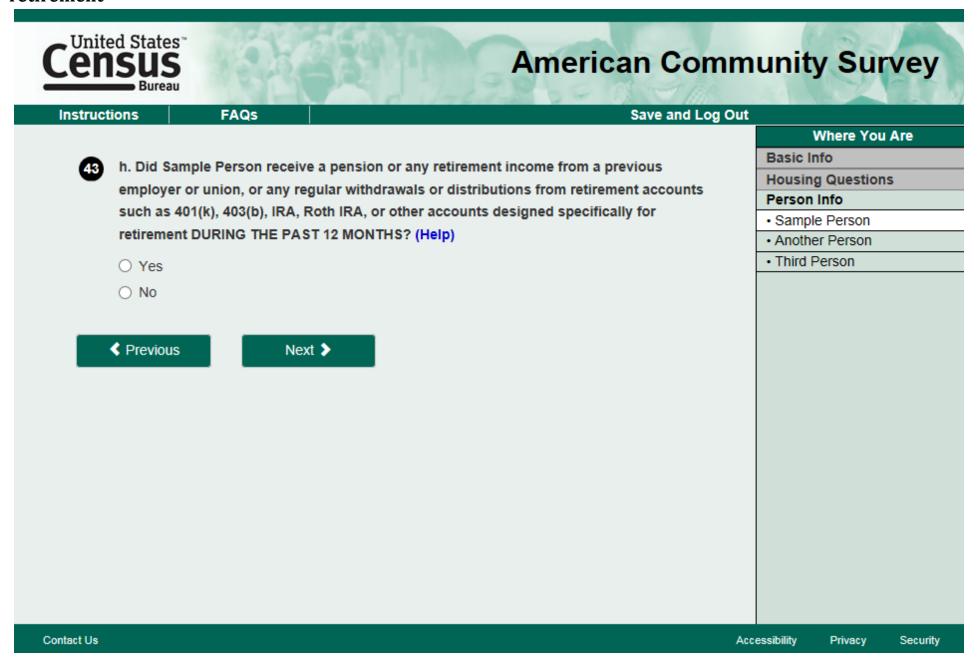
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
Survivor or disability benefits from:	Include in amount
 Companies or unions 	
 Federal, state or local governments 	
U.S. military	
Refunds or rebates of any kind	Do NOT include in
 Withdrawals from savings of any kind 	amount
· Capital gains or losses from the sale of homes, shares of	
stock, etc.	
 Inheritances or insurance settlements 	
Any type of loan	
 Pay in-kind such as food, free rent 	
 Lottery winnings taken in lump sum 	

retirement



retirement help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
Pension or retirement income from:	Yes
Companies or unions	
Federal, state or local governments	
U.S. military	
Regular income from:	
Annuities	
 401(k), 403(b), IRA, Roth IRA or KEOGH retirement plans 	

retirementamt



American Community Survey FAQs Save and Log Out Instructions Where You Are Basic Info h. Did Sample Person receive a pension or any retirement income from a previous **Housing Questions** employer or union, or any regular withdrawals or distributions from retirement accounts Person Info such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for Sample Person retirement DURING THE PAST 12 MONTHS? (Help) · Another Person Yes · Third Person O No What was the amount? Do not include Social Security. (Help) TOTAL AMOUNT for the past 12 months .00 Amount Previous Next > Contact Us Accessibility Privacy Security

Return to Top

retirementamt help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

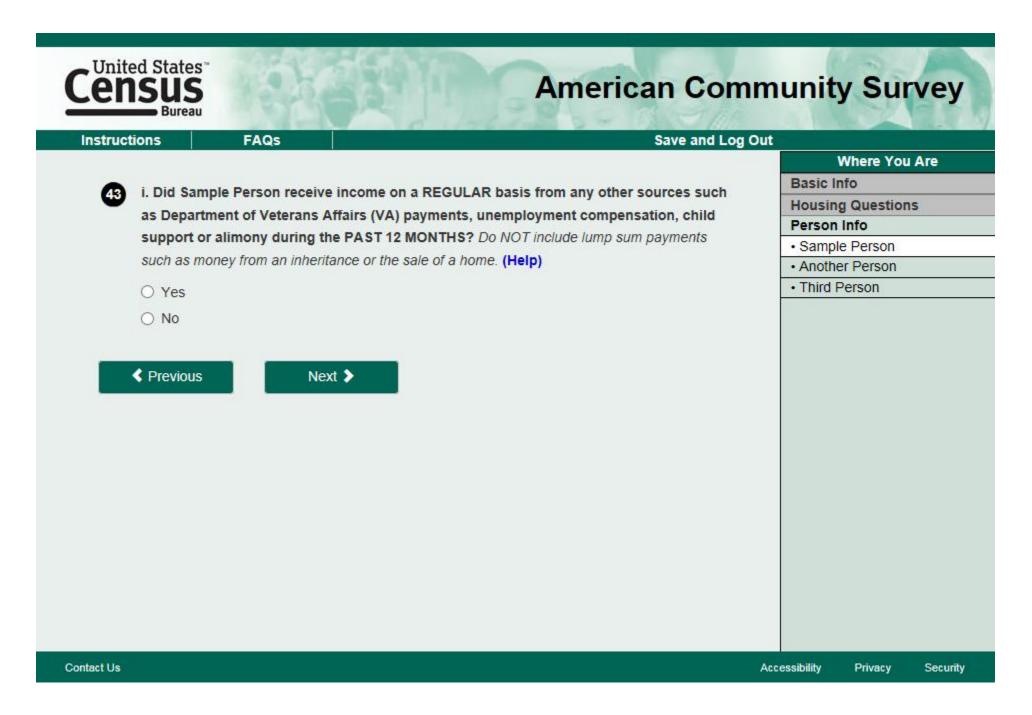
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
Pension or retirement income from:	Include in amount
Companies or unions	
 Federal, state or local governments 	
U.S. military	
Regular income from:	
Annuities	
 401(k), 403(b), IRA, Roth IRA or KEOGH retirement 	
plans	
Refunds or rebates of any kind	Do NOT include in
Withdrawals from savings of any kind	amount
Capital gains or losses from the sale of homes, shares of	
stock, etc.	
Inheritances or insurance settlements	
Any type of loan	
Pay in-kind such as food, free rent	
Lottery winnings taken in lump sum	

otherincome



otherincome help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

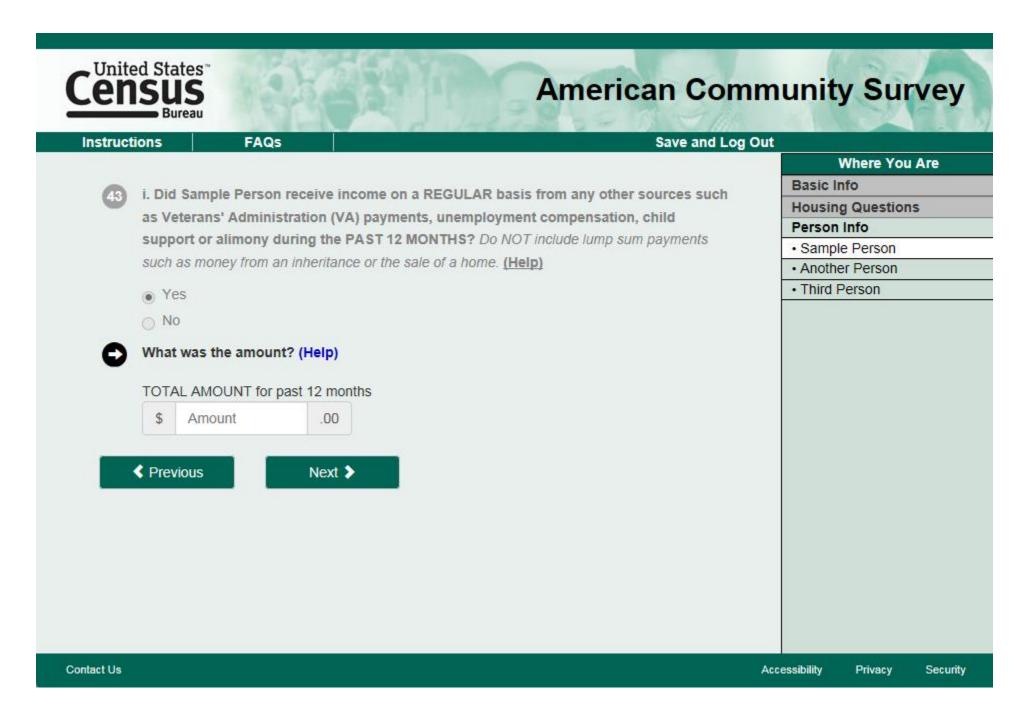
Help

If income received jointly by household members:

- · If possible, report appropriate share for each person
- · If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
Veterans' (VA) disability compensation	Yes
Veterans' educational assistance payments (VEAP)	
Unemployment compensation	
Child Support	
Alimony	
Other regular payments, such as:	
Armed Forces transfer payments	
Assistance from private charities	
 Regular contributions from persons not living in the household 	

otherincomeamt



otherincomeamt help

Help

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

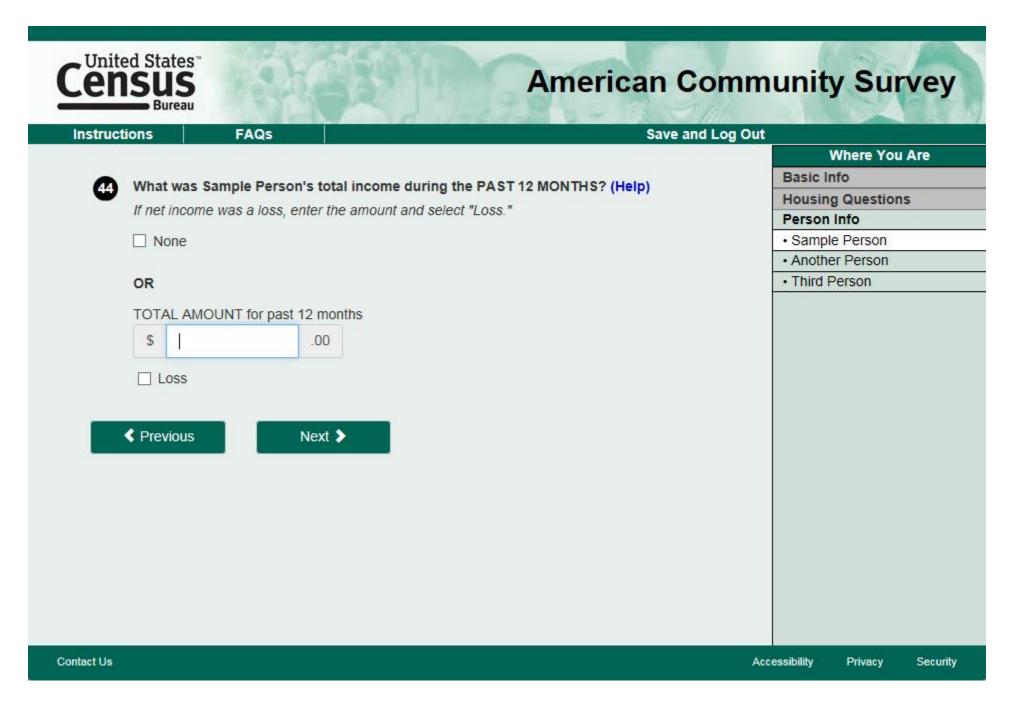
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Help	
If person received:	Then:
 Veterans' (VA) disability compensation 	Include in amount
 Veterans' educational assistance payments (VEAP) 	
Unemployment compensation	
Child Support	
Alimony	
Other regular payments, such as:	
 Armed Forces transfer payments 	
 Assistance from private charities 	
 Regular contributions from persons not living in the 	
household	
Refunds or rebates of any kind	Do NOT include in
 Withdrawals from savings of any kind 	amount
 Capital gains or losses from the sale of homes, shares of 	
stock, etc.	
Inheritances or insurance settlements	
Any type of loan	
 Pay in-kind such as food, free rent 	
Lottery winnings taken in lump sum	

totalincome



totalincome help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

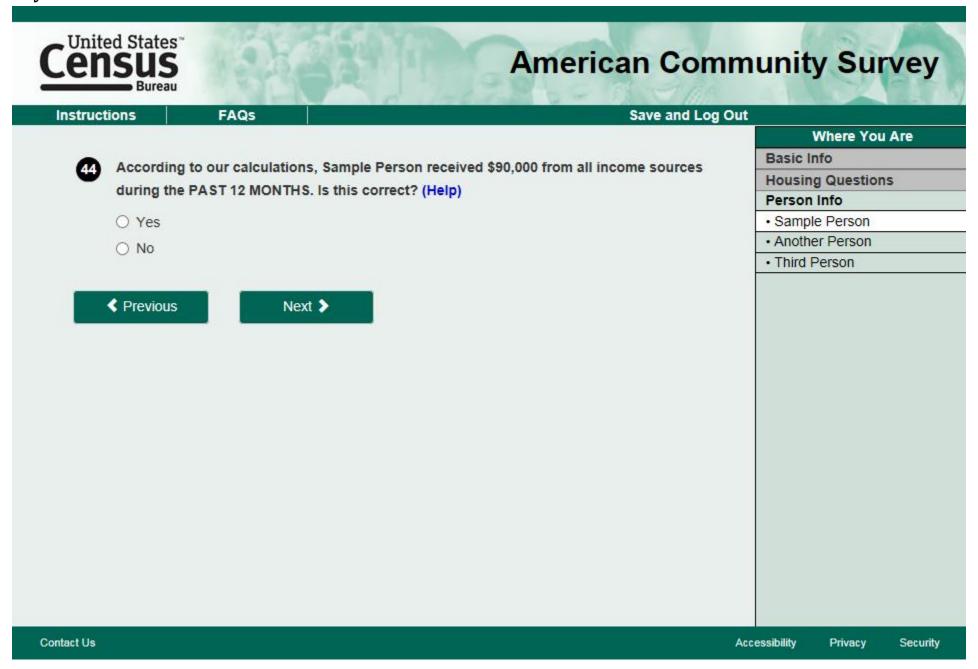
Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

vrfyincome



vrfyincome help

Help

×

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

- Click Here to Collapse Additional Text

Examples of Federal Uses

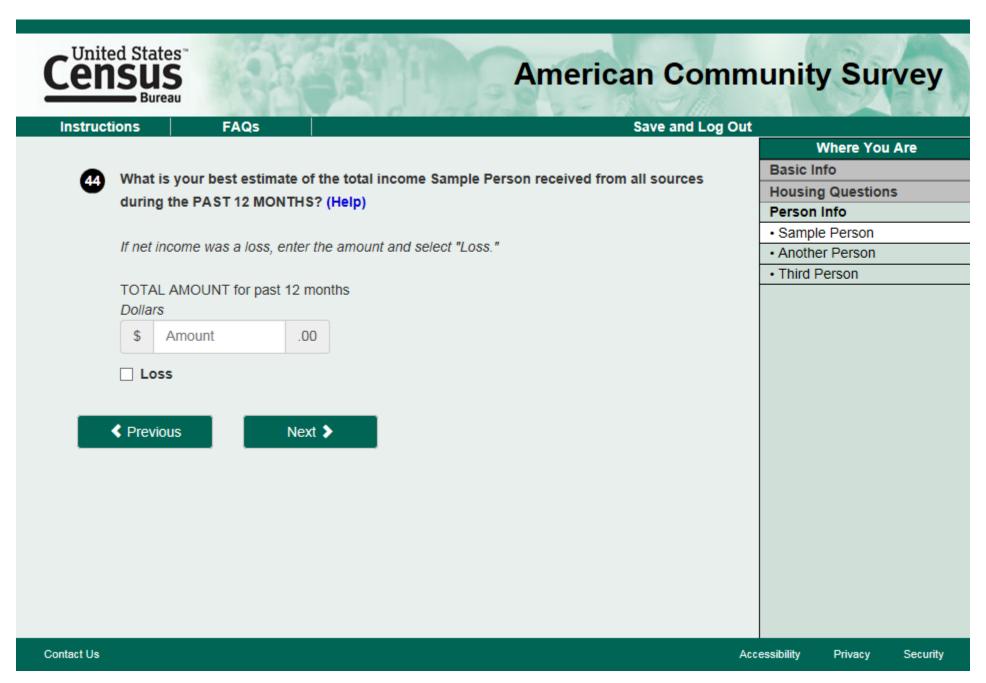
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Close Help

Estincome



estincome help

Help

 \times

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

Click Here to Collapse Additional Text

Examples of Federal Uses

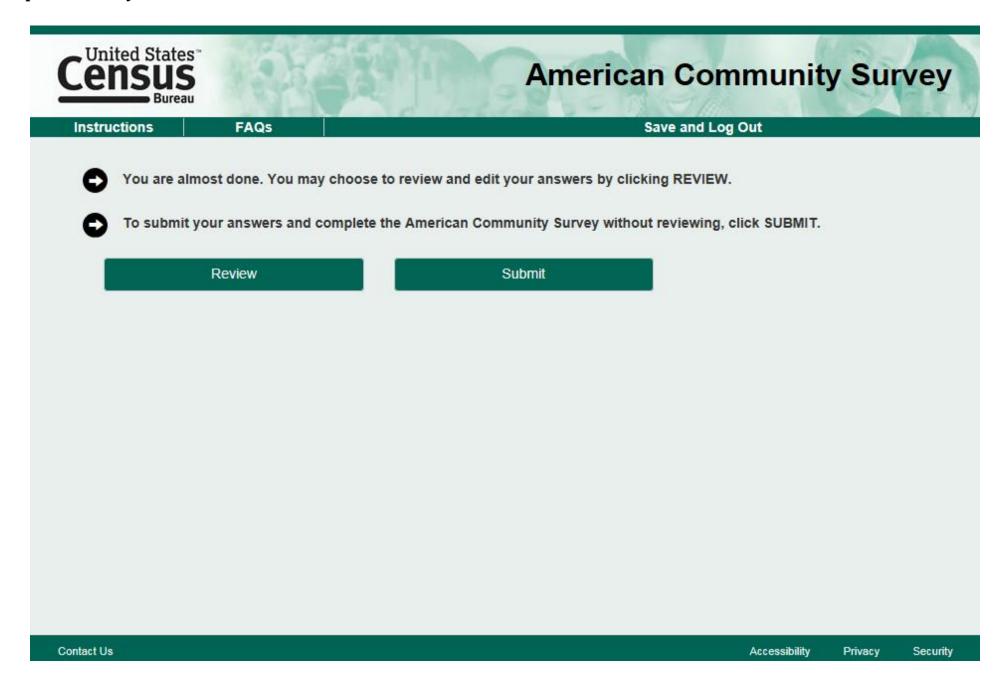
- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line.
 These estimates are then used to set eligibility requirements for individuals,
 governments, and organizations seeking funding for education, housing assistance,
 health care, food assistance, legal services, and many other programs.

Examples of Other Uses

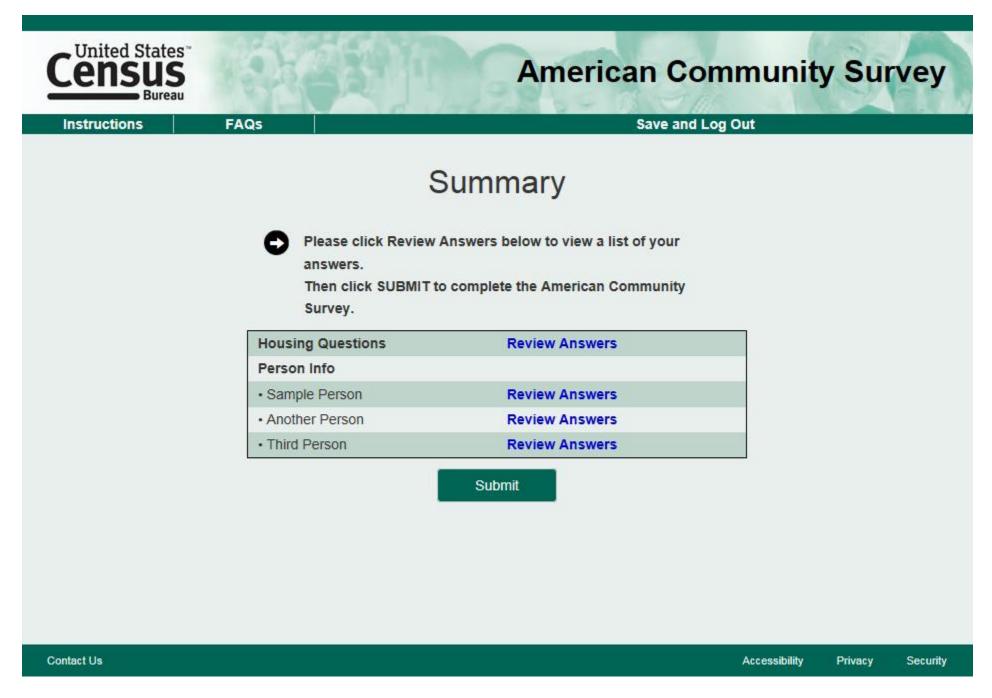
- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to
 provide funds to counties and school districts for resources and services that improve
 the education of economically disadvantaged children.

Close Help

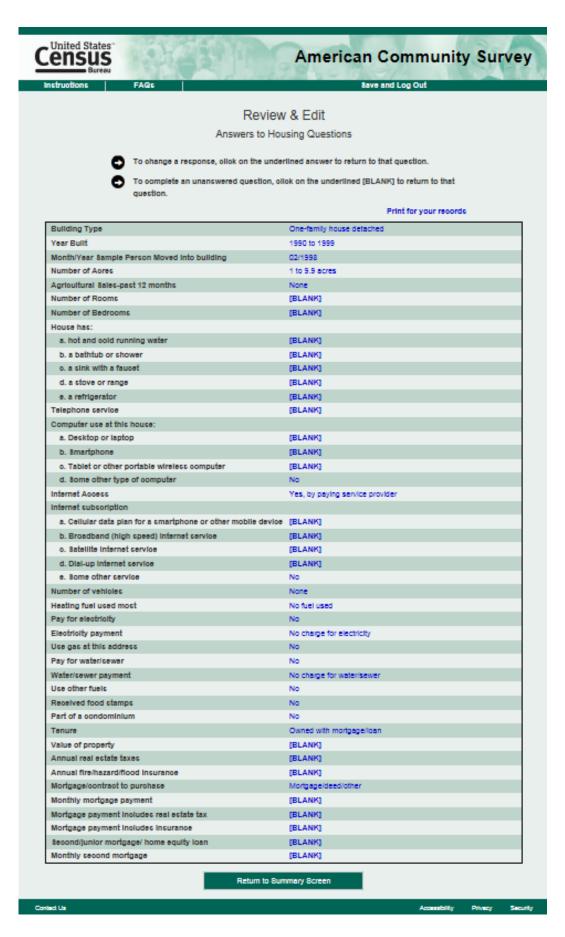
presummary



summary



housing (review and edit)

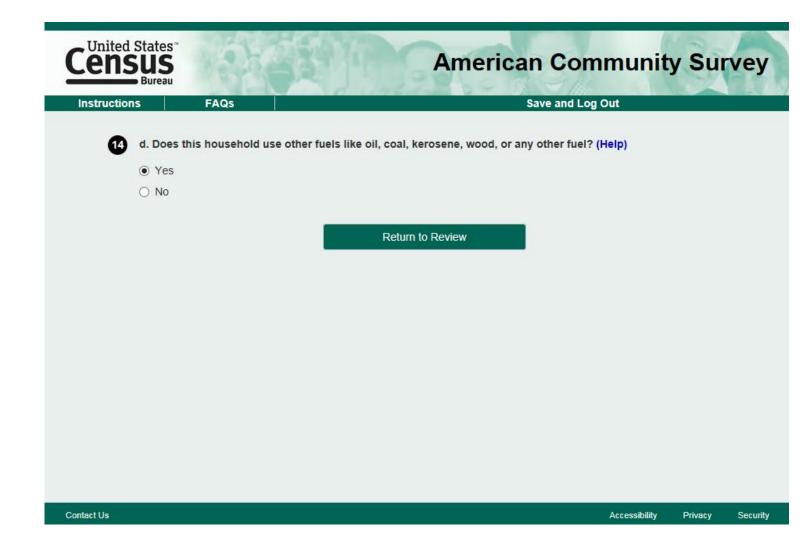


person (review and edit)

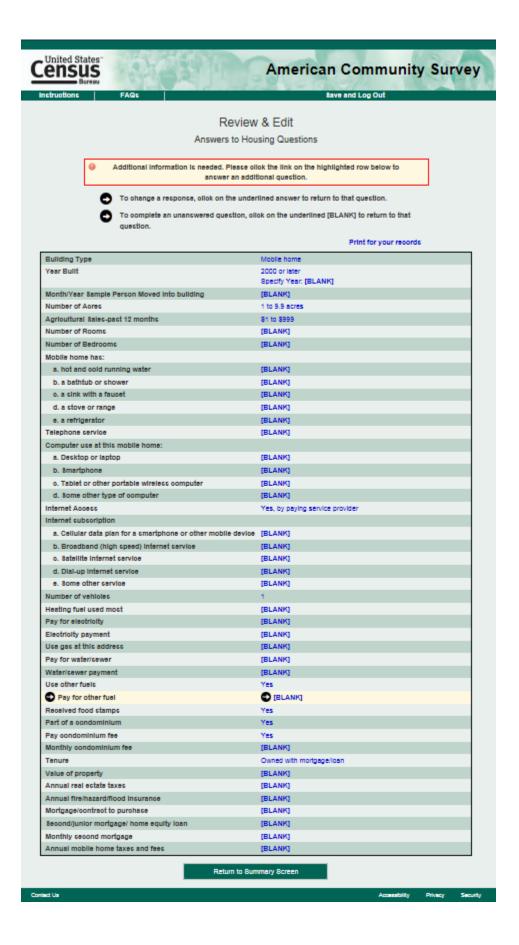
Answers to Ques	tions for Sample Person
To change a response, click on the u	nderlined answer to return to that question.
To complete an unanewered queedor queedon.	s, click on the underlined [DLANK] to return to that
Ser	Print for your records. Female
Date of birth	01/01/1980
Aga Hikpanic, Latino, or Spanish origin	105 Other Hispanic Latho Spanish
Race	Smerican Indian or Stacks Native
roca .	
	Other Julian
	Other Pacific Islander
	Some other race
Place of birth	Outside the United States Specify: (DLANK)
Citizenehip Year came to live in U.S.	Naturalized U.S. ciriben (2100) 2100
Attended achool	Public school/college
Grade level standed Highest level of achool completed	Graduste or professional achool Bachelor's degree
Dachelor's degree major	[DLANK]
Ancestry Language other than English at home	[DLANK]
Language spoken	[DLANK]
How wall is English spoken Rasidance one year ago	[SLANK] Different address in U.S. Poemo Rico
Address one year ago:	
Address (Number and Street Name) City, town, or post office	[DLANK]
U.S. county or municipio in Pueno Rico U.S. state or Pueno Rico	[BLANK]
U.S. atms or Puerto Rico Zip code	[DLANK]
Health Insurance:	[DLANK]
a, through employeriunion b, purchased directly from insurance company	[DLANK]
c. Medicare d. Medicaldimedical assistance	[DLANK]
a. TRICARE/other military health care	lerved
f. VA g. Indian Health Service	[DLANK]
h. Other hasith insurance	Yes
Premium	Specify: [DLANK] [DLANK]
DasfidMoulty having	[BLANK]
Blindidffculty seeing Difficulty concentrating/remembering	[DLANK]
Difficulty walking iclimbing scales	[DLANK]
Difficulty drawing bathing Difficulty doing errands alone	[DEVAK]
Got married-last 12 months	[DLANK]
Decame widowed-last 12 months Got divorced-last 12 months	[DLANK]
Number of times married Year last married	[DLANK]
Responsible for basic needs of grandchildren	Yes
How long responsible for grandchildren Serve on active duty	[DLANK]
When serve on active duty	[BLANK]
VA disability rating VA disability rating-percent	[DLANK] 70 percent or higher
Work for pay-last week	lerved
Any work for psy-last week Where work-last week:	Yes
Address (Number and Street Name) City, town, or post office	[DLANK]
Work location invide the limbs of city or town	[DLANK]
County U.S. attes or foreign country	[DEVNK]
Zip code	[DLANK]
Transportation to work-last week Number of riders	Car, muck, or van
Time leave home for work-last week	(DLANK)-60 (DLANK)
Number of minutes to get to work Worked every week-tast 12 months	[DLANK]
Weeks worked	[DLANK]
Hours worked per week Type of employee	199 Softe duty member of U.S. Sinned forces
Branch of armed forces.	[DLANK]
Kind of business or industry Type of industry	[DLANK]
Kind of work	[DLANK]
Acsivity or Duty at Job Receive vages kalary/boruses/tips	[DLANK] Yes
Amount-from all jobs	910,000.00 Yes
Receive self-employment income Amount	910,000.00
Receive Interest, rental, royalty, extesse/trust Income Amount	Yes 910,000,00
Receive Social Security, Railroad Retirement Income	Yes
Amount Receive Supplemental Security Income (SSI)	910,000.00 Yes
Amount	\$10,000.00
Receive public sealerance Amount	Yes 910,000,00
Receive survivor or disability Income	Yes
Amount Receive penalon or redrement income	\$10,000.00 Yes
Amount	910,000.00
Receive any other income Amount	Yes 910,000.00
Total Income-last 12 months	980,000.00

Return to Top

change answer from review and edit



new item on review and edit



save



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration



Please return to complete the survey at https://respond.census.gov/acs as soon as possible with your User ID and PIN.

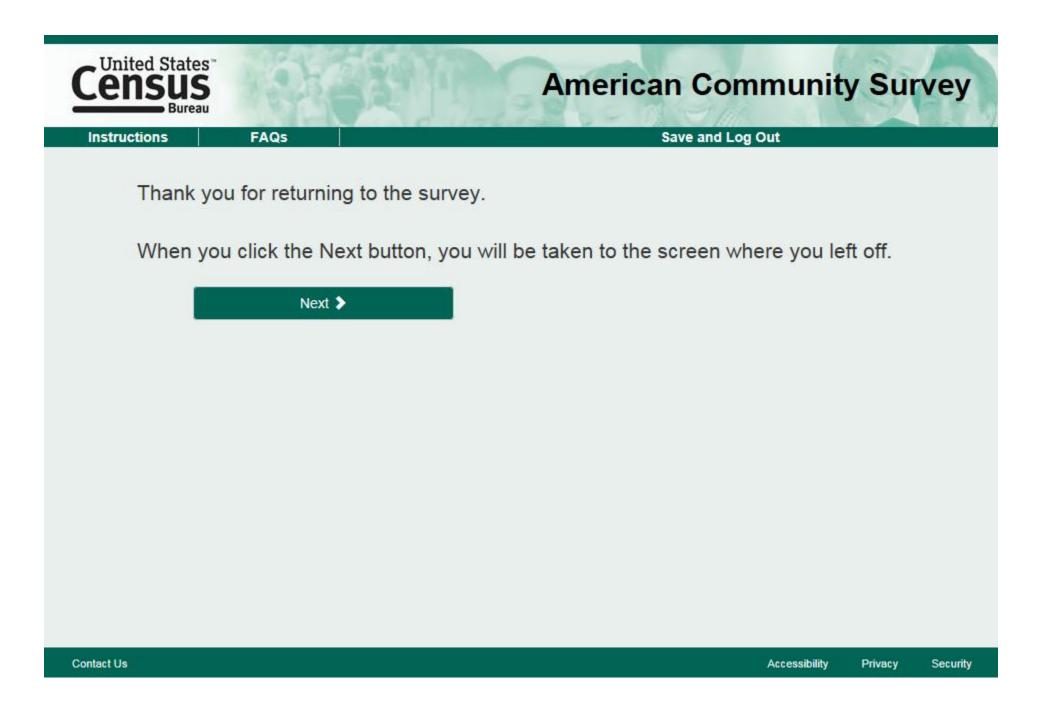
Your complete response is needed to make important decisions about your community, including where new schools, hospitals, and fire stations are needed.

Continue Survey

Exit Survey

Contact Us Accessibility Privacy Security

welcomeback



security



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Data are Encrypted at all Times

Our secure servers use "HTTPS", Hypertext Transfer Protocol over Secure Socket Layer, to ensure the encrypted transmission of data between your browser and the U.S. Census Bureau. This means that instead of sending readable text over the Internet, both your browser and our server encode (scramble) all text using a security key. That way, personal data sent to your browser or data you send back are extremely difficult to decode in the unlikely event it was intercepted by an unauthorized party.

All browsers connecting to our secure server must use a minimum encryption key size of 128 bits. If you cannot connect to our secure server and you are using an older browser, please upgrade to a newer browser capable of using the required encryption key size. In addition to data being encrypted while transmitted, all data are strongly encrypted when stored on our servers (even if stored temporarily).

Third Party Identity Proofing

Our secure server uses a digital certificate (digital ID) issued by a trusted, third party Certificate Authority (CA) as proof of identity. The only way to be sure of a web site's authenticity is to view their digital ID. In this way, you can be assured that you are not being "spoofed" or tricked by an imposter. The digital ID will contain information such as:

The name of the organization that owns the web site (e.g., "U.S. Census Bureau")

The site's registered Internet name/address (e.g., "respond.census.gov")

The name of the Certification Authority under which the digital ID was issued (e.g., "VeriSign Trust Network")

The method for viewing a web site's Digital Certificate/ID varies depending on the web browser. (For example, Mozilla's Firefox will display a clickable locked padlock icon in the lower right corner of your screen when in secure mode, Microsoft Internet Explorer shows a clickable locked padlock icon in the menu bar.) Please see your browser's "help" information for instructions on how to verify a web site's identity.

instructions

Instructions for Completing this Survey



Navigation: Do NOT use the Forward or Back buttons on your browser to navigate from screen to screen. Use only the navigation buttons on the bottom of each screen.

Survey Time out: For your security, this survey will automatically time out after 15 minutes of inactivity. If you need to leave the survey for more than 15 minutes, please click "Save & Logout" on the survey menu bar so you may return to the survey at a later time.

Exiting/Returning to the Survey: If you need to leave the survey before you have fully completed it, you may click "Save & Logout" on the survey menu bar. When you return to the survey, you will begin at the same point where you left.

Saving your Answers: Your answers will be saved as you click "Next" and proceed through the survey.

Help with Survey Questions: If you need assistance on a specific survey question, use the "(Help)" link that appears with that question.

Submitting your Survey: You will be asked to submit your answers when you have completed the survey. If you also received an American Community Survey questionnaire in the mail, there is no need to mail it back once you have submitted your answers online.

Close Instructions

FAQs

FAQs

· What is the American Community Survey?

The American Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. It is a survey that is sent to a small percentage of our population on a rotating basis. Based on the American Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

· How do I get help regarding the content of a question?

Most questions have a Help link that is located directly after the end of the question. Look for the blue '(Help)' link. When you click this link another window will open that contains useful information regarding the question. In many cases this window also contains information regarding the purpose of having this question in the American Community Survey. Look for this information under the 'Why We Ask' header.



Where was John Q Doe born? (Help)



· Do I have to mail back my questionnaire if I complete the American Community Survey online?

No. Once you submit your completed survey online, the Census Bureau has received your information. You should not mail back the questionnaire.

For this survey, is it safe to provide my information over the Internet?

Yes. For this survey, your information is encrypted at all times. Our secure servers use "HTTPS," Hypertext Transfer Protocol over Secure Socket Layer, to ensure the encrypted transmission of data between your browser and the U.S. Census Bureau. This means that instead of sending readable text over the Internet, both your browser and our server encode (scramble) all data using a security key. That way, personal data sent to your browser and data you send back is virtually impossible to decipher in the unlikely event it was intercepted by an unauthorized party. All browsers connecting to our secure server must use a minimum encryption key size of 128 bits. If you cannot connect to our secure server and you are using an older browser, please upgrade to a newer browser capable of using the required encryption key size. In addition to data being encrypted during transmission, all data are strongly encrypted when stored on the Census Bureau servers.

· How can I be sure my information is really going to the Census Bureau and not some third party?

Our secure server uses a digital certificate (digital ID) issued by a Certificate Authority (CA) as proof of identity. The only way to be sure of a web site's authenticity is to view their digital ID. The digital ID will contain information such as:

- The name of the organization that owns the web site (e.g., "U.S. Census Bureau")
- The site's registered Internet name/address (e.g., "respond.census.gov")
- . The name of the Certification Authority under which the digital ID was issued (e.g., "VeriSign Trust Network")

The method for viewing a web site's Digital Certificate/ID varies depending on the web browser. Please see your browser's "help" information for instructions on how to verify a web site's identity.

· Will the Census Bureau keep my information confidential?

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is 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.

How was I selected for the survey?

The U.S. Census Bureau chose your address – not you personally – as part of a randomly selected sample. Your address was selected to represent a cross section of other households in your community.

· How was I selected for the survey?

The U.S. Census Bureau chose your address – not you personally – as part of a randomly selected sample. Your address was selected to represent a cross section of other households in your community.

· How long will it take to complete the survey?

For the average household, we estimate the American Community Survey will take about 40 minutes to complete, including the time for reviewing the instructions and answers. Since this is an estimate, it will not hold true for every household that receives the survey.

Do I have to answer the questions on the American Community Survey?

Yes. Respondents are required to answer all questions on the American Community Survey (ACS) to the best of their ability. Response to the ACS is required by law (Section 221 of Title 13, Chapter 7, United States Code).

Your answers are very important because they represent the answers of many other similar households in your community. The data that you and others provide in response to this survey are required to manage or evaluate federal and state government programs.

· How do I benefit by answering the American Community Survey?

The American Community Survey provides up-to-date information for the nation, states, cities, counties, metropolitan areas, and communities. By responding to the American Community Survey, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

Communities need data about the well-being of children, families, and the elderly population to provide services to them. The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to determine the goods and services its residents need; to show businesses that a town has the workforce the company needs; and in many other ways.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. The Census Bureau is 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. Your information will be used in combination with information from other households to help us assess how questions on the American Community Survey are understood and answered. The Census Bureau will use this information to improve the American Community Survey, ultimately resulting in even better data for your community and the nation.

· What do I do if I don't know the answer to a question?

Ask someone else in your household. They might know the answer. If no one knows or there is no one else in your household, give your best estimate.

Where can I find more information about the American Community Survey or get assistance?
 You may visit our Web site www.census.gov/acs/www or call 1-800-354-7271 if you need assistance or more information.

Close FAQs

contactus

Contact Us



If you need help or have questions, please call **1-800-354-7271** to speak with a Census Bureau representative. The telephone call is free. Representatives are available from 9 a.m. to 9 p.m. Monday through Saturday and noon to 9 p.m. on Sundays.

Telephone Device for the Deaf: Call 1-800-582-8330. The telephone call is free.

For more information about the American Community Survey, visit our web site http://www.census.gov/acs

Close Contact Us

finalize



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Thank you for completing the American Community Survey.

Your answers have been submitted to the U.S. Census Bureau.

(September 10, 2018 3:48 pm EST)

Exit Survey

Contact Us Accessibility Privacy Security

completed



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

The American Community Survey has already been completed for this address. If you have any questions, please call 1-800-354-7271.

Exit Survey

Contact Us Accessibility Privacy Security

document_accessibility

VI. Document Accessibility

The Census Bureau is committed to making online forms and other public documents on its internet server accessible to all. Currently, we are reviewing our web sites and making modifications to those pages, which are not in compliance with the Americans with Disabilities Act. We use Hypertext Markup Language (HTML) to create pages that are generally accessible to persons unitg screen-reading devices, and we are careful in our construction of HTML documents to ensure maximum accessibility. We include alternate text describing graphics.

Many Census Bureau Internet documents are in ASCII or HTML formats. These documents are accessible to persons using screen-reading software. We also have a large number of documents in Adobe Acrobat PDF (Portable Document Format) files. Currently, many people using screen-reading devices cannot read documents in PDF format, specifically those that were created from a scanned base conversion.

Adobe Systems, Inc. is producing various products designed to make Adobe Acrobat documents accessible to persons using screen-reading software. Adobe's accessibility web passes describe their efforts.

To allow us to better serve those with visual disabilities who are having difficulty accessing PDF documents; you may contact us directly for further assistance at 301–703-1NFO (4630), 800–823-8282, or by submitting a request at ask.census.gov.

VII. Third Party Web Sites and Applications

The Census Bureau has a presence on several social media/Web 2.0 platforms (Facebook, Vorthbe, Twitter and Flückr, and other third-party services)) and clearly contain the Census Bureau's official logo. Each of these web sites provides the Census Bureau insigne ways of sharing information. It also allows visitors with a way to communicate with the agency. Some may allow visitors to log in, create profiles and save information in those profiles. We do not collect any personally identifiable information about you through your use of these social media/Web. 2.0 platforms. We may collect public information, such as user/screen name, city, state, and zigo code of visitors to these web sites, and comments posted about the Census Bureau for statistical, research, and promotional purposes only. Further, the Census Bureau for statistical, research, and promotional purposes only. Further, the Census Bureau for statistical, research over the third-party's usef option information. These web sites have their own privacy, security and accessibility policies.

The Census Bureau will also use a third-party web site or application (hosted service) to conduct customer satisfaction surveys and/or feedback forms. These surveys and/or feedback forms may collect your name and email address for processing purposes. The results from these surveys or forms are used to conduct primary research into the quality of the Census Bureau programs and products. The results collected will be used strictly for internal program management purposes to assess staff work, material design and development and to enhance planning efforts for current and future surveys and censuses. In addition, other third-party web sites or applications may be used to host Census Bureau data products to be used by the public. These web sites do not require the use of personally identifiably information or business listentifiable information.

VIII. Security & Third Party Links

A. Security, Intrusion, and Detection

To ensure that computer service remains available to all users, this government IT system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage to our computer system. Web sites identified as representing an actual or potential security threat to Census Bureau information and/or information resources are blocked. Further, web sites that are known to violate Census Bureau information certain types of web sites and/or or inetia real blocked, for example access to certain types of web sites and/or content are blocked, for example.

- Web sites hosting malware/spam
- Web sites involved in the compromise of other government agencies
- Adult content web site
- On-line storage and file sharing web sites
- Freeware/Shareware web sites
- Web sites attacking Census Bureau systems (attempting to identify and exploit vulnerabilities in Internet facing systems)
- Web sites scanning Census Bureau systems (attempting to identify internet facing systems)

B. Links to Other Web Sites

Our web site contains links to other federal agencies, international agencies, and private organizations. Once you link to another web site, you are subject to the policies of the new web site.

Links to non-government websites are denoted by B+. Our linking to nongovernment web sites does not constitute an endorsement of any products, services or the information found on them.

IX. Contact Us

Need more information about the Census Bureau's privacy and confidentiality

privacy



TOPICS

GEOGRAPHY

LIBRARY

DATA
Tools Developers

SURVEYS/PROGRAMS Respond, Survey Data NEWSROOM News, Blogs

ABOUT US

Search C

// Census.gov / About the Bureau / Policies and Notices / Data Protection and Privacy

Data Protection and Privacy

Data Stewardship
Statistical Safeguards
Privacy Impact
Assessments (PIA)
System of Records
Notices (SORN)
Online Privacy Policy

Contact Us

We are committed to handling your information responsibly. Your information is kept confidential. This commitment applies to the individuals, households, and businesses that answer our surveys, and to those browsing our website.









U.S. Department of Commerce | Blogs | Index A-Z | Glossary | FAQs

Survey Information

Are You in a Survey?

If you have received a survey, this site will help you verify that the survey came from us, understand and complete the form, and know how we protect your data.

Our Surveys & Programs

Our surveys provide periodic and comprehensive statistics about the nation. This data is critical for government programs, policies, and decision-making.

ABOUT US

Are You in a Survey?

FAQs

Director's Corner

Regional Offices

FIND DATA
QuickFacts
American FactFinder
2010 Census
Economic Census

BUSINESS & INDUSTRY
Help With Your Forms
Economic Indicators
Economic Census
E-Stats

PEOPLE & HOUSEHOLDS 2020 Census 2010 Census American Community Survey SPECIAL TOPICS
Advisors, Centers and
Research Programs
Statistics in Schools
Tribal Resources (AIAN)

NEWSROOM
News Releases
Release Schedule
Facts for Features
Stats for Stories

Is this page helpful? X
Yes No



U.S. Census Bureau

Washington, DC 20233 Office of the Director

A message from the Director of the U.S. Census Bureau:

A few days ago, you should have received instructions for completing the **American Community Survey** online. Local communities depend on information from this survey to decide where schools, highways, hospitals, and other important services are needed. If you have not already responded, please do so now.

Respond now at https://respond.census.gov/acs
Log in using this user ID:

If we do not receive your response online, we will mail a paper questionnaire to your address.

Your response to this survey is required by law.

Your response is critically important to your local community and your country. Responding promptly will prevent you from receiving additional reminder mailings, phone calls, or personal visits from Census Bureau interviewers.

If you need help completing the survey or have questions, please call our toll-free number (1–800–354–7271).

Thank you in advance for your prompt response.

O. Pelly

Sincerely,

Steven D. Dillingham



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



OFFICIAL BUSINESS Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

	draft 4 (12-12-2018) 6385-47(2020) enve	elope 9 x 11-1/2" W ope	en window 5 x 7/8					
	OFFICIAL BUSINESS Penalty for Private Use \$300		1-7/8"	9"			NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
	2"				7.01			
				5"	7/8"			
			INESS SS MAIL PERMI		LY MASHINGTON I			
	•	POSTAGE	WILL BE PAID	BY THE U.S. (CENSUS BURE	EAU		
		DIRECTOR U.S. CENSU PO BOX 524 JEFFERSONVI	0	9-5240				Flap side
	11-1/2"							_
				8-3/4"				
		6-1/5"						
					լրորորդուրր	49 49 49 4	հերգիլիգ]]]]ես <u>լ</u>	
_	6385-47(2020) (12-12-2018)					14 000000000 4719		



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	

Area Code + Number

7 11 00 00 00 1	reambor		
000	000	_	

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, 3, 4, 5, 6, and 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.

FORM **ACS-1(X)(2020)** (03-18-2019) Draft 5

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

ΜI



(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, ar rantad If there is no such person start with the

How is this person related to Person 1? Yerson 1	What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	Please print				
First Name How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Yerson 1	How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1	Month Da	ау	Year		
First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	First Name How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male	First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	First Name How is this person related to Person 1? X Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Pers	son 1's n	ame?		
How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	Last Name (Ple	ease print)			
How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	First Names				
What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	rirst Name				
What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.					
What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's sex? Mark (X) ONE box. Male Female What is Person 1's age and what is Person 1'date of birth? For babies less than 1 year old, dowrite the age in months. Write 0 as the age. Print numbers in boxes.	How is this	person r	elated to P	erson '	1?
Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	X Person 1				
Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	Male Female What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.			5.44 (()	() () ()	
What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Person 1's age and what is Person 1' date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	What is Pers	enn 1'e e	ex? Mark (X	() ()NIF I	hox
date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	date of birth? For babies less than 1 year old, do write the age in months. Write 0 as the age. Print numbers in boxes.	_		,	i, OIVL	JOX.
					Male		Female		
					What is Persidate of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	erson 1's er old, do e.
					What is Persidate of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	erson 1's er old, do e.
					What is Persidate of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	e rson 1′ r old, do ie.
					What is Persidate of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	erson 1' er old, do e.
					Male What is Pers date of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	erson 1's er old, do e.
					What is Persidate of birth write the age	son 1's and the son 1's and th	Female ge and what bies less that as. Write 0 at numbers in	at is Pe an 1 yea s the ag boxes.	erson 1's er old, do e.

→ 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 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. 7 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. 7 Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, 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 Pacific Other Asian -Print, for example, Islander – Print, Pakistani, for example, Cambodian, Tongan, Fijian, Marshallese, etc. Hmong, etc. ₽ Some other race - Print race or origin. \nearrow

What is Person 2's name?	ls I	Person 2 of Hispanic, Latino, or Spanish origi
Last Name (Please print)		No, not of Hispanic, Latino, or Spanish origin
		Yes, Mexican, Mexican Am., Chicano
First Name MI		Yes, Puerto Rican
		Yes, Cuban
How is this person related to Person 1? Mark (X) ONE box.		Yes, another Hispanic, Latino, or Spanish origin – Pri for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse		
Opposite-sex unmarried partner	Wh	at is Person 2's race?
Same-sex husband/wife/spouse		rk (X) one or more boxes AND print origins.
Same-sex unmarried partner		White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Biological son or daughter		·
Adopted son or daughter		
Stepson or stepdaughter		Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian,
Brother or sister		Somali, etc. Z
Father or mother		
Grandchild		Associate Indian on Alaska Nation - Driet come of annual
Parent-in-law	Ш	American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black
Son-in-law or daughter-in-law		Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e
Other relative		
Roommate or housemate		
Foster child		Chinese Vietnamese Native Hawa
Other nonrelative		Filipino Korean Samoan
What is Person 2's sex? Mark (X) ONE box.		Asian Indian
Male Female What is Person 2's age and what is Person 2's		Other Asian − Other Pacific Islander − Print, for example, Pakistani, for example, Cambodian, Tongan, Fijian Hmong, etc. Marshallese, of the Pacific Islander − Print Islande
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		Some other race – Print race or origin.

Vhat is Person 3's name? ast Name (Please print)	Is Person 3 of Hispanic, Latino, or Spanish orig
	N (CIP : Let O : L : :
	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
irst Name MI	Yes, Puerto Rican
	Yes, Cuban
How is this person related to Person 1? Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Proform example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	What is Person 3's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ▼
Biological son or daughter	,
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian,
Brother or sister	Somali, etc. 7
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of enior principal tribe(s), for example, Navajo Nation, Blad
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community,
Other relative	
Roommate or housemate	
Foster child	☐ Chinese ☐ Vietnamese ☐ Native Haw
Other nonrelative	Filipino Korean Samoan
	Asian Indian Japanese Chamorro
What is Person 3's sex? Mark (X) ONE box. Male	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.
late of birth? For babies less than 1 year old, do not vrite the age in months. Write 0 as the age.	
Print numbers in boxes. Age (in years) Month Day Year of birth	
age (in years) Month Day Year of birth	Some other race – Print race or origin.

	13190053
Pe	erson 4
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
What is Person 4's name?	5 Is Person 4 of Hispanic, Latino, or Spanish origin
Last Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
	Yes, Cuban
How is this person related to Person 1? Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 4's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian,
Brother or sister	Somali, etc. _▼
Father or mother	
Grandchild	American Indian or Alaska Native – <i>Print name of enro.</i>
Parent-in-law	or principal tribe(s), for example, Navajo Nation, Black
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Hawa
Other nonrelative	Filipino Korean Samoan
What is Person 4's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
What is Person 4's sex? Mark (X) ONE box. Male	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.
Print numbers in boxes.	
Age (in years) Month Day Year of birth	



Some other race – Print race or origin. 📈

What is Person 5's name?	Is Person 5 of Hispanic, Latino, or Spanish origi
ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
	Yes, Cuban
	Yes, another Hispanic, Latino, or Spanish origin – <i>Pri</i>
How is this person related to Person 1? Mark (X) ONE box.	☐ for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ⊋
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	What is Person 5's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ▼
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian,
Brother or sister	Somali, etc. ⊋
Father or mother	
Grandchild	American Indian or Alaska Native – Print name of enro
Parent-in-law	or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law	Traditional Government, Nome Eskimo Community, et
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Hawa
Other nonrelative	Filipino Korean Samoan
Nhat is Person 5's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
Male Female	Other Asian – Other Pacific Islander – Pr
i viale i eniale	Pakistani, for example, Cambodian, Tongan, Fijiar
What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not	Hmong, etc. Marshallese, €
write the age in months. Write 0 as the age.	
Print numbers in boxes. Age (in years) Month Day Year of birth	
	Some other race – Print race or origin. 🙀

erson 6		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 7 ast Name (Please print)	First Name	MI
ist ivalle (Liease print)	i iist ivailie	IVII
ex Male Female Age (in y	/ears)	
erson 8		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 9	First Name	MI
ast Name (Please print)	riist ivaille	IVII
ex Male Female Age (in y	rears)	
erson 10 ast Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 11		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 12		
ast Name (Please print)	First Name	MI



Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.
Which best describes this building? Include all apartments, flats, etc., even if vacant.	How many acres is this house or mobile home on?
A mobile home A one-family house detached from any	Less than 1 acre → SKIP to question 6a
other house	1 to 9.9 acres
A one-family house attached to one or more houses	10 or more acres
A building with 2 apartments	
A building with 3 or 4 apartments	sales of all agricultural products from this property?
A building with 5 to 9 apartments	None
A building with 10 to 19 apartments	\$1 to \$999
A building with 20 to 49 apartments	\$1,000 to \$2,499
A building with 50 or more apartments	\$2,500 to \$4,999
Boat, RV, van, etc.	\$5,000 to \$9,999
About when was this building first built?	\$10,000 or more
2000 or later - Specify year 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 "O" Number of bedrooms



Housing (continued)

hot and cold running water?		a. cellular data plan for a	Yes No
a bathtub or shower?		smartphone or other mobile device?	
sink with a faucet?		b. broadband (high speed) internet service such as cab	e,
stove or range?		fiber optic, or DSL service installed in this household?	
refrigerator?		c. satellite internet service installed in this household?	
Can you or any member of this household both make and receive phone calls when at		d. dial-up internet service installed in this household?	
s house, apartment, or mo clude calls using cell phones, l ner phone devices.		e. some other service? Specify service	
Yes			
No		2 How many automobiles, va	ane and trucke o
t this house, apartment, or ı		one-ton capacity or less ar use by members of this ho	e kept at home fo
o you or any member of this wn or use any of the followi		None	abonoia.
	Yes No		
Desktop or laptop			
Smartphone		3	
Tablet or other portable wireless computer		3 4	
Some other type of computer		□ 5	
Specify _₹		6 or more	
			e de la contraction de la contraction
		KI Which FUEL is used MOST	tor neating this
t this house, apartment, or	nobile home –	Which FUEL is used MOST house, apartment, or mob	ile home?
t this house, apartment, or one of this course the internet?		Which FUEL is used MOST house, apartment, or mobi	ile home?
o you or any member of this cess the internet? Yes, by paying a cell phone of	household	house, apartment, or mob Gas: from underground p	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of the cell phone o	household ompany or one company or	house, apartment, or mobine Gas: from underground property neighborhood	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of internet service provider → S	ompany or one company or KIP to question 12	house, apartment, or mobine Gas: from underground properties of the following Gas: bottled, tank, or LP	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of the cell phone o	household ompany or one company or KIP to question 12 his house, apartment,	house, apartment, or mobine Gas: from underground properties of the Gas: bottled, tank, or LP Electricity	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of internet service provider → S No access to the internet at t	household ompany or one company or KIP to question 12 his house, apartment,	house, apartment, or mobine Gas: from underground precipitors of Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc.	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of internet service provider → S No access to the internet at t	household ompany or one company or KIP to question 12 his house, apartment,	house, apartment, or mobile Gas: from underground provided in the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke	ile home?
you or any member of this cess the internet? Yes, by paying a cell phone of internet service provider Yes, without paying a cell phone of internet service provider → S No access to the internet at t	household ompany or one company or KIP to question 12 his house, apartment,	house, apartment, or mobile Gas: from underground provided from the first of the fi	ile home?

Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	
Lust Month's Cost Donars	Yes → What is the monthly condominium fee? For renters, answer only if you pay
\$.00	the condominium fee in addition to your rent; otherwise, mark the "None" box.
OR	Monthly amount - Dollars
Included in rent or condominium fee	\$ 000.00
No charge or electricity not used	,
LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR None
Last month's cost – Dollars	No
\$ _,00	Is this house, apartment, or mobile home – Mark (X) ONE box.
OR	Owned by you or someone in this household
Included in rent or condominium fee	with a mortgage or loan? <i>Include home equity loans</i>
Included in electricity payment entered above	Owned by you or someone in this household free and clear (without a mortgage or loan)?
No charge or gas not used	Rented?
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.	Occupied without payment of rent? → SKIP to on the next page
Past 12 months' cost – Dollars	B Answer questions 18a and b if this house,
\$ 0,000.00	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	
	8 a. What is the monthly rent for this house,
	apartment, or mobile home?
☐ Included in rent or condominium fee ☐ No charge	•
Included in rent or condominium fee No charge 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	apartment, or mobile home?
Included in rent or condominium fee No charge 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.	apartment, or mobile home? Monthly amount – Dollars
Included in rent or condominium fee No charge 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	apartment, or mobile home? Monthly amount – Dollars \$.00
Included in rent or condominium fee No charge 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.	apartment, or mobile home? Monthly amount – Dollars \$ 10,00 b. Does the monthly rent include any meals?
Included in rent or condominium fee No charge 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 OR	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge 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	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge 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 OR	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge 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 OR Included in rent or condominium fee No charge or these fuels not used THE PAST 12 MONTHS, did you or any ember of this household receive benefits om the Food Stamp Program or SNAP (the upplemental Nutrition Assistance Program)? NOT include WIC, the School Lunch Program, or	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge 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 OR Included in rent or condominium fee No charge or these fuels not used THE PAST 12 MONTHS, did you or any ember of this household receive benefits om the Food Stamp Program or SNAP (the applemental Nutrition Assistance Program)?	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes



Housing (continued)

Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
Otherwise, SKIP to (E) .	Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
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?	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
Amount – <i>Dollars</i>	Yes, insurance included in mortgage payment
\$,	No, insurance paid separately or no insurance
property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
Annual amount – <i>Dollars</i>	Yes, home equity loan
\$,	
OR	Yes, second mortgage
None	Yes, second mortgage and home equity loan
	\square No \rightarrow SKIP to \square
What is the annual payment for fire, hazard, and flood insurance on THIS property?	b. How much is the regular monthly payment on
Annual amount – Dollars	all second or junior mortgages and all home equity loans on THIS property?
\$ 000.00	Monthly amount – <i>Dollars</i>
OR	\$ 00 000.00
None	, , , , , , , , , , , , , , , , , , , ,
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	OR No regular payment required
Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
 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. 	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.
Monthly amount – Dollars	Annual costs – <i>Dollars</i>
	\$ 00.00
\$.00	\$.00
OR	
No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 48 for the mailing instructions.



Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
First Name	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the office states 11th hame of state.	
	Kindergarten Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or paren	highest degree received. NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 7	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	☐ Kindergarten
	Grade 1 through 11 – Specify grade 1 – 11 –
When did this person come to live in the Jnited States? Print numbers in boxes.	
'ear	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's
	degree (for example: MD, DDS, DVM, LLB, JD)



		15	a Did	l this person live in thi	e house or	anartme
	er question 12 if this person has a b	pachelor's		ear ago?	s nouse or	apartine
degree	e or higher. Otherwise, SKIP to que	stion 13.		Person is under 1 year o	old → SKIP to	question
				Yes, this house → SKIP	to question 1	6
specification of this property and the second of the secon	uestion focuses on this person's IELOR'S DEGREE. Please print be fice major(s) of any BACHELOR'S erson has received. (For example eering, elementary teacher education izational psychology)	elow the DEGREES :: chemical		No, outside the United S Print name of foreign co U.S. Virgin Islands, Gua to question 16	ountry, or	
				No, different house in th Puerto Rico	e United Sta	tes or
			b. Wh	ere did this person liv	e 1 year ag	ο?
			Add	dress (Number and stre	et name)	
Maria and						
What	is this person's ancestry or ethn	ic origin?				
			Nan	ne of city, town, or pos	t office	
				0. 0.14, 1011, 0. p00		
	xample: Italian, Jamaican, African A					
French	odian, Cape Verdean, Norwegian, D n Canadian, Haitian, Korean, Leband an, Mexican, Taiwanese, Ukrainian,	ese, Polish,	Nan	me of U.S. county or mu	unicipio in F	Puerto Ri
a. Doe	es this person speak a language	other				
a. Doe	es this person speak a language n English at home?	other		ne of U.S. state or	ZIP C	ode
a. Doe	es this person speak a language n English at home? Yes	other		me of U.S. state or erto Rico	ZIP C	ode
a. Doe tha	n English at home?	other			ZIP C	ode
tha	n English at home? Yes No → SKIP to question 15a		Pue	erto Rico		
tha	n English at home? Yes	16	Pue Is this follow	erto Rico s person CURRENTLY oving types of health in rage plans? Mark "Yes" or	covered by surance or	any of the
b. Wha	n English at home? Yes No → SKIP to question 15a	16	Is this follow of cover a. Insu	s person CURRENTLY oving types of health in rage plans? Mark "Yes" overage in items a – h.	covered by surance or or "No" for E	any of the health
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, N	Vietnamese	Is this follow cover of cov	s person CURRENTLY oving types of health in rage plans? Mark "Yes" werage in items a – h. urance through a current oner employer or union (of	covered by surance or "No" for E	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English	Vietnamese	Is this follow cover of cov	s person CURRENTLY oving types of health in rage plans? Mark "Yes" overage in items a – h. urance through a current over employer or union (of son or another family mer	covered by surance or or "No" for E	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well	Vietnamese	Is this follow cover of cov a. Insuform pers	s person CURRENTLY oving types of health in rage plans? Mark "Yes" werage in items a – h. Trance through a current of the employer or union (of son or another family merurance purchased directly insurance company (by this	covered by surance or or "No" for E	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well	Vietnamese	Is this follow cover of cover a. Insuform personal insufanting personal cover and insufanting	s person CURRENTLY oving types of health in tage plans? Mark "Yes" overage in items a – h. The property of union (of son or another family mer purchased directly insurance company (by this son or another family mer dicare, for people 65 and other family mer dicare.	covered by surance or or "No" for E this nber) from is nber) older,	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well Not well	Vietnamese	Is this follow cover of cover a. Insuform personal insufanting personal cover and insufanting	s person CURRENTLY oving types of health in rage plans? Mark "Yes" overage in items a – h. Turance through a current of the company of the company of the company (by the company company) in the company of the compan	covered by surance or or "No" for E this nber) from is nber) older,	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well	Vietnamese	Is this follow cover of cover a. Insurantin persection or persection of	s person CURRENTLY oving types of health in tage plans? Mark "Yes" overage in items a – h. The property of union (of son or another family mer purchased directly insurance company (by this son or another family mer dicare, for people 65 and other family mer dicare.	covered by surance or or "No" for E	any of the
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well Not well	Vietnamese	Is this follow cover of cover a. Insurant in persection of persection of the cover and the cover persection of a many plan or	s person CURRENTLY oving types of health in rage plans? Mark "Yes" overage in items a – h. The property or union (of son or another family mer curance purchased directly insurance company (by this son or another family mer dicare, for people 65 and overage with certain disabilidicaid, Medical Assistance kind of government-assistance for those with low incomes	covered by surance or or "No" for E or this nber) from is nber) older, ities	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well Not well	Vietnamese nglish?	Is this follow cover of cov a. Insurform pers b. Insuranti pers c. Mecory planting planting and any planting are are. TRICO	s person CURRENTLY or ving types of health in rage plans? Mark "Yes" werage in items a – h. Trance through a current of the control of son or another family merourance purchased directly insurance company (by this son or another family merourance purchased dicare, for people 65 and of the company of the company (by this son or another family merourance with certain disability dicaid, Medical Assistance kind of government-assistance in for those with low incompatible of the control	covered by surance or or "No" for Each or this inber) of the surance or or this inber) older, ities or tance ones alth care	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well Not well	Vietnamese nglish?	Is this follow cover of cov a. Insurform pers b. Insuranting pers c. Mecorp d. Mecorp d. Mecorp plan or a e. TRIC	s person CURRENTLY or ving types of health in rage plans? Mark "Yes" was a – h. Trance through a current of the employer or union (of son or another family mer curance purchased directly insurance company (by this son or another family mer dicare, for people 65 and of eople with certain disability dicaid, Medical Assistance kind of government-assis in for those with low income disability CARE or other military head (enrolled for VA health car	covered by surance or or "No" for Each or this inber) of the surance or or this inber) older, ities or tance ones alth care	any of the health EACH type
b. Wha	n English at home? Yes No → SKIP to question 15a at is this language? example: Korean, Italian, Spanish, Now well does this person speak English Very well Well Not well	Vietnamese nglish?	Is this follow cover of cover a. Insurant in persons b. Insurant in persons c. Mediany plan or a e. TRIC f. VA (g. India)	s person CURRENTLY or ving types of health in rage plans? Mark "Yes" werage in items a – h. Trance through a current of the control of son or another family merourance purchased directly insurance company (by this son or another family merourance purchased dicare, for people 65 and of the company of the company (by this son or another family merourance with certain disability dicaid, Medical Assistance kind of government-assistance in for those with low incompatible of the control	covered by surance or or "No" for E or this nber) from is nber) older, ities e, or tance nes alth care	any of the health EACH type



Person 1 (continued

G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
Đ	 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 	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
	 b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	What is this person's marital status? Now married Widowed
	No	Divorced Separated
8	a. Is this person deaf or does he/she have serious difficulty hearing?	Never married → SKIP to J
	No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes	In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed? c. Divorced?
	□ No	23 How many times has this person been married?
	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	Once Two times Three or more times
9	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
	□ 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	



J	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	To do your old otherwise, old to quotien zour	Never served in the military → SKIP to question 30a
23	Heathic never given high to one shildren in the	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
49	Has this person given birth to any children in the past 12 months?	Now on active duty
	Yes	On active duty in the past, but not now
26	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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.
	Yes	September 2001 or later
	No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
	b. Is this grandparent currently responsible for	May 1975 to July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
	apartment?	February 1955 to July 1964
	Yes	Korean War (July 1950 to January 1955)
	No → SKIP to question 27	January 1947 to June 1950
	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	World War II (December 1941 to December 1946) November 1941 or earlier
	the grandparent has been responsible for the longest period of time.	a. Does this person have a VA service-connected disability rating?
	Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
	6 to 11 months	No → SKIP to question 30a
	1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
	5 or more years	0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	Yes → SKIP to question 31	quostienen
	No – Did not work (or retired)	33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	
	Yes	Person(s)
	No → SKIP to question 36a	
3)	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	Militates
	c. Is the work location inside the limits of that city or town? Yes	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limits d. Name of county	a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
32	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	 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?
	Car, truck, or van	
	Bus Motorcycle	Yes → SKIP to question 38No
	Subway or elevated rail Bicycle	L. NO
	Long-distance train or Walked	
	Light rail, streetcar, or trolley Worked from home → SKIP to question 40a	
	Ferryboat Other method	



D	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	the past 3 years. Otherwise, SKII to question 43.
	No → SKIP to question 39	2 DESCRIPTION OF EMPLOYMENT
)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the or at which the most hours were worked. If this person
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
	When did this person last work, even for a few days?	a. Which one of the following best describes thi person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked \rightarrow SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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 we b. What was the name of this person's employed 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.	c. Interest, dividends, net rental income, royalty
manufacturing?	income, or income from estates and trusts. Report even small amounts credited to an account.
	neport even sman amounts credited to an account.
wholesale trade?	☐ Yes → \$.00 ☐
retail trade?	No TOTAL AMOUNT for past Loss
other (agriculture, construction, service, government, etc.)?	12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$.00 .00
	No TOTAL AMOUNT for past
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	☐ Yes→ \$.00
	No TOTAL AMOUNT for past
	12 months f. Any public assistance or welfare payments
	from the state or local welfare office.
INCOME IN THE PAST 12 MONTHS	☐ Yes → \$.00
Mark (X) the "Yes" box for each type of income this	No TOTAL AMOUNT for past
person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	12 months
(NOTE: The "past 12 months" is the period from	g. Retirement income, pensions, survivor or disability income. Include income from a previous
today's date one year ago up through today.)	employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or
Mark (X) the "No" box to show types of income NOT received.	other accounts specifically designed for retirement. Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the	
right of the dollar amount.	☐ Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
mank and the general person.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or
a. Wages, salary, commissions, bonuses, or tips	alimony. Do NOT include lump sum payments such
from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance or the sale of a home.
	☐ Yes → \$.00
Yes → \$,,	No TOTAL AMOUNT for past
No TOTAL AMOUNT for past 12 months	12 months
b. Self-employment income from own nonfarm	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to
businesses or farm businesses, including	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
proprietorships and partnerships. Report NET income after business expenses.	dollar amount.
Yes → \$	OR \$ 00
Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None
TOTAL AMOUNT for past Loss 12 months	TOTAL AMOUNT for past 12 months
•	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

_ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
irst Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the emica states 17mm name of state.	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization 7	Nursery or preschool through grade 12
	Nursery school
No, not a U.S. citizen	☐ Kindergarten
	Grade 1 through 11 – Specify grade 1 – 11 –
When did this person come to live in the Jnited States? Print numbers in boxes.	
/ear	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)



	1 year ago?
Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	
regree of higher. Otherwise, Skill to question 13.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 16
his question focuses on this person's ACHELOR'S DEGREE. Please print below the pecific major(s) of any BACHELOR'S DEGREES his person has received. (For example: chemical ngineering, elementary teacher education, rganizational psychology)	No, outside the United States and Puerto Ri Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then 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)
Vhat is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
or example: Italian, Jamaican, African Am., ambodian, Cape Verdean, Norwegian, Dominican,	
rench Canadian, Haitian, Korean, Lebanese, Polish,	Name of U.S. county or municipio in Puerto
ligerian, Mexican, Taiwanese, Ukrainian, and so on.)	
. Does this person speak a language other	
than English at hama?	
than English at home?	Name of U.S. state or Puerto Rico ZIP Code
Yes Yes	
 Yes No → SKIP to question 15a What is this language? 	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h.
YesNo → SKIP to question 15a	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or
Yes No → SKIP to question 15a What is this language?	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h.
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well 	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



_	
Person 2	(continued)

G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
Đ	 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 	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
	b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes	What is this person's marital status? Now married Widowed Divorced
	No	Separated
8	a. Is this person deaf or does he/she have serious difficulty hearing?	Never married → SKIP to J
	☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	a. Married? b. Widowed? c. Divorced?
	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.	How many times has this person been married? Once Two times Three or more times
9	condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
	YesNo	
	b. Does this person have serious difficulty walking or climbing stairs? Yes No	
	c. Does this person have difficulty dressing or bathing?	
	Yes	
	No	



Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in th U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box. ■ Never served in the military → SKIP to question 30
	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
Has this person given birth to any children in the past 12 months?	Now on active duty
Yes	On active duty in the past, but not now
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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.
Yes	September 2001 or later
	August 1990 to August 2001 (including Persian Gulf War)
to the discount of the discoun	May 1975 to July 1990
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	☐ Vietnam era (August 1964 to April 1975)
under the age of 18 who live in this house or apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
c. How long has this grandparent been responsible	World War II (December 1941 to December 1946)
for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	November 1941 or earlier
	a. Does this person have a VA service-connecte disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years	b. What is this person's service-connected disability rating?
3 or 4 years	0 percent
5 or more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	Yes → SKIP to question 31	queenen e n
	No – Did not work (or retired)	33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	
	Yes	Person(s)
	No → SKIP to question 36a	
3)	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	
	c. Is the work location inside the limits of that city or town? Yes	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limitsd. Name of county	36 a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
2	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	 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
	Car, truck, or van	
	☐ Bus ☐ Motorcycle	Yes → SKIP to question 38No
	Subway or elevated rail Bicycle	L. INO
	Long-distance train or Walked	
	Light rail, streetcar, or trolley Worked from home $\rightarrow SKIP$ to question 40a	
	Ferryboat Other method	



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
Yes	the past o years. Otherwise, okn to question 40.
No → SKIP to question 39	2 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the or at which the most hours were worked. If this person
No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
When did this person last work, even for a few days?	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	
Over 5 years ago or never worked → SKIP to	For-profit company or organization
question 43	Non-profit organization (including tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did	GOVERNMENT EMPLOYEE
this person work 50 or more weeks? Count paid time off as work.	Local government (for example: city or county school district)
Yes → SKIP to question 41	State government (including state
No	colleges/universities)
	Active duty U.S. Armed Forces or Commissioned Corps
many WEEKS did this person work? Include paid time off and include weeks when the	Federal government civilian employee
Weeks	SELF-EMPLOYED OR OTHER Owner of non-incorporated business,
	professional practice, or farm
	Owner of incorporated business, professional practice, or farm
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	Worked without pay in a for-profit family business or farm for 15 hours or more per we
Usual hours worked each 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)
	ACTIVELY looking for work? Yes No → SKIP to question 39 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.) 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 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?



d. Was this mainly – Mark (X) ONE box.	 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
manufacturing?	Report even small amounts credited to an account.
wholesale trade?	☐ Yes → \$ 0.00 ☐
retail trade?	Ψ,,,
other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$.00
	No TOTAL AMOUNT for past 12 months
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe	Vos x de la co
sections and review building plans for work details)	Yes → \$.00
	No TOTAL AMOUNT for past 12 months
	 f. Any public assistance or welfare payments from the state or local welfare office.
	Yes → \$
INCOME IN THE PAST 12 MONTHS	Ψ,
Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	No TOTAL AMOUNT for past 12 months
TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	g. Retirement income, pensions, survivor or disability income. Include income from a previous
today's date one year ago up through today.)	employer or union, or any regular withdrawals or
Mark (X) the "No" box to show types of income NOT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the	
right of the dollar amount.	Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
W	regularly such as Veterans' (VA) payments, unemployment compensation, child support or
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$,00
Yes → \$.00	No TOTAL AMOUNT for past
12 months	12 months 4 What was this person's total income during the
b. Self-employment income from own nonfarm	PAST 12 MONTHS? Add entries in questions 43a to
businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
TET INCOME UNE DUSINESS EXPENSES.	denai amount.
☐ Yes → \$	OR \$.00
No TOTAL AMOUNT for past Loss 12 months	None 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

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
First Name	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the Childed States Trime hame or state.	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or pare	nts NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 7	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the	☐ grade 1 – 11 —
Jnited States? Print numbers in boxes.	
	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)



Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartme 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 16
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)	No, outside the United States and Puerto Rico Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then State to question 16
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	.
	Name of site town and office
	Name of city, town, or post office
For example: Italian, Jamaican, African Am.,	
Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	Name of U.S. county or municipio in Puerto R
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	
a. Does this person speak a language other than English at home?	Name of U.S. state or
than English at home?	Name of U.S. state or Puerto Rico ZIP Code
than English at home? Yes	
than English at home?	
than English at home? Yes	Puerto Rico ZIP Code 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.
than English at home? Yes No → SKIP to question 15a	Puerto Rico ZIP Code 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. a. Insurance through a current or
than English at home? Yes No → SKIP to question 15a What is this language?	Puerto Rico ZIP Code 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.
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 3 (continued
I GIOVII V I	GUILLIUGU

	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
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	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
	 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? 	What is this person's marital status? Now married Widowed
	□ No	☐ Divorced ☐ Separated
18	a. Is this person deaf or does he/she have serious difficulty hearing?	Never married → SKIP to J
	☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
	 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	a. Married?
	Yes No	c. Divorced?
T	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	How many times has this person been married? Once Two times Three or more times
19	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married?
	Yes No	Year
	b. Does this person have serious difficulty walking or climbing stairs?	
	☐ Yes ☐ No	
	c. Does this person have difficulty dressing or bathing?	



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
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 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



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	Yes → SKIP to question 31	queenen e n
	No – Did not work (or retired)	33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	
	Yes	Person(s)
3)	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that city or town? Yes	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	☑ No, outside the city/town limitsd. Name of county	a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
22	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	 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
	Car, truck, or van	
	☐ Bus ☐ Motorcycle	Yes → SKIP to question 38No
	Subway or elevated rail Bicycle	L. INO
	Long-distance train or Walked	
	Light rail, streetcar, or trolley Worked from home → SKIP to question 40a	
	Ferryboat Other method	



Ð	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	the past 3 years. Otherwise, SKII to question 43.
	No → SKIP to question 39	2 DESCRIPTION OF EMPLOYMENT
)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes	Yes, could have gone to work	If this person had more than one job, describe the or at which the most hours were worked. If this person
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
	When did this person last work, even for a few days?	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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 we 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.)? e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → \$,
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → \$.00 No TOTAL AMOUNT for past 12 months
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	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.
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	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
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Yes → \$	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 \$



SKIP to page 48 for mailing instructions.

Person 4

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
irst Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Vhere was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the emica states "Time name of state."	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
	Graduate or professional school beyond a
s this person a citizen of the United States? Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest degree or level of school the
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received.
	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify
When did this person come to live in the	grade 1 – 11 –
Jnited States? Print numbers in boxes.	
edi	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)
	Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng,



	15 a. Did this person live in this house or apartme
Answer question 12 if this person has a bachelor's	1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 16
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)	No, outside the United States and Puerto Ricco Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then S to question 16
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
	waine of city, town, or post office
(For example: Italian, Jamaican, African Am.,	
Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. county or municipio in Puerto R
a. Does this person speak a language other	
than English at home?	Name of U.S. state or
than English at home?	Name of U.S. state or Puerto Rico ZIP Code
than English at home? Yes	
than English at home? Yes No → SKIP to question 15a	
than English at home? Yes	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of the following types of health insurance or health
than English at home? Yes No → SKIP to question 15a	Puerto Rico ZIP Code 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. a. Insurance through a current or
than English at home? Yes No → SKIP to question 15a b. What is this language?	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this
than English at home? Yes No → SKIP to question 15a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Puerto Rico ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Puerto Rico 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
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	Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)
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	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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 4	(continued

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
 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 	Because of a physical, mental, or emotional condition, does this person have difficulty doin errands alone such as visiting a doctor's office or shopping? Yes No What is this person's marital status?
family income to help pay the premium? Yes No	Now married Widowed Divorced
a. Is this person deaf or does he/she have serious difficulty hearing? Yes	SeparatedNever married → SKIP to J
 No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	Yes No a. Married? b. Widowed? c. Divorced?
Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	How many times has this person been married? Once Two times Three or more times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No Does this person have serious difficulty walking or climbing stairs? Yes No	In what year did this person last get married? Year
c. Does this person have difficulty dressing or bathing?YesNo	



Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in th U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box. Never served in the military → SKIP to question 30
	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
Has this person given birth to any children in the past 12 months?	Now on active duty
Yes	On active duty in the past, but not now
a. Does this person have any of his/her own grandchildren under the age of 18 living in	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the period.
this house or apartment?	September 2001 or later
Yes No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
b. Is this grandparent currently responsible for	May 1975 to July 1990
most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
5 or more years	0 percent
_ co. more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	Yes → SKIP to question 31	queenen e n
	No – Did not work (or retired)	33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	
	Yes	Person(s)
	No → SKIP to question 36a	
3)	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	
	c. Is the work location inside the limits of that city or town? Yes	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limitsd. Name of county	36 a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
2	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	 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
	Car, truck, or van	
	☐ Bus ☐ Motorcycle	Yes → SKIP to question 38No
	Subway or elevated rail Bicycle	L. INO
	Long-distance train or Walked	
	Light rail, streetcar, or trolley Worked from home $\rightarrow SKIP$ to question 40a	
	Ferryboat Other method	



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
Yes	the past o years. Otherwise, own to question 40.
No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	If this person had more than one job, describe the on 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.
When did this person last work, even for a few days?	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.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	
Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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 weel 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.	c. Interest, dividends, net rental income, royalty
manufacturing?	income, or income from estates and trusts. Report even small amounts credited to an account.
wholesale trade?	neport even sman amounts created to an account.
	☐ Yes → \$
retail trade?	No TOTAL AMOUNT for past Loss
other (agriculture, construction, service, government, etc.)?	12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$
	No TOTAL AMOUNT for past
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe	- · · · · · · · · · · · · · · · · · · ·
sections and review building plans for work details)	Yes → \$.00
	No TOTAL AMOUNT for past 12 months
	f. Any public assistance or welfare payments from the state or local welfare office.
INCOME IN THE PAST 12 MONTHS	☐ Yes → \$.00
Mark (X) the "Yes" box for each type of income this	No TOTAL AMOUNT for past
person received, and give your best estimate of the	12 months
TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	g. Retirement income, pensions, survivor or disability income. Include income from a previous
today's date one year ago up through today.)	employer or union, or any regular withdrawals or
Mark (X) the "No" box to show types of income	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.
NOT received.	Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the	
right of the dollar amount.	Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
report the whole amount for only one person and	h. Any other sources of income received
mark the "No" box for the other person.	regularly such as Veterans' (VA) payments,
a. Wages, salary, commissions, bonuses, or tips	unemployment compensation, child support or alimony. Do NOT include lump sum payments such
from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance or the sale of a home.
	Yes → \$
☐ Yes → \$	Ψ, .00
No TOTAL AMOUNT for past	No TOTAL AMOUNT for past 12 months
12 months	
b. Self-employment income from own nonfarm businesses or farm businesses, including	PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter
proprietorships and partnerships. Report NET income after business expenses.	the amount and mark (X) the "Loss" box next to the dollar amount.
□ Yes → \$.00	□ OR \$ 0.00 □
No TOTAL AMOUNT for past Loss	None TOTAL AMOUNT for past
12 months	12 months
	Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6,



SKIP to page 48 for mailing instructions.

Person 5

_ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
irst Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school to person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received. NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
	Kindergarten
No, not a U.S. citizen	Grade 1 through 11 – Specify
	grade 1 - 11 7
When did this person come to live in the Jnited States? Print numbers in boxes.	
'ear	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's
	degree (for example: MD, DDS, DVM, LLB, JD)



	1 year ago?
Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	
regree of higher. Otherwise, Skill to question 13.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 16
his question focuses on this person's ACHELOR'S DEGREE. Please print below the pecific major(s) of any BACHELOR'S DEGREES his person has received. (For example: chemical ngineering, elementary teacher education, rganizational psychology)	No, outside the United States and Puerto Ri Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then 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)
Vhat is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
or example: Italian, Jamaican, African Am., ambodian, Cape Verdean, Norwegian, Dominican,	
rench Canadian, Haitian, Korean, Lebanese, Polish,	Name of U.S. county or municipio in Puerto
ligerian, Mexican, Taiwanese, Ukrainian, and so on.)	
. Does this person speak a language other	
than English at hama?	
than English at home?	Name of U.S. state or Puerto Rico ZIP Code
Yes Yes	
 Yes No → SKIP to question 15a What is this language? 	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h.
YesNo → SKIP to question 15a	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or
Yes No → SKIP to question 15a What is this language?	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h.
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well 	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)
 Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH ty of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 5	(continued

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing
instructions on page 48.
Because of a physical, mental, or emotional condition, does this person have difficulty doin errands alone such as visiting a doctor's office or shopping? Yes No No No What is this person's marital status? Now married Widowed Divorced
Separated Never married → SKIP to J
In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed? c. Divorced?
How many times has this person been married? Once Two times Three or more times
In what year did this person last get married? Year



ı		
J	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ļ.	To so years that extremises, that to question zear	Never served in the military → SKIP to question 30a
25	A Usa shia wawaan wiyaan hiysh sa ayyy ahildway in sha	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
4	Has this person given birth to any children in the past 12 months?	Now on active duty
ı	Yes	On active duty in the past, but not now
26	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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.
ı	Yes	September 2001 or later
	No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
ı	b. Is this grandparent currently responsible for	May 1975 to July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
ı	apartment?	February 1955 to July 1964
ı	Yes	Korean War (July 1950 to January 1955)
ı	No → SKIP to question 27	January 1947 to June 1950
	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	World War II (December 1941 to December 1946) November 1941 or earlier
	the grandparent has been responsible for the longest period of time.	a. Does this person have a VA service-connected disability rating?
ı	Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
ı	6 to 11 months	No → SKIP to question 30a
	1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
ı	5 or more years	0 percent
ı		10 or 20 percent
ı		30 or 40 percent
ı		50 or 60 percent
ı		70 percent or higher
ı		



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	Yes → SKIP to question 31	quoditition
	No – Did not work (or retired)	33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	ally world to records in the new twenty any year
	Yes	Person(s)
3)	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that city or town? Yes	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limitsd. Name of county	a. LAST WEEK, was this person on layoff from a job?
		Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country	No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
2	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	
	Car, truck, or van	
	Bus Motorcycle	Yes → SKIP to question 38 No
	Subway or elevated rail Bicycle	L NO
	Long-distance train or Walked commuter rail	
	Light rail, streetcar, or trolley Worked from home → SKIP to question 40a	
	Ferryboat Other method	

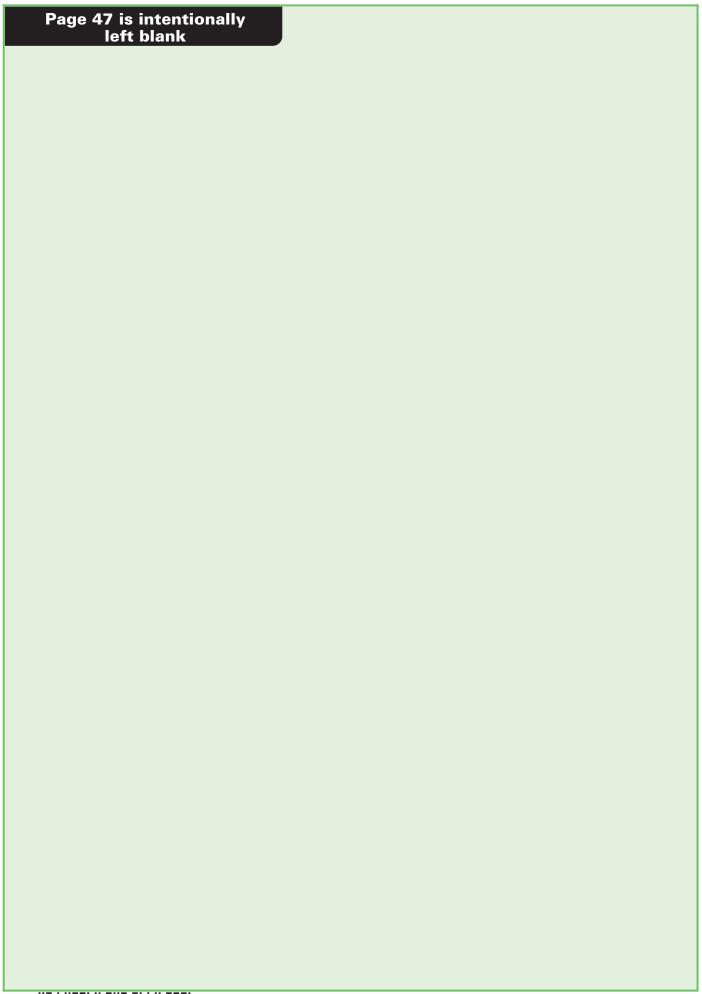


37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	the past o years. Otherwise, only to question 45.
	No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT
)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work No, because of own temporary illness	If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
)	When did this person last work, even for a few days?	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	
	Over 5 years ago or never worked → SKIP to	For-profit company or organization
	question 43	Non-profit organization (including tax-exempt and charitable organizations)
)	a. During the PAST 12 MONTHS (52 weeks), did	GOVERNMENT EMPLOYEE
	this person work 50 or more weeks? Count paid time off as work.	Local government (for example: city or county school district)
	Yes → SKIP to question 41	State government (including state
	No	colleges/universities)
	D	Active duty U.S. Armed Forces or Commissioned Corps
	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.	Federal government civilian employee SELF-EMPLOYED OR OTHER
	Weeks	Owner of non-incorporated business, professional practice, or farm
		Owner of incorporated business,
	D. Sanda DACT 40 MONTHS Sada MEEKS	professional practice, or farm
)	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	Worked without pay in a for-profit family business or farm for 15 hours or more per we
	Usual hours worked each 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.)? e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → \$
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	Yes → \$.00 No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office.
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 → \$	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 → \$







Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2, 3, 4, 5, 6, and 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 C	ensus Bı	ureau Use		
POP	EDIT	PHONE	JIC1	JIC2
EDIT CLEF	RK TE	ELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(X)(2020) (03-18-2019)





U.S. Census Bureau

Washington, DC 20233 Office of the Director

A message from the Director of the U.S. Census Bureau:

The U.S. Census Bureau recently sent you a request to complete the **American Community Survey** online. If you have not already responded to this important survey, please do so now.

Complete the survey using ONLY ONE of the following options:

- Respond online at https://respond.census.gov/acs
- If you are unable to respond online, please fill out and mail back the enclosed questionnaire.

You are required by U.S. law to respond to this survey.

The Census Bureau has randomly selected your address to receive this survey as part of a nationally representative sample. Because you will be providing important information on behalf of your community, it is vital that you complete this survey to help meet critical needs in your area – including determining where to locate new schools, hospitals, and fire stations.

If you do not respond promptly, a Census Bureau interviewer may contact you to complete the survey.

The Census Bureau is required by law to keep your information confidential.

The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household.

If you need help completing the survey or have questions, please call our toll-free number (1–800–354–7271).

Thank you for your prompt response.

tur O. Pelly

Sincerely,

Steven D. Dillingham

Enclosures

Will my response be confidential?

Yes. The U.S. Census Bureau is required by law to protect this information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 193. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Am I required to fill out the survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. As a randomly selected representative of your community, you are the voice of your neighbors and peers. To create an accurate picture of your community, it is critical that you respond.

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

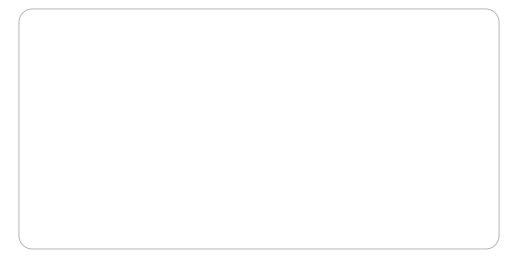


PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300



OPEN IMMEDIATELY

The American Community Survey Form Enclosed

YOUR RESPONSE IS REQUIRED BY LAW







U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300

YOUR RESPONSE IS REQUIRED BY LAW





U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300

YOUR RESPONSE IS REQUIRED BY LAW

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58





U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300

YOUR RESPONSE IS REQUIRED BY LAW

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58





U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300

YOUR RESPONSE IS REQUIRED BY LAW

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.

Or respond at https://respond.census.gov/acs

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1–800–354–7271).

Thank you.

ACS-29(2020) (02-08-2019)

ACS-29(2020) (02-08-2019)



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.

Or respond at https://respond.census.gov/acs

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.

Or respond at https://respond.census.gov/acs

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1–800–354–7271).

Thank you.

ACS-29(2020) (02-08-2019)



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.

Or respond at https://respond.census.gov/acs

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-29(2020) (02-08-2019)



U.S. Census Bureau

Washington, DC 20233 Office of the Director

A message from the Director of the 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.

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.

Flow O. Pelly

If you do not respond promptly, a Census Bureau interviewer may contact you with a personal visit to complete the survey. 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



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300

FINAL NOTICE RESPOND NOW

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



OFFICIAL BUSINESS Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

	draft 4 (12-12-2018) 6385-47(2020) enve	elope 9 x 11-1/2" W ope	en window 5 x 7/8					
	OFFICIAL BUSINESS Penalty for Private Use \$300		1-7/8"	9"			NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
	2"				7.01			
				5"	7/8"			
			INESS SS MAIL PERMI		LY MASHINGTON I			
		POSTAGE	WILL BE PAID	BY THE U.S. (CENSUS BURE	EAU		
		DIRECTOR U.S. CENSU PO BOX 524 JEFFERSONVI	0	9-5240				Flap side
	11-1/2"							_
				8-3/4"				
		6-1/5"						
					լրորորդուրր	49 49 49 4	հերգիլիգ]]]]ես <u>լ</u>	
_	6385-47(2020) (12-12-2018)					14 000000000 4719		



La Encuesta sobre la Comunidad Estadounidense

Comience Aquí

Responda hoy por la Internet en: https://respond.census.gov/acs

0

Llene y devuelva por correo este cuestionario tan pronto sea posible.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-877-833-5625. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free **1-800-354-7271**. You can also complete your interview over the phone with an English-speaking interviewer. Or you can respond online at: https://respond.census.gov/acs

Para más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: https://www.census.gov/acs

	Mes	Día	Año			
e teléfono de la persona que está completando este uestionario. Nos comunicaremos con usted solo si es ecesario para asuntos oficialesde la Oficina del Censo. pellido dombre dombre dombre cuántas personas están viviendo o quedándose en esta irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o me			000			
ódigo de área y número de teléfono Cuántas personas están viviendo o quedándose en esta irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o meses.	de teléfon cuestiona	no de la pe rio. Nos co	rsona que e municaremo	está completa es con usted s	ando este olo si es)
ódigo de área y número de teléfono Cuántas personas están viviendo o quedándose en está irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o meses.	Apellido					
ódigo de área y número de teléfono Cuántas personas están viviendo o quedándose en está irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o meses.						
ódigo de área y número de teléfono Cuántas personas están viviendo o quedándose en está irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o meses.	Nombre				- Ir	nici
Cuántas personas están viviendo o quedándose en esta irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o meses.	10111210					
irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no t otro lugar donde quedarse, aunque esté aquí por 2 meses o me	Código de	área y núm	nero de teléfo	no		
irección? INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no t otro lugar donde quedarse, aunque esté aquí por 2 meses o me			<u> </u>			
INCLUYA a todas las personas que viven o se quedan aquí por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no totro lugar donde quedarse, aunque esté aquí por 2 meses o me			están vivier	ido o quedár	dose en esta	a
por más de 2 meses. INCLÚYASE a usted mismo si vive aquí por más de 2 meses. INCLUYA a cualquier otra persona que se queda aquí que no toro lugar donde quedarse, aunque esté aquí por 2 meses o me		=	o noroonaa ai	io vivon o oo a	uodon oguí	
INCLUYA a cualquier otra persona que se queda aquí que no t otro lugar donde quedarse, aunque esté aquí por 2 meses o me	por más (de 2 meses.		·	·	
otro lugar donde quedarse, aunque esté aquí por 2 meses o me						ien
NO INCLUYA a cualquier persona que viva en otro lugar por	otro luga	r donde que	darse, aunqu	e esté aquí por	2 meses o me	
más de 2 meses, tal como un estudiante universitario que vive						
en otro lugar o personal de las Fuerzas Armadas que se ha	en otro lu	ıgar o perso				
	antivada					
lúmero de personas	activado.					
		e persona	S			

personas, incluyéndose austed mismo, que estén viviendo

o quedándose en esta dirección pormás de 2 meses.

Luego, complete el resto del cuestionario.

FORM **ACS-1(SP)(2020)** (03-18-2019) Draft 3

Núm. de OMB 0607-0810 Núm. de OMB 0607-0936



(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona,

Cual es el noi	mbre de la	Persona 1	?	No, no es de d	riaer	hienano lati	no o	eenañol
Apellido <i>(Por favo</i>	or, escriba er	n letra de mo	olde)					
				Sí, mexicano,	mexi	canoamerican	o, chi	icano
				Sí, puertorriqu	eño			
			Inicial	Sí, cubano				
				Sí, de otro orig por ejemplo, s guatemalteco,	alvac	doreño, domir	nicano	o, colom
o está re na 1?	lacionada	esta perso	ona con la					
Persona 1								
		43		i <mark>ál es la raza (</mark> rque (X) una o				a los ori
il es el sex jue (X) UN	k o de la Pe i A <i>casilla.</i>	rsona 1?		Blanca – Escrit	ba, po	or ejemplo, al		
Masculino	Fen	nenino		italiano, libane	s, eg	ipcio, etc. 屖		
es la eda	ad de la Pe	rsona 1 y o	cuál es su enores de un año,					
		es. Solo esc		Negra o afroar afroamericano				
			en las casillas.	somalí, etc. 📝	, ,	, ,	ŕ	Ü
n años)	Mes	Día	Año de nacimiento					
				Indígena de las nombre de la(s				
				tribu(s) princip	al(es)	, por ejemplo,	, Nava	ajo Natio
				Blackfeet Tribe	onal (
				Community, et	c. 🗸			
				China	Ш	Vietnamita	Ш	Nativa
				Filipina		Coreana		Samoa
				India asiática		Japonesa		Chamo
				Otra asiática –				Otra d
				Escriba, por ejemplo,				del Pa Escriba
				pakistaní, camboyano,				tongan de las l
				hmong, etc.				Marsh

→	NOTA:	Contes	te AMBA	S pregu	ntas, la	Pregui	nta
	5 sobre	origen	hispano	y la Preg	gunta 6	sobre	raza.
	Para es	te censo	o, origen	hispano	no es u	ına raz	a.

	espa	añol?			
		No, no es de orige	n hispano, lati	no o e	español
		Sí, mexicano, mexi	canoamerican	o, chi	cano
		Sí, puertorriqueño			
		Sí, cubano			
		Sí, de otro origen h por ejemplo, salvad guatemalteco, espa	doreño, domin	icano	, colombiano,
,		ál es la raza de la que (X) una o más			los orígenes.
		Blanca – Escriba, po italiano, libanés, eg		emán,	irlandés, inglés,
		Negra o afroameric afroamericano, jan somalí, etc. ⊋			
		Indígena de las Am nombre de la(s) trib tribu(s) principal(es Blackfeet Tribe, ma Inupiat Traditional (Community, etc.	u(s) en la(s) qu), por ejemplo, ya, azteca, Nat	ie esta Nava ive Vii	á inscrita o la(s) jo Nation, llage of Barrow
		China	Vietnamita	H	Nativa de Hawái
		Filipina	Coreana	H	Samoana
		Otra asiática – Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.	Japonesa		Chamorra Otra de las islas del Pacífico – Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc. ✓
	Ш	Alguna otra raza –	Escriba la raza	o el i	origen. 🙀

Apellido (Por favor, escriba en le	tra de molde)	Y	la Persona 2 de origen h iñol?	ispailo,	iatino o
Apellido (<i>Por lavor, escriba en le</i>	ura de moide)		No , no es de origen hispano		
Nombre		Inicial	Sí, mexicano, mexicanoamer Sí, puertorriqueño Sí, cubano	icano, chi	cano
¿Cómo está esta persona r Persona 1? <i>Marque (X) UNA</i>			Sí, de otro origen hispano, la por ejemplo, salvadoreño, de guatemalteco, español, ecua	ominicano	, colombiano,
Esposo(a) del sexo opuesto Pareja no casada del sexo Esposo(a) del mismo sexo			ál es la raza de la Person que (X) una o más casillas		n los orígenes
Pareja no casada del mism Hijo(a) biológico(a) o de sa			Blanca – Escriba, por ejemplo italiano, libanés, egipcio, etc	o, alemán, · ⊋	, irlandés, ingl
Hijo(a) adoptivo(a) Hijastro(a) Hermano(a) Padre o madre Nieto(a)			Negra o afroamericana – Esc afroamericano, jamaiquino, i somalí, etc. ⊋		
Suegro(a) Yerno o nuera Otro pariente	N. da assa		Indígena de las Américas o na nombre de la(s) tribu(s) en la(tribu(s) principal(es), por ejen Blackfeet Tribe, maya, azteca, Inupiat Traditional Governme Community, etc.	s) que esta aplo, Nava Native Vil	á inscrita o la(s njo Nation, llage of Barrow
Roommate o compañero(a Hijo(a) foster Otra persona que no es pa			China Vietnam	nita 🔲	Nativa de Ha
¿Cuál es el sexo de la Perso Marque (X) UNA casilla.	ona 2?		Filipina Coreana		Samoana Chamorra
	ona 2 y cuál es su bebés menores de ui	as.	Otra asiática – Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.		Otra de las is del Pacífico – Escriba, por eje tongano, fiyian de las Islas Marshall, etc.
	00 000		Alguna otra raza – <i>Escriba la</i>	raza o el (origen. 굳

		s la Persona 3 de origen hispano, latino o pañol?
Apellido (Por favor, escriba en letra de molde)		No, no es de origen hispano, latino o español
		Sí, mexicano, mexicanoamericano, chicano
Nombre Inicial		Sí, puertorriqueño
		Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla.</i>		Sí, de otro origen hispano, latino o español – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc. д
Esposo(a) del sexo opuesto		
Pareja no casada del sexo opuesto		
Esposo(a) del mismo sexo	įC Ma	uál es la raza de la Persona 3? arque (X) una o más casillas Y escriba los orígenes
Pareja no casada del mismo sexo	IVIC	Blanca – Escriba, por ejemplo, alemán, irlandés, ingle
Hijo(a) biológico(a) o de sangre		italiano, libanés, egipcio, etc. 📈
Hijo(a) adoptivo(a)		
Hijastro(a)	_	Negra o afroamericana – Escriba, por ejemplo,
Hermano(a)		afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc. ⊋
Padre o madre		
Nieto(a)		
Suegro(a)		Indígena de las Américas o nativa de Alaska – Escriba
Yerno o nuera		nombre de la(s) tribu(s) en la(s) que está inscrita o la(s tribu(s) principal(es), por ejemplo, Navajo Nation,
Otro pariente		Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Roommate o compañero(a) de casa		Community, etc. g
Hijo(a) foster		
Otra persona que no es pariente		China Vietnamita Nativa de Ha
¿Cuál es el sexo de la Persona 3?		Filipina Coreana Samoana
Marque (X) UNA casilla.		India asiática
Masculino Femenino		Otra asiática – Otra de las is
¿Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas.		Escriba, por ejemplo, Escriba, por eje pakistaní, tongano, fiyian camboyano, hmong, etc.
Edad (en años) Mes Día Año de nacimiento		
		Alguna otra raza – Escriba la raza o el origen. ⊋



			la Persona 4 de origen hispano, latino o añol?
Apellido (Por favor, escriba en letra de molde)			No , no es de origen hispano, latino o español
			Sí, mexicano, mexicanoamericano, chicano
Nombre Inicial			Sí, puertorriqueño
			Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla.</i>			Sí, de otro origen hispano, latino o español – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.
Esposo(a) del sexo opuesto			
Pareja no casada del sexo opuesto			
Esposo(a) del mismo sexo	6 20	Cu	ál es la raza de la Persona 4? que (X) una o más casillas Y escriba los orígenes
Pareja no casada del mismo sexo	IVI	lai	Blanca – Escriba, por ejemplo, alemán, irlandés, ingle
Hijo(a) biológico(a) o de sangre		-	italiano, libanés, egipcio, etc. 🕌
Hijo(a) adoptivo(a)			
Hijastro(a)	_	_	Negra o afroamericana – Escriba, por ejemplo,
Hermano(a)		4	afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc. $ abla$
Padre o madre			Soman, Story
Nieto(a)			
Suegro(a)			Indígena de las Américas o nativa de Alaska – Escriba
Yerno o nuera			nombre de la(s) tribu(s) en la(s) que está inscrita o la(s tribu(s) principal(es), por ejemplo, Navajo Nation,
Otro pariente			Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo
Roommate o compañero(a) de casa			Community, etc.
Hijo(a) foster			
Otra persona que no es pariente		7	China Vietnamita Nativa de Ha
Cuál os al cava da la Parcana 42			Filipina Coreana Samoana
Cuál es el sexo de la Persona 4? Marque (X) UNA casilla.			India asiática
Masculino Femenino			Otra asiática – Otra de las is
¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas.			Escriba, por ejemplo, Escriba, por ejemplo, pakistaní, tongano, fiyian de las Islas hmong, etc.
Edad (en años) Mes Día Año de nacimiento			
			Alguna otra raza – Escriba la raza o el origen. 🙀



¿Cuál es el nombre de la Persona 5? Apellido (Por favor, escriba en letra de molde)	s la Persona 5 de origen hispano, latino o pañol?
	No, no es de origen hispano, latino o español Sí, mexicano, mexicanoamericano, chicano
Nombre Inicial	Sí, puertorriqueño Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla.</i>	Sí, de otro origen hispano, latino o español – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc. 🔀
Esposo(a) del sexo opuesto Pareja no casada del sexo opuesto Esposo(a) del mismo sexo Pareja no casada del mismo sexo Hijo(a) biológico(a) o de sangre Hijo(a) adoptivo(a) Hijastro(a) Hermano(a) Padre o madre Nieto(a) Suegro(a) Yerno o nuera Otro pariente Roommate o compañero(a) de casa	uál es la raza de la Persona 5? arque (X) una o más casillas Y escriba los orígenes. Blanca – Escriba, por ejemplo, alemán, irlandés, inglé italiano, libanés, egipcio, etc. Negra o afroamericana – Escriba, por ejemplo, afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc. Indígena de las Américas o nativa de Alaska – Escriba e nombre de la(s) tribu(s) en la(s) que está inscrita o la(s, tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Z
Hijo(a) foster Otra persona que no es pariente ¿Cuál es el sexo de la Persona 5? Marque (X) UNA casilla. Masculino Femenino ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas. Edad (en años) Mes Día Año de nacimiento	China Vietnamita Nativa de Have Filipina Coreana Samoana India asiática Japonesa Chamorra Otra asiática — Coreana Chamorra Otra de las isla del Pacífico — Escriba, por ejemplo, pakistaní, camboyano, hmong, etc. Alguna otra raza — Escriba la raza o el origen.

Si hay más de cin	ico personas que est	án viviendo o g	uedándose aquí, escriba sus nombres en letra	de
	acios para las persor		12. Es posible que lo llamemos para obtener más	
Persona 6				
Apellido <i>(Por favor, es</i>	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		
Persona 7				
Apellido <i>(Por favor, es</i>	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		
Persona 8				
Apellido <i>(Por favor, es</i>	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		
Persona 9				
Apeilido (<i>Por tavor, es</i>	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		
Persona 10				
	criba en letra de molde)		Nombre	Inicial
•				
Sexo Masculin	o Femenino	Edad (en años)	000	
Persona 11				
	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		
Persona 12				
Apellido <i>(Por favor, es</i>	criba en letra de molde)		Nombre	Inicial
Sexo Masculin	o Femenino	Edad (en años)		



Vivienda

Por favor, conteste las siguientes preguntas sobre la casa, apartamento o casa móvil en la dirección indicada en la etiqueta.	Conteste las preguntas 4 a 5 si esta es una CASA O CASA MÓVIL; de lo contrario, PASE a la pregunta 6a.
Cuál describe mejor este edificio? Incluya todos los apartamentos, pisos, etc. aunque estén desocupados. Una casa móvil Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc.	 ¿En cuántos acres está situada esta casa o casa móvil? Menos de un acre → PASE a la pregunta 6a 1 a 9.9 acres 10 acres o más EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el tot de las ventas realizadas de todos los productos agrícolas de esta propiedad? Cero \$1 a \$999 \$1,000 a \$2,499 \$2,500 a \$4,999
Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959	\$5,000 a \$9,999 \$10,000 ó más a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo meno seis pulgadas y van desde el piso hasta el techo. INCLUYA dormitorios, cocinas, salas, etc. NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones
1940 a 1949 1939 ó antes ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? Mes Año	b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil estuviera a la vent para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0". Número de dormitorios



Vivienda (continuación)

Tiene esta casa, apartamento o c		Ф		ene usted o algún otro mien ar acceso a la Internet a tra		
5	Sí No			an de datos celulares para	Sí	No
a. agua caliente y fría por tubería?			uı	n <i>smartphone</i> u otro aparato		
o. una bañera o ducha?						
c. fregadero con llave del agua?			aı	ervicio de Internet de banda ncha (alta velocidad) tal como		
d. una estufa para cocinar?				ervicio de cable, fibra óptica, o <i>SL</i> instalado en este hogar?		
e. un refrigerador?				ervicio de Internet por satélite stalado en este hogar?		
Puede usted o algún miembro de				ervicio de Internet de conexión		
ecibir llamadas telefónicas cuan casa, este apartamento, o esta cas				ial Up instalado en este hogar?	_	
ncluya llamadas hechas con teléfono reléfonos fijos o cualquier otro tipo de				lgún otro servicio? specifique el servicio: ⊋		
Sí						
No			_			
				ántos automóviles, <i>vans</i> , o		
En esta casa, apartamento o casa Isa usted o algún otro miembro d Ilguno de los siguientes tipos de	e este hogar		No	asa para uso de los miemb cuente camiones que pueda tonelada.		
	sí No			Ninguno		
a. Computadora de escritorio o laptop			H	1		
			H			
Smartphone			H	2		
:. Tableta u otra computadora de mano inalámbrica			Ш	3		
I. Algún otro tipo de				4		
computadora Especifique: 🔀				5		
				6 ó más		
En esta casa, apartamento o casa	móvil. ¿tiene	13	¿Cu	ál COMBUSTIBLE es el que	MÁS:	se utiliza
usted o algún otro miembro de es acceso a Internet?			cale	entar esta casa, apartament Gas de una tubería subterráne		
Sí, pagando a una compañía de te	léfonos		Ш	vecindario	a que s	vo ai
celulares o proveedor de servicio	de Internet			Gas embotellado, en tanque o	petróle	o líquido
0/ 1	146	;		Electricidad		
Sí, sin pagar a una compañía de to o proveedor de servicio de Interne			Ш	Licetifoldad		
o proveedor de servicio de Interne pregunta 12				Aceite combustible, queroseno	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento				o, etc.	
o proveedor de servicio de Interne pregunta 12	et → <i>PASE a la</i> easa, apartamento	,		Aceite combustible, queroseno	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento			Aceite combustible, queroseno Carbón o coque Leña), etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento	,		Aceite combustible, queroseno Carbón o coque Leña Energía solar	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento	,		Aceite combustible, queroseno Carbón o coque Leña Energía solar Otro combustible	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento			Aceite combustible, queroseno Carbón o coque Leña Energía solar	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento			Aceite combustible, queroseno Carbón o coque Leña Energía solar Otro combustible	o, etc.	
o proveedor de servicio de Interne pregunta 12 No hay acceso a Internet en esta c	et → <i>PASE a la</i> easa, apartamento			Aceite combustible, queroseno Carbón o coque Leña Energía solar Otro combustible	o, etc.	



Vivienda (continuación)

a. EL MES PASADO, ¿cuánto fue el costo de electricidad para esta casa, apartamento o casa móvil?	6 ¿Es esta casa, apartamento o casa móvil parte o un condominio?
Costo el mes pasado – <i>Dólares</i>	Sí → ¿Cuánto es la cuota mensual de
\$.00	condominio? Para inquilinos: conteste solo si paga la cuota de condominio además del alquiler; de lo contrario,
0	marque el cuadrado "Ninguna". Cantidad mensual – Dólares
Incluido en el alquiler o cuota de condominio	Canada mensaar bolares
No hay cargo o no se utiliza electricidad	\$ _,00
b. EL MES PASADO, ¿cuánto fue el costo de gas	O □ Ninguna
para esta casa, apartamento o casa móvil?	
Costo el mes pasado – <i>Dólares</i>	□ No
\$.00	7 ¿Es esta casa, apartamento o casa móvil – Marque (X) UNA casilla.
0	Propiedad suya o de alguien en este hogar con
Incluido en el alquiler o cuota de condominio	una hipoteca o préstamo? Incluya préstamos sobre el valor líquido de la casa.
Incluido en el pago de electricidad anotado arribaNo hay cargo o no se utiliza gas	Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
	Alquilada?
c. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de agua y alcantarillado o desagõe para	
esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.	Ocupada sin pago de alquiler? → PASE a la sección C
Costo en los últimos 12 meses - Dólares	Contrata las manuatas 10s mb si esta cons
\$ 0.000 .00	Conteste las preguntas 18a y b si esta casa, apartamento o casa móvil está ALQUILADA. De lo contrario, PASE a la pregunta 19.
0	Bo to contrario, 17102 a la proganta 10.
Incluido en el alguiler o cuota de condominio	0 - 10.4.4 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
☐ No hay cargo	3 a. ¿Cuánto es el alquiler mensual para esta casa apartamento o casa móvil?
	Cantidad mensual <i>– Dólares</i>
d. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de carbón, queroseno,aceite, leña, etc.,	
para esta casa, apartamento o casa móvil?	\$
Si ha vivido aquí menos de 12 meses, haga un estimado del costo.	h thelius of classifer moneyal alasmos comide
Costo en los últimos 12 meses – <i>Dólares</i>	b. ¿Incluye el alquiler mensual algunas comida
	∐ Sí
\$ _,00	No
0	
Incluido en el alquiler o cuota de condominio	
No hay cargo o no se utilizan estos combustibles	
EN LOS ÚLTIMOS 12 MESES, ¿recibióusted o algún otro miembro de este hogar beneficios del gobierno por medio del Programa de Cupones de Alimentos o SNAP (el Programa de Asistencia Nutricional Suplementaria)? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.	
Sí	



Vivienda (continuación)

C	Conteste las preguntas 19 a 23 si usted u otra persona en este hogar ES DUEÑO de esta casa, apartamento o casa móvil, o lo ESTÁ	c. ¿Incluye el pago mensual regular de la hipoteca los pagos de impuestos sobre bienes raíces para ESTA propiedad?
	COMPRANDO. De lo contrario, PASE a la sección (E).	Sí, se incluyen los impuestos en el pago de la hipoteca
10	¿Por cuánto cree usted que se vendería esta casa	No, los impuestos se pagan por separado o no se requieren impuestos
	y el terreno, apartamento, o casa móvil y el lote si estuviera para la venta? Valor – Dólares	d. ¿Incluye el pago mensual regular de la hipoteca los pagos de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?
	\$ 0.000.00	Sí, se incluye el seguro en el pago de la hipoteca
20	. Cuénte es al total anuel de les immusetes de	No, el seguro se paga por separado, o no se tiene seguro
20	bienes raíces sobre ESTA propiedad? Valor – Dólares	a. ¿Tiene usted o algún otro miembro de este hogar una segunda hipoteca o un préstamo sobre el valor líquido (Home Equity Loan) de ESTA propiedad?
	• .00	Sí, un préstamo sobre el valor líquido de esta propiedad
	Ninguno	Sí, una segunda hipoteca
21	Cuénte co el nogo envel de la prima nor concenta	Sí, una segunda hipoteca y un préstamo sobre el valor líquido de esta propiedad
21	¿Cuánto es el pago anual de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?	No → PASE a la sección D
	Valor – <i>Dólares</i>	 b. ¿Cuánto es el pago mensual regular de todas las segundas hipotecas y todos los préstamos sobre el valor líquido de ESTA propiedad?
	0	Cantidad mensual – <i>Dólares</i>
	Ninguno	\$ 00,000 .00
22	a. ¿Tiene usted o algún miembro de este hogar una hipoteca, una escritura de fideicomiso, contrato de compra, o alguna deuda de este tipo sobre ESTA propiedad?	No se requiere ningún pago regular
	deuda de este tipo	Conteste la pregunta 24 si ésta es una CASA MÓVIL. De lo contrario, PASE a la sección E .
	Sí, contrato de compraNo → PASE a la pregunta 23a	
		¿Cuánto es el total del costo anual de los impuestos a los bienes personales, la renta del lote,
	b. ¿Cuánto es el pago mensual regular de la hipoteca sobre ESTA propiedad? Incluya sólo el pago de la PRIMERA hipoteca o contrato de compra.	los costos de registro o inscripción y los costos de licencias para ESTA casa móvil y su lote? No incluya los impuestos sobre bienes raíces.
	Cantidad mensual – <i>Dólares</i>	Cantidad anual – <i>Dólares</i>
	\$.00	\$ 00,000.00
	O No se requiere ningún pago regular → PASE	
	a la pregunta 23a	Conteste las preguntas sobre la PERSONA 1 en la próxima página si usted listó al menos una persona en la página 2. De lo contrario, PASE a la página 28 para las instrucciones de envío por correo.

contestando las siguientes preguntas. Apellido	Pre-escolar o pre-kinder
	Kindergarten
	Grado 1 al 12 – Especifique
Nombre Inicia	☐ grado 1-12 ⊋
	Estudios universitarios al nivel de licenciatura
¿Dónde nació esta persona?	(freshman a senior)
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	Escuela graduada o profesional más allá de una licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.	¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casi. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en los Estados Unidos → PASE a la pregunta 10a	Pre-escolar o pre-kinder
Sí, nació en Puerto Rico, Guam, las Islas Vírgenes	Kindergarten
de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 − Especifique grado 1-11
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por	
□ naturalización – Escriba el año de naturalización ⊋	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA
No. no es ciudadana de los Estados Unidos	Diploma de escuela secundaria o preparatoria
No, no es ciduadana de los Estados Onidos	GED o examen equivalente
¿Cuándo vino esta persona a vivir a los	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
Ēstados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año. Año	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una	Título de licenciatura universitaria (por ejemplo: BA, BS)
escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un	DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA
diploma de escuela secundaria o título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de licencia universitaria (por ejemplo: MD, DDS, DVM, LLB, J
Escuela o universidad pública	
	Título de doctorado (por ejemplo: PhD, EdD)



	Conteste la pregunta 12 si esta persona tiene un	a. ¿Vivía esta persona en esta casa o apartament hace 1 año?
	título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.	Persona es menor de 1 año de edad → PASEa la pregunta 16
		☐ Sí, en esta casa → PASE a la pregunta 16
3	Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona	No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el noml del país extranjero o Islas Vírgenes de los EE.UU Guam, etc.; luego PASE a la pregunta 16
	recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)	No, en una casa diferente en los Estados Unidos o Puerto Rico
		b. ¿Dónde vivía esta persona hace 1 año?
		Dirección (Número y nombre de la calle)
3	¿Cuál es la ascendencia u origen étnico de esta persona?	Nombre de la ciudad, pueblo u oficina de correos
		Nombre del condado de los Estados Unidos
	(Por ejemplo: italiana, jamaicana, africana americana,	o municipio en Puerto Rico
	camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca,	
	nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)	Nombre del estado de los
4	a. En su hogar, ¿habla esta persona un idioma	Estados Unidos o anote Puerto Rico Código Postal
	que no sea inglés?	
	□ Sí	
	No → PASE a la pregunta 15a	¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de
	b. ¿Qué idioma es ese?	salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en
		las respuestas a-h.
	Por ejemplo: coreano, italiano, español, vietnamés	a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro
	c. ¿Cuán bien habla esta persona el inglés?	miembro de la familia) b. Seguro adquirido directamente de una
	Muy bien	compañía de seguro (por esta persona o por cualquier otro miembro de la familia)
	Bien No bien	c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos
		d. Medicaid, Medical Assistance o cualquier
	■ No habla inglés	tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad
		e. TRICARE u otro seguro de salud militar
		f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA)
		g. Servicio de Salud Indio (Indian Health Service)
		h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de
		salud – Especifique 🖟



1		
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.
Œ	a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí No → PASE a la pregunta 18a	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?
	b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?	¿Cuál es el estado civil de esta persona? Casada actualmente Viuda
	No	Divorciada
		Separada
U	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Nunca se ha casado → PASE a la sección J
	Sí	50 Fallan DAGADOG 42 MEGEG 1994
	□ No	En los PASADOS 12 MESES, ¿esta persona –
ı	b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?	a. se casó?
	□ Sí	c. se divorció?
	□ No	5. 55 6.151505.
		¿Cuántas veces ha estado casada esta persona?
H	Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.	Una vez Dos veces
		Tres veces o más
19	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	¿En qué año se casó la última vez esta persona? Año
	Sí	
	□ No	
ı	b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?	
	Sí	
	□ No	
ı	c. ¿Tiene esta persona dificultad para vestirse	
	o bañarse?	
	☐ Sí	
	No	

-		A
	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.	¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.
		Nunca estuvo en el servicio militar → PASE a la pregunta 30a
2	En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?	Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
١	☐ Sí	En servicio activo ahora
	No	En servicio activo en el pasado, pero no ahora
2	a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?	¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados
	SíNo → PASE a la pregunta 27	Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.
		Septiembre del 2001 ó después
	 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años 	Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
١	que viven en esta casa o apartamento?	Mayo del 1975 a julio del 1990
	Sí	Época de Vietnam (agosto del 1964 a abril del 1975)
	No → PASE a la pregunta 27	Guerra de Corea (julio del 1950 a enero del 1955)
	c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es	Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
	responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido	Febrero del 1955 a julio del 1964
	responsable por más tiempo.	Enero del 1947 a junio del 1950
	Menos de 6 meses	Noviembre del 1941 ó antes
	6 a 11 meses	
	1 ó 2 años	a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?
	3 ó 4 años	
	5 años o más	Sí (tal como 0%, 10%, 20%,, 100%)
		No → PASE a la pregunta 30a
		b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?
		0 por ciento
		10 ó 20 por ciento
		30 ó 40 por ciento
		50 ó 60 por ciento
		70 por ciento o más
1		



30	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
	Sí → PASE a la pregunta 31	
	No – No trabajó (o está retirada)	33 ¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?	usualmente viajaron al trábajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
	Sí	
	No → PASE a la pregunta 36a	
31	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección (Número y nombre de la calle)	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m.
	a. Dirección (Numero y nombre de la calle)	p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?
	 Nombre de la ciudad, pueblo u oficina de correos 	Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?
	e. Nombre del estado o país extranjero	Sí → PASE a la pregunta 36c
	e. Nombre dei estado o país extranjero	□ No
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia,
32	¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.	mal tiempo, etc. → PASE a la pregunta 39 No → PASE a la pregunta 37
		c. ¿Se le ha informado a esta persona que será
	Automóvil, camión o <i>van</i>	llamada de nuevo a trabajar dentro de los
	Automóvil, camión o <i>van</i> Autobús Taxi Motocicleta	
		llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha
	Autobús Motocicleta	llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?
	Autobús Motocicleta Tren subterráneo o elevado Bicicleta Tren de viajes largos Caminó	Ilamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo? Sí → PASE a la pregunta 38 No



 37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTÍVAMENTE?	
DESCRIPCIÓN DEL EMPLEO La serie de pregunta que sigue es sobre el tipempleo que esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo? Sí, hubiera podido ir a trabajar No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.) Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 DESCRIPCIÓN DEL EMPLEO La serie de preguntas que sigue es sobre el tipempleo que esta persona tenía la semana pasad si entende mpleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo, descempleo en el cual trabajó más horas. Si esta persona tenía más de un empleo de esta persona tenía la semana pasado. Si esta persona tenía más de un empleo de esta persona tenía más de un empleo de esta persona tenía la semana pasado. Si esta persona tenía más de un empleo de esta persona tenía la semana pasado. describa empleo en el cual trabajó más horas. Si esta persona tenía más de un empleo de esta persona tenía más de un empleo de esta persona tenía más de un empleo de empleo de esta persona tenía la semana pasado. describa empleo de esta persona tenía más de un empleo de esta persona tenía mas de un empleo de esta persona tenía más de un empleo de esta person	
LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo? Sí, hubiera podido ir a trabajar No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.) Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 DESCRIPCION DEL EMPLEO La serie de preguntas que sigue es sobre el tipe empleo que esta persona tenía la semana pasa di la	
persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera podido regresar al trabajo si se le hubiera llamado de nuevo? Sí, hubiera podido ir a trabajar No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.) Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 Cuándo trabajó esta persona por última vez, ala pregunta 43 Compañía u organizaciones exentas de impuesto las organizaciones caritativas) GOVERNMENT EMPLOYEE Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)	
trabajo si se le hubiera llamado de nuevo? Sí, hubiera podido ir a trabajar No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.) Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 La pregunta 43 empleo en el cual trabajó más horas. Si esta por no trabajó la semana pasada, describa el empleo reciente en los últimos cinco años. a. ¿Cuál de las siguientes opciones describ mejor el empleo de esta persona la sema pasada o el empleo más reciente en los últimos? Marque (X) UNA casilla. EMPLEADO DEL SECTOR PRIVADO Compañía u organización con fines de las organizaciones exentas de impuesto las organizaciones caritativas) GOVERNMENT EMPLOYEE Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)	ada.
 No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.) ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 a. ¿Cuál de las siguientes opciones describ mejor el empleo de esta persona la sema pasada o el empleo más reciente en los o 5 años? Marque (X) UNA casilla. EMPLEADO DEL SECTOR PRIVADO Compañía u organización con fines de las organizaciones exentas de impuesto las organizaciones caritativas) GOVERNMENT EMPLOYEE Gobierno local (por ejemplo: distrito escolar de la ciudad o condado) 	ersona
mejor el empleo de esta persona la sema pasada o el empleo más reciente en los esta pasada o el empleo de esta pasada o el empleo más reciente en los esta pasada o el empleo más reciente en los esta pasada o el empleo más reciente en los est	
5 años? Marque (X) UNA casilla. EMPLEADO DEL SECTOR PRIVADO Compañía u organización con fines de lucro (inclus las organizaciones exentas de impuesto las organizaciones caritativas) Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas),	ana
Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días? □ En los últimos 12 meses □ Hace 1 a 5 años → PASE a la sección M □ Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 □ Compañía u organización con fines de lucro (inclus las organizaciones exentas de impuesto las organizaciones caritativas) GOVERNMENT EMPLOYEE □ Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)	uitimos
aunque fuera por unos pocos días? □ En los últimos 12 meses □ Hace 1 a 5 años → PASE a la sección M □ Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 □ a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas),	
Hace 1 a 5 años → PASE a la sección M Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 Government employee Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)	lucro
Hace más de 5 años o nunca trabajó → PASE a la pregunta 43 Government EmpLoyee Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)	
a la pregunta 43 Gobierno local (por ejemplo: distrito escolar de la ciudad o condado) a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas),	
a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas),	
Incluya como trabajo vacaciones pagadas,	es
licencia por enfermedad pagada y servicio en las Fuerzas Armada. Servicio activo en las Fuerzas Armada los EE. UU. o en el Cuerpo de Comision	
Sí → PASE a la pregunta 41 Empleado civil del gobierno federal	
No EMPLEADO POR CUENTA PROPIA U OTRO	
b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Propietario(a) de un negocio, una prác profesional o una finca no incorporad	
Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas. Propietario(a) de un negocio, una prác profesional o una finca incorporada	ctica
Semanas Trabajó sin paga en un negocio o finca familia con fines de lucro 15 horas o la semana	
b. ¿Cuál era el nombre del empleador, neg agencia o rama de las Fuerzas Armadas	ocio, de
En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	
Horas usualmente trabajadas cada SEMANA	
c. ¿Qué tipo de negocio o industria era est Incluya la actividad, producto o servicio prin que se ofrecía en el lugar de empleo. (Por eje escuela primaria, construcción residencial)	cipal
d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.	
manufactura?	
comercio al por mayor?	
comercio al por menor?	
otro (agricultura, construcción, servicio,	

e.	¿Cuál era la ocupación principal de esta persona?	d. Seguro Social o retiro para personal de los
	(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	ferrocarriles.
		□ Sí → \$.00
f.	Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
	importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	□ Sí → \$.00
	especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
II	NGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
re re	larque (X) la casilla "Sí" por cada tipo de ingreso que ecibió y anote el mejor estimado de la CANTIDAD TOTAL ecibida durante los ÚLTIMOS 12 MESES. (NOTA: Los últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
h	ace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.
	larque (X) la casilla "No" para mostrar los tipos de gresos NO recibidos.	Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta
S "I	i el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
le	ara ingreso recibido en conjunto, informe la parte que corresponde a cada persona; o, si eso no es posible,	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
	forme la cantidad total bajo una sola persona y marque cuadrado"No" para la otra persona.	□ Sí → \$.00
а	Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	No CANTIDAD TOTAL en los últimos 12 MESES
	impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ sí → \$.00 .00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	No CANTIDAD TOTAL en los últimos 12 MESES	hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
b	. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea	una herencia o venta de una casa.
	como propietario único o en sociedad. Informe el ingreso NETO después de descontar	□ sí → \$.00
	los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
	□ sí → \$	2 ¿Cuál fue el ingreso total de esta persona durante
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
С	Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	pequeñas acreditadas a una cuenta.	□ 6 \$ U,UU,UU.00 □
	□ Sí → \$	Ninguno Pérdida CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida	Continúe con las preguntas para la Persona 2 en
	últimos 12 MESES	la próxima página. Si no hay nadie listado como la Persona 2 en la página 3, PASE a la página 48 para



ver las instrucciones de envío por correo.

ontestando las siguientes preguntas.	
pellido	Pre-escolar o pre-kinder
	Kindergarten
ombre Inicia	Grado 1 al 12 – Especifique grado 1-12 ⊋
onible	
	Estudios universitarios al nivel de licenciatura (freshman a senior)
Dónde nació esta persona?	Escuela graduada o profesional más allá de una
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.	¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casi Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
Es esta persona ciudadana de los stados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en los Estados Unidos → PASE a la	Pre-escolar o pre-kinder
pregunta 10a	Kindergarten
Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 – Especifique grado 1-11 ⊋
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – <i>Escriba el año de</i>	
naturalización 🔀	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA
	Diploma de escuela secundaria o preparatoria
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
Cuándo vino esta persona a vivir a los	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
stados Unidos? Si esta persona vino a vivir a los stados Unidos más de una vez, escriba el último año.	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
ño	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
En cualquier momento DURANTE LOS ÚLTIMOS	Título de licenciatura universitaria (por ejemplo: BA, BS)
3 MESEŚ, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental,	DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA
enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de licencia universitaria (por ejemplo: MD, DDS, DVM, LLB, J
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza	Intuio de doctorado (por ejempio, Filo, Edo)



			A	V		
	nta 12 si esta person		a. ¿	Vivía esta persona en e ace 1 año?	sta casa o apa	artamer
	ıra universitaria o ma E a la pregunta 13.	as alto. De		Persona es menor de 1 pregunta 16	año de edad →	PASEa I
				Sí, en esta casa → PAS	SE a la pregunta	16
ICENCIĂTURA or favor, escrib specífico de la ualquier TÍTUL	e enfoca en el TÍTU UNIVERSITARIA do a en letra de moldo concentración de e O DE LICENCIATUR a específico(s) que o	e esta persona. e el título estudio de RA		No, fuera de los Estado Escriba en letra de mo del país extranjero o ls Guam, etc.; luego PAS	lde a continuacio las Vírgenes de	ón el non los EE.U
ecibió. (Por ejen	nplo: ingeniería quím naria, o psicología org	nica, enseñanza		No, en una casa diferer	nte en los Estado	os Unido
			b. <i>i</i>	Dónde vivía esta perso	na hace 1 año	?
			_	Dirección (Número y nom		
			_			
Cuál es la ascer persona?	ndencia u origen ét	nico de esta	N	lombre de la ciudad, pue	blo u oficina d	le corre
			N	lombre del condado de lo	os Estados Uni	dos
	ana iamaicana afric	ana americana		municipio en Puerto Rio		
franco-canadiense nigeriana, mexica a. En su hogar, ¿	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	lombre del estado de los stados Unidos o anote uerto Rico		Postal
camboyana, de Ca franco-canadiense nigeriana, mexica	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote	Código	Postal
camboyana, de Ca franco-canadiense nigeriana, mexica a. En su hogar, a	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote		Postal
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N E P	stados Unidos o anote uerto Rico ene esta persona cober	Código tura ACTUAL	MENTE
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP	stados Unidos o anote uerto Rico ene esta persona cober lquiera de los siguiento ud o planes de cobertur que "Sí" o "No" para CA	Código tura ACTUAL es tipos de se ra de seguro d	MENTE guros de e salud
eamboyana, de Caranco-canadiense iranco-canadiense nigeriana, mexica a. En su hogar, a que no sea ing ☐ Sí ☐ No → PAS	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP P 2Tie cua salu Mai las i a. S	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiento de o planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe	MENTE guros de e salud
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASa ¿Qué idioma o	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, iiana, entre otras. a un idioma	.) NEPP ZTiccua salu Man las I a. S si e:	stados Unidos o anote duerto Rico ene esta persona cober la	tura ACTUAL es tipos de seguro d DA tipo de coba	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASE ¿Qué idioma e Por ejemplo: co	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés? E a la pregunta 15a	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP Language Policy Language Langua	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiente do planes de cobertur reque "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta	tura ACTUAL es tipos de seguro d DA tipo de cobe estro	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma e	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP ZTiecua salu Marilas i a. S si es: es: cc. Mai	ene esta persona cober luerto Rico ene esta persona cober luerto Rico ene esta persona cober luerto de los siguiento de los siguiento de la cobertur reque "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro de la familia)	tura ACTUAL es tipos de seguro d DA tipo de cobe estro de de una a persona de la familia) tienen 65	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASo ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP P ¿Tiecua salu Man las l a. S si es m b. S cc o c. M ai	ene esta persona cober la de los siguiente la de los siguiente la de los siguiente la de los esta persona cobertura de la siguiente la de la siguiente la del la siguiente la del la siguiente la la siguiente la sig	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. M. ti p.	stados Unidos o anote duerto Rico ene esta persona cober alquiera de los siguiento a de planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro de la familia) dedicare, para personas que ños o más, o personas con o nedimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de ttro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	L) NEP P Last in the control of th	stados Unidos o anote duerto Rico ene esta persona cobertula de los siguiente de los siguiente de cobertula de planes de cobertula de planes de cobertula de propose de la familia de seguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro dedicare, para personas que ños o más, o personas con compedimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe entro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. c. Mai ir d. M. ti p. o. e. T. f. V	ene esta persona cober la de la cobertura de los siguiente la cobertura de los siguiente la cobertura de la compessa de la cualquier de la familia la compañía de seguro (por esta por cualquier otro miembro de la familia) leguro adquirido directamento de la compañía de seguro (por esta por cualquier otro miembro dedicare, para personas que nos o más, o personas con compedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad la compedimento seguro de sal A (se ha registrado en el sistencia de la compessa de la co	tura ACTUAL es tipos de seguro de DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ind Sí No → PASA ¿Qué idioma de Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. Mt. p. o. e. T. f. V. c.	ene esta persona cober la de la cobertura de los siguiente de los para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamento mpañía de seguro (por esta por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de por cualquier otro miembro de dicare, para personas que nos o más, o personas con conpedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de ser a de seguro d DA tipo de cobe ador o evio, (de a persona a persona a de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de VA)	MENTE guros d e salud ertura ei



G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.
Œ	 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí No → PASE a la pregunta 18a b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota? 	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras? Sí No Cuál es el estado civil de esta persona? Casada actualmente Viuda
۱	Sí	Divorciada
۱	No	Separada
T	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Nunca se ha casado → PASE a la sección J
١	□ Sí	En los PASADOS 12 MESES, ¿esta persona –
۱	No	Sí No
	 b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes? 	a. se casó?
۱	□ Sí	c. se divorció?
١	□ No	
		¿Cuántas veces ha estado casada esta persona?
4	Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.	Una vez Dos veces
	a. Debido a una condición física, mental o	Tres veces o más
U	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	¿En qué año se casó la última vez esta persona? Año
	Sí	
١	□ No	
	b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?	
	Sí	
	□ No	
	c. ¿Tiene esta persona dificultad para vestirse o bañarse?	
	Sí	
	□ No	
- 1		



	, 0	27	¿Ha milit	estado esta persona alguna vez en el servicio tar activo en las Fuerzas Armadas, la Reserva
	sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.			tar o la Guardia Nacional de los dos Unidos? Marque (X) UNA casilla.
				Nunca estuvo en el servicio militar → PASE a la pregunta 30a
2	En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?			Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
	☐ Sí			En servicio activo ahora
	No			En servicio activo en el pasado, pero no ahora
2	a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?	28	activ	ándo estuvo esta persona en servicio militar vo en las Fuerzas Armadas de los Estados
	Sí		dura	los? Marque (X) una casilla para CADA período nte el cual esta persona estuvo en servicio militar, que fuera sólo por parte del período.
	No → PASE a la pregunta 27			Septiembre del 2001 ó después
	 ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años 			Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
	que viven en esta casa o apartamento?			Mayo del 1975 a julio del 1990
	Sí			Época de Vietnam (agosto del 1964 a abril del 1975)
	No → PASE a la pregunta 27			Guerra de Corea (julio del 1950 a enero del 1955)
	c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto,			Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
	conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.			Febrero del 1955 a julio del 1964
	Menos de 6 meses		H	Enero del 1947 a junio del 1950
	6 a 11 meses		Ш	Noviembre del 1941 ó antes
	1 ó 2 años	29	in	iene esta persona una clasificación de capacidad de la VA relacionada con el
	3 ó 4 años 5 años o más		Se	ervicio?
	b anos o mas			Sí (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a
				NO 7 PASE a la pregunta sua
			b. ¿(Qué por ciento de incapacidad relacionada on el servicio militar tiene esta persona?
				0 por ciento
				10 ó 20 por ciento
				30 ó 40 por ciento
				50 ó 60 por ciento
				70 por ciento o más



lacksquare	LA SEMANA PASADA, ¿hiz algún trabajo por paga en u (o negocio)? Sí → PASE a la pregunta 31	n empleo	K	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
(No – No trabajó (o está reti LA SEMANA PASADA, ¿hiz CUALQUIER trabajo por pag fuese por una hora? Sí No → PASE a la pregunta 3	o esta persona ja, incluso aunque	33	¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
PA lug él d	n qué lugar trabajó esta per SADA? Si esta persona traba gar, escriba en letra de molde l o ella trabajó la mayor parte de Dirección (Número y nombi	jó en más de un a dirección donde e la semana.	34	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.		35	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?
	Nombre de la ciudad, puebl correos	o u oficina de		Minutos
'	¿Está localizado el lugar de los límites de esa ciudad o p Sí No, fuera de los límites de la Nombre del condado de los	pueblo? a ciudad/pueblo	36	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?
e.	Nombre del estado o país e	xtranjero		Sí → PASE a la pregunta 36cNo
32 ¿C LA pai	Código Postal ómo llegó usualmente esta SEMANA PASADA? Marqu ra el medio de transporte que u	e (X) UNA casilla		 b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39 No → PASE a la pregunta 37
	Automóvil, camión o van Autobús Tren subterráneo o elevado Tren de viajes largos o de cercanías Tren ligero, tranvía o tranvía eléctrico Lancha (ferry)	Taxi Motocicleta Bicicleta Caminó Trabajó en el hogar → PASE a la pregunta 40a Otro método		c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo? Sí → PASE a la pregunta 38 No



37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	∐ Sí	Contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	42 DESCRIPCIÓN DEL EMPLEO
38	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporal propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana
	No, debido a otras razones (en la escuela, etc.)	pasada o el empleo más reciente en los últimos 5 años? <i>Marque (X) UNA casilla.</i>
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)
	Hace más de 5 años o nunca trabajó → PASE	GOVERNMENT EMPLOYEE
	a la pregunta 43	Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
40	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en	Gobierno estatal (incluso universidades estatales)
	las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	☐ Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de
3	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por menor?
		otro (agricultura, construcción, servicio,
		achierno etc \?

e.	¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a]	d. Seguro Social o retiro para personal de los ferrocarriles.
	principiante)	□ Sí → \$.00
		No CANTIDAD TOTAL en los
	Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	últimos 12 MESES e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	□ Sí → \$.00
	especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
П	NGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
re re	larque (X) la casilla "Sí" por cada tipo de ingreso que ccibió y anote el mejor estimado de la CANTIDAD TOTAL ccibida durante los ÚLTIMOS 12 MESES. (NOTA: Los últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
h	ace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.
IV in	larque (X) la casilla "No" para mostrar los tipos de gresos NO recibidos.	Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta
S "F	i el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente
le ir	ara ingreso recibido en conjunto, informe la parte que corresponde a cada persona; o, si eso no es posible, forme la cantidad total bajo una sola persona y marque cuadrado"No" para la otra persona.	para la jubilación. No incluya el Seguro Social. □ Sí → \$,00
	Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. <i>Informe la</i>	No CANTIDAD TOTAL en los
	cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.	últimos 12 MESES h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ sí → \$, .00 .00	Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión
	No CANTIDAD TOTAL en los últimos 12 MESES	de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.
b	. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea	
	como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.	Sí → \$.00 No CANTIDAD TOTAL en los
	□ sí → \$ 0.00 □ 2	últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
С	Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.	□ ó \$ 0,000 □
	□ sí → \$,,	Ninguno Pérdida CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los últimos 12 MESES	Continúe con las preguntas para la Persona 3 en la próxima página. Si no hay nadie listado como la Persona 3 en la página 4, PASE a la página 48 para



ver las instrucciones de envío por correo.

Persona 3

Apellido	Pre-escolar o pre-kinder
peliido	Kindergarten
Jombre Inicia	Grado 1 al 12 – Especifique grado 1-12 ⊋
	Estudios universitarios al nivel de licenciatura
Dónde nació esta persona?	(freshman a senior)
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	Escuela graduada o profesional más allá de una licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escuel de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.	¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casil. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
Es esta persona ciudadana de los stados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en los Estados Unidos → <i>PASE a la</i>	Pre-escolar o pre-kinder
pregunta 10a	Kindergarten
Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 – Especifique grado 1-11 ⊋
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización ⊋	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA
	Diploma de escuela secundaria o preparatoria
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
Cuándo vino esta persona a vivir a los	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
stados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
ићо	año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
. En cualquier momento DURANTE LOS ÚLTIMOS	Título de licenciatura universitaria (por ejemplo: BA, BS)
3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental,	DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA
enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de licenciat universitaria (por ejemplo: MD, DDS, DVM, LLB, JL
Escuela o universidad pública	
·	Título de doctorado (por ejemplo: PhD, EdD)



			A	V		
	nta 12 si esta person		a. ¿	Vivía esta persona en e ace 1 año?	esta casa o apa	artamer
	ıra universitaria o ma E a la pregunta 13.	as alto. De		Persona es menor de 1 pregunta 16	año de edad →	PASEa I
				Sí, en esta casa → PAS	SE a la pregunta	16
ICENCIĂTURA or favor, escrib specífico de la ualquier TÍTUL	e enfoca en el TÍTU UNIVERSITARIA do a en letra de moldo concentración de e O DE LICENCIATUR a específico(s) que o	e esta persona. e el título estudio de RA		No, fuera de los Estado Escriba en letra de mo del país extranjero o ls Guam, etc.; luego PAS	lde a continuacio las Vírgenes de	ón el non los EE.U
ecibió. (Por ejen	nplo: ingeniería quím naria, o psicología org	nica, enseñanza		No, en una casa diferer	nte en los Estado	os Unido
			b. <i>i</i>	Dónde vivía esta perso	na hace 1 año	?
			_	Dirección (Número y nom		
			_			
Cuál es la ascer persona?	ndencia u origen ét	nico de esta	N	lombre de la ciudad, pue	blo u oficina d	le corre
			N	lombre del condado de lo	os Estados Uni	dos
	ana iamaicana afric	ana americana		municipio en Puerto Rio		
franco-canadiense nigeriana, mexica a. En su hogar, ¿	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	lombre del estado de los stados Unidos o anote uerto Rico		Postal
camboyana, de Ca franco-canadiense nigeriana, mexica	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote	Código	Postal
camboyana, de Ca franco-canadiense nigeriana, mexica a. En su hogar, a	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote		Postal
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N E P	stados Unidos o anote uerto Rico ene esta persona cober	Código tura ACTUAL	MENTE
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP	stados Unidos o anote uerto Rico ene esta persona cober lquiera de los siguiento ud o planes de cobertur que "Sí" o "No" para CA	Código tura ACTUAL es tipos de se ra de seguro d	MENTE guros de e salud
eamboyana, de Caranco-canadiense iranco-canadiense nigeriana, mexica a. En su hogar, a que no sea ing ☐ Sí ☐ No → PAS	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP P 2Tie cua salu Mai las i a. S	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiento de o planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe	MENTE guros de e salud
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASa ¿Qué idioma o	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, iiana, entre otras. a un idioma	.) NEPP ZTiccua salu Man las I a. S si e:	stados Unidos o anote duerto Rico ene esta persona cober la	tura ACTUAL es tipos de seguro d DA tipo de coba	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASE ¿Qué idioma e Por ejemplo: co	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés? E a la pregunta 15a	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP Language Policy Language Langua	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiente do planes de cobertur reque "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta	tura ACTUAL es tipos de seguro d DA tipo de cobe estro	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma e	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP P Latin Cuasalt Marilas I a. S si es en b. S c c c c . Mai	ene esta persona cober la compania de los siguiento de los siguiento de los siguiento de la cobertura de la compania de la familia de seguro (por esta por cualquier o companía de seguro (por esta por cualquier o companía de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de l	tura ACTUAL es tipos de seguro d DA tipo de cobe estro de de una a persona de la familia) tienen 65	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PAS ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP P ¿Tiecua salu Man las l a. S si ex m b. S cc o c. M ai	ene esta persona cober la de los siguiente la de los siguiente la de los siguiente la de los esta persona cobertura de la siguiente la de la siguiente la del la siguiente la del la siguiente la la siguiente la sig	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. M. ti p.	stados Unidos o anote duerto Rico ene esta persona cober alquiera de los siguiento a de planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro de la familia) dedicare, para personas que ños o más, o personas con o medimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de ttro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma de la	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	L) NEP P Last in the second of the second	stados Unidos o anote duerto Rico ene esta persona cobertula de los siguiente de los siguiente de cobertula de planes de cobertula de planes de cobertula de propose de la familia de seguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro dedicare, para personas que ños o más, o personas con compedimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe entro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. c. Mai ir d. M. ti p. o e. T. f. V	ene esta persona cober la de la cobertura de los siguiente la cobertura de los siguiente la cobertura de la compessa de la cualquier de la familia la compañía de seguro (por esta por cualquier otro miembro de la familia) leguro adquirido directamento de la compañía de seguro (por esta por cualquier otro miembro dedicare, para personas que nos o más, o personas con compedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad la compedimento seguro de sal A (se ha registrado en el sistencia de la compessa de la co	tura ACTUAL es tipos de seguro de DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ind Sí No → PASA ¿Qué idioma de Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. Mt. p. o. e. T. f. V. c.	ene esta persona cober la de la cobertura de los siguiente de los para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamento mpañía de seguro (por esta por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de por cualquier otro miembro de dicare, para personas que nos o más, o personas con conpedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de ser a de seguro d DA tipo de cobe ador o evio, (de etro te de una a persona a de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de VA)	MENTE guros d e salud ertura ei



ı		
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.
Œ	 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. ☐ Sí ☐ No → PASE a la pregunta 18a 	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras? Sí No
	 b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota? 	¿Cuál es el estado civil de esta persona? Casada actualmente Viuda Divorciada
1	No	
Œ	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	SeparadaNunca se ha casado → PASE a la sección J
	☐ Sí	
۱	□ No	En los PASADOS 12 MESES, ¿esta persona –
	b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?	a. se casó?
	□ Sí	c. se divorció?
	□ No	5. 50 4.1.51316.
		22 (Cuéntos vasos ha catado casado cata navasno?
H		¿Cuántas veces ha estado casada esta persona? Una vez Dos veces
T	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	Z4 ¿En qué año se casó la última vez esta persona? Año
	Sí	
۱	□ No	
	b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?	
	Sí	
	L No	
	 c. ¿Tiene esta persona dificultad para vestirse o bañarse? 	
	☐ Sí	
	□ No	

	, 0	27	mili	estado esta persona alguna vez en el servicio tar activo en las Fuerzas Armadas, la Reserva
	sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.			tar o la Guardia Nacional de los Idos Unidos? Marque (X) UNA casilla.
				Nunca estuvo en el servicio militar → PASE a la pregunta 30a
2	En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?			Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
	☐ Sí			En servicio activo ahora
	No			En servicio activo en el pasado, pero no ahora
2	a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?	28	acti	ándo estuvo esta persona en servicio militar vo en las Fuerzas Armadas de los Estados
	Sí		dura	los? Marque (X) una casilla para CADA período ente el cual esta persona estuvo en servicio militar, que fuera sólo por parte del período.
	No → PASE a la pregunta 27			Septiembre del 2001 ó después
	 ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años 			Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
	que viven en esta casa o apartamento?			Mayo del 1975 a julio del 1990
	Sí			Época de Vietnam (agosto del 1964 a abril del 1975)
	No → PASE a la pregunta 27			Guerra de Corea (julio del 1950 a enero del 1955)
	c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto,			Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
	conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.			Febrero del 1955 a julio del 1964
	Menos de 6 meses		H	Enero del 1947 a junio del 1950
	6 a 11 meses		Ш	Noviembre del 1941 ó antes
	1 ó 2 años	29	in	liene esta persona una clasificación de capacidad de la VA relacionada con el
	3 ó 4 años		Se	ervicio?
	5 años o más			Sí (tal como 0%, 10%, 20%,, 100%)
				No → PASE a la pregunta 30a
			b. ¿(Qué por ciento de incapacidad relacionada on el servicio militar tiene esta persona?
				0 por ciento
				10 ó 20 por ciento
				30 ó 40 por ciento
				50 ó 60 por ciento
				70 por ciento o más
-1				



-		
30	a. LA SEMANA PASADA, ¿hizo esta person algún trabajo por paga en un empleo (o negocio)?	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
	Sí → PASE a la pregunta 31	
	No – No trabajó (o está retirada)	¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persor CUALQUIER trabajo por paga, incluso au fuese por una hora?	usualmente viajaron al trabajo en el automóvil,
	Sí	i dicentale)
	No → PASE a la pregunta 36a	
31		un comenzó esta persona su viaje al trabajo? Hora Minutos a.m.
	Si no sabe la dirección exacta, dé una descrip de la localización, tal como el nombre del edi calle o intersección más cercana.	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?
	b. Nombre de la ciudad, pueblo u oficina d	e Minutos
	correos	
	c. ¿Está localizado el lugar de trabajo dent los límites de esa ciudad o pueblo? Sí	trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.
	No, fuera de los límites de la ciudad/pueblo d. Nombre del condado de los Estados Uni	
		Sí → PASE a la pregunta 36c
	e. Nombre del estado o país extranjero	No.
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?
32		
	LA SEMAÑA PASADA? Marque (X) UNA casi para el medio de transporte que utilizó por más distancia.	
	Automóvil, camión o <i>van</i>	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los
	Autobús Motocicle	próximos 6 meses O se le ha dado una fecha
	Tren subterráneo o elevado Bicicleta	Sí → PASE a la pregunta 38
	Tren de viajes largos Caminó o de cercanías	□ No
	Trabajó el hogar → F a la pregu	PASE
	Lancha (ferry) Otro méto	odo



37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	∐ Sí	Contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	42 DESCRIPCIÓN DEL EMPLEO
38	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporal propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana
	No, debido a otras razones (en la escuela, etc.)	pasada o el empleo más reciente en los últimos 5 años? <i>Marque (X) UNA casilla.</i>
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)
	Hace más de 5 años o nunca trabajó → PASE	GOVERNMENT EMPLOYEE
	a la pregunta 43	Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
40	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en	Gobierno estatal (incluso universidades estatales)
	las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	☐ Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de
3	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por menor?
		otro (agricultura, construcción, servicio,
		achierno etc \?

e.	¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a]	d. Seguro Social o retiro para personal de los ferrocarriles.
	principiante)	
		Sí → \$.00
f.	Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
	importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	Sí → \$ 00
	especificaciones del trabajo)	Ψ, .00
		No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
ı	NGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
r	Marque (X) la casilla "Sí" por cada tipo de ingreso que ecibió y anote el mejor estimado de la CANTIDAD TOTAL ecibida durante los ÚLTIMOS 12 MESES. (NOTA: Los últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
	ace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.
	Marque (X) la casilla "No" para mostrar los tipos de ngresos NO recibidos.	Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta
5	i el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
10	Para ingreso recibido en conjunto, informe la parte que e corresponde a cada persona; o, si eso no es posible,	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
	nforme la cantidad total bajo una sola persona y marque I cuadrado"No" para la otra persona.	□ Sí → \$.00
а	. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la	No CANTIDAD TOTAL en los últimos 12 MESES
	cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ Sí → \$,00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	NI-	hijos menores, pensión alimenticia, o pensión
	CANTIDAD TOTAL en los últimos 12 MESES	de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
b	o. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea	una herencia o venta de una casa.
	como propietario único o en sociedad.	□ Sí → \$.00
	Informe el ingreso NETO después de descontar los gastos de negocio.	No CANTIDAD TOTAL en los
	□ sí → \$ 0.00 □	últimos 12 MESES 44 ¿Cuál fue el ingreso total de esta persona durante
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier
	:. Intereses, dividendos, ingreso neto por rentas,	pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de
U	ingreso por derechos de autor, o ingreso por	la cantidad.
	herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.	□ ó \$ □ □ □ □ □
	□ Si → \$.00	Ninguno CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida	
	últimos 12 MESES	Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la Persona 4 en la página 5, PASE a la página 48 para



ver las instrucciones de envío por correo.

Persona 4

contestando las siguientes preguntas. Apellido	Pre-escolar o pre-kinder
	Kindergarten
	Grado 1 al 12 – Especifique
Nombre Inicia	☐ grado 1-12 ⊋
	Estudios universitarios al nivel de licenciatura
¿Dónde nació esta persona?	(freshman a senior)
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	Escuela graduada o profesional más allá de una licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.	2 Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casi. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en los Estados Unidos → PASE a la pregunta 10a	Pre-escolar o pre-kinder
Sí, nació en Puerto Rico, Guam, las Islas Vírgenes	Kindergarten
de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 – Especifique grado 1-11 ⊋
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por	
☐ naturalización – Escriba el año de naturalización 🖟	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA
No, no es ciudadana de los Estados Unidos	Diploma de escuela secundaria o preparatoria
No, no es ciduadana de los Estados Officios	GED o examen equivalente
Cuándo vino esta persona a vivir a los	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
Ēstados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año. Año	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una	Título de licenciatura universitaria (por ejemplo: BA, BS)
escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un	DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA
diploma de escuela secundaria o título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de licencia: universitaria (por ejemplo: MD, DDS, DVM, LLB, Jl
	universitaria (por ejempio. ivio, oos, ovivi, LLB, Ji
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)



			A	V		
	nta 12 si esta person		a. ¿	Vivía esta persona en e ace 1 año?	esta casa o apa	artamer
	ıra universitaria o ma E a la pregunta 13.	as alto. De		Persona es menor de 1 pregunta 16	año de edad →	PASEa I
				Sí, en esta casa → PAS	SE a la pregunta	16
ICENCIĂTURA or favor, escrib specífico de la ualquier TÍTUL	e enfoca en el TÍTU UNIVERSITARIA do a en letra de moldo concentración de e O DE LICENCIATUR a específico(s) que o	e esta persona. e el título estudio de RA		No, fuera de los Estado Escriba en letra de mo del país extranjero o ls Guam, etc.; luego PAS	lde a continuacio las Vírgenes de	ón el non los EE.U
ecibió. (Por ejen	nplo: ingeniería quím naria, o psicología org	nica, enseñanza		No, en una casa diferer	nte en los Estado	os Unido
			b. <i>i</i>	Dónde vivía esta perso	na hace 1 año	?
			_	Dirección (Número y nom		
			_			
Cuál es la ascer persona?	ndencia u origen ét	nico de esta	N	lombre de la ciudad, pue	blo u oficina d	le corre
			N	lombre del condado de lo	os Estados Uni	dos
	ana iamaicana afric	ana americana		municipio en Puerto Rio		
franco-canadiense nigeriana, mexica a. En su hogar, ¿	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	lombre del estado de los stados Unidos o anote uerto Rico		Postal
camboyana, de Ca franco-canadiense nigeriana, mexica	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote	Código	Postal
camboyana, de Ca franco-canadiense nigeriana, mexica a. En su hogar, a	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N	stados Unidos o anote		Postal
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona	dominicana, libanesa, polaca, niana, entre otras.	.) N E P	stados Unidos o anote uerto Rico ene esta persona cober	Código tura ACTUAL	MENTE
camboyana, de Caranco-canadiense inigeriana, mexica a. En su hogar, a que no sea ing	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP	stados Unidos o anote uerto Rico ene esta persona cober lquiera de los siguiento ud o planes de cobertur que "Sí" o "No" para CA	Código tura ACTUAL es tipos de se ra de seguro d	MENTE guros de e salud
eamboyana, de Caranco-canadiense iranco-canadiense nigeriana, mexica a. En su hogar, a que no sea ing ☐ Sí ☐ No → PAS	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, niana, entre otras.	.) NEP P 2Tie cua salu Mai las i a. S	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiento de o planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe	MENTE guros de e salud
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASa ¿Qué idioma o	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés?	dominicana, libanesa, polaca, iiana, entre otras. a un idioma	.) NEPP ZTiccua salu Man las I a. S si e:	stados Unidos o anote duerto Rico ene esta persona cober la	tura ACTUAL es tipos de seguro d DA tipo de coba	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASE ¿Qué idioma e Por ejemplo: co	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona lés? E a la pregunta 15a	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP Language Policy Language Langua	stados Unidos o anote duerto Rico ene esta persona cober liquiera de los siguiente do planes de cobertur reque "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta	tura ACTUAL es tipos de seguro d DA tipo de cobe estro	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma e	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP P Latin Cuasalt Marilas I a. S si es en b. S c c c c . Mai	ene esta persona cober la compania de los siguiento de los siguiento de los siguiento de la cobertura de la compania de la familia de seguro (por esta por cualquier o companía de seguro (por esta por cualquier o companía de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de seguro (por esta por cualquier otro miembro de la compania de l	tura ACTUAL es tipos de seguro d DA tipo de cobe estro de de una a persona de la familia) tienen 65	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PAS ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran thabla esta persona tlés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	.) NEPP P ¿Tiecua salu Man las l a. S si ex m b. S cc o c. M ai	ene esta persona cober la de los siguiente la de los siguiente la de los siguiente la de los esta persona cobertura de la siguiente la de la siguiente la del la siguiente la del la siguiente la la siguiente la sig	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. M. ti p.	stados Unidos o anote duerto Rico ene esta persona cober alquiera de los siguiento a de planes de cobertur que "Sí" o "No" para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro de la familia) dedicare, para personas que ños o más, o personas con o medimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in	tura ACTUAL es tipos de seguro d DA tipo de cobe ador o evio, (de ttro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma de la	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	L) NEP P Last in the second of the second	stados Unidos o anote duerto Rico ene esta persona cobertula de los siguiente de los siguiente de cobertula de planes de cobertula de planes de cobertula de propose de la familia de seguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamen ompañía de seguro (por esta por cualquier otro miembro dedicare, para personas que ños o más, o personas con compedimentos dedicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de seu ra de seguro d DA tipo de cobe entro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo	MENTE guros d e salud ertura er
amboyana, de Caranco-canadiense igeriana, mexica En su hogar, a que no sea ing Sí No → PASA ¿Qué idioma o Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. c. Mai ir d. M. ti p. o e. T. f. V	ene esta persona cober la de la cobertura de los siguiente la cobertura de los siguiente la cobertura de la compessa de la cualquier de la familia la compañía de seguro (por esta por cualquier otro miembro de la familia) leguro adquirido directamento de la compañía de seguro (por esta por cualquier otro miembro dedicare, para personas que nos o más, o personas con compedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad la compedimento seguro de sal A (se ha registrado en el sistencia de la compessa de la co	tura ACTUAL es tipos de seguro de DA tipo de cobe ador o evio, (de etro te de una a persona de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de	MENTE guros d e salud ertura er
amboyana, de Ca anco-canadiense igeriana, mexica En su hogar, a que no sea ind Sí No → PASA ¿Qué idioma de Por ejemplo: co ¿Cuán bien ha Muy bien Bien No bien	abo Verde, noruega, e, haitiana, coreana, l na, taiwanesa, ucran habla esta persona glés? E a la pregunta 15a es ese?	dominicana, libanesa, polaca, niana, entre otras. a un idioma ñol, vietnamés	b. Sc. co. c. Maiir d. Mt. p. o. e. T. f. V. c.	ene esta persona cober la de la cobertura de los siguiente de los para CA respuestas a-h. eguro a través de su emplea indicato (union), actual o presta persona o de cualquier o niembro de la familia) eguro adquirido directamento mpañía de seguro (por esta por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de la familia) eguro adquirido directamento por cualquier otro miembro de por cualquier otro miembro de dicare, para personas que nos o más, o personas con conpedimentos ledicaid, Medical Assistance po de plan de asistencia gulara esas personas con un in incapacidad	tura ACTUAL es tipos de ser a de seguro d DA tipo de cobe ador o evio, (de etro te de una a persona a de la familia) tienen 65 ciertos o cualquier pernamental greso bajo ud militar tema de VA)	MENTE guros d e salud ertura ei



	_	
Persona 4		

G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.
Œ	Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?
	 No → PASE a la pregunta 18a ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota? Sí No 	¿Cuál es el estado civil de esta persona? Casada actualmente Viuda Divorciada
1	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Separada Nunca se ha casado → PASE a la sección ■
	 Sí No b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes? Sí No 	En los PASADOS 12 MESES, ¿esta persona – Sí No a. se casó? b. enviudó? c. se divorció? 23 ¿Cuántas veces ha estado casada esta persona?
H	Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.	Una vez Dos veces Tres veces o más
1	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones? Sí No b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras? Sí No c. ¿Tiene esta persona dificultad para vestirse o bañarse? Sí No	¿En qué año se casó la última vez esta persona? Año



	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.	¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. Nunca estuvo en el servicio militar → PASE a la
2	En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí No	 pregunta 30a Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a En servicio activo ahora En servicio activo en el pasado, pero no ahora
2		En servicio activo en el pasado, pero no ahora 28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975) Guerra de Corea (julio del 1950 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946) Febrero del 1955 a julio del 1964 Enero del 1955 a julio del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 ó antes 29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio? Sí (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? 0 por ciento 10 ó 20 por ciento 30 ó 40 por ciento 50 ó 60 por ciento 70 por ciento o más



30	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
	Sí → PASE a la pregunta 31	
	No – No trabajó (o está retirada)	33 ¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?	usualmente viajaron al trábajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
	Sí	
	No → PASE a la pregunta 36a	
31	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección (Número y nombre de la calle)	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m.
	a. Dirección (Numero y nombre de la calle)	p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?
	 Nombre de la ciudad, pueblo u oficina de correos 	Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?
	e. Nombre del estado o país extranjero	Sí → PASE a la pregunta 36c
	e. Nombre dei estado o país extranjero	□ No
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia,
32	¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.	mal tiempo, etc. → PASE a la pregunta 39 No → PASE a la pregunta 37
		c. ¿Se le ha informado a esta persona que será
	Automóvil, camión o <i>van</i>	llamada de nuevo a trabajar dentro de los
	Automóvil, camión o <i>van</i> Autobús Taxi Motocicleta	
		llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha
	Autobús Motocicleta	llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?
	Autobús Motocicleta Tren subterráneo o elevado Bicicleta Tren de viajes largos Caminó	Ilamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo? Sí → PASE a la pregunta 38 No

37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	∐ Sí	Contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	42 DESCRIPCIÓN DEL EMPLEO
38	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporal propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana
	No, debido a otras razones (en la escuela, etc.)	pasada o el empleo más reciente en los últimos 5 años? <i>Marque (X) UNA casilla.</i>
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)
	Hace más de 5 años o nunca trabajó → PASE	GOVERNMENT EMPLOYEE
	a la pregunta 43	Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
40	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en	Gobierno estatal (incluso universidades estatales)
	las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	☐ Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de
3	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por menor?
		otro (agricultura, construcción, servicio,
		achierno etc \?

e.	¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a]	d. Seguro Social o retiro para personal de los ferrocarriles.
	principiante)	Terrocarries.
		□ Sí → \$.00
f.	Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
	importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	□ Sí → \$,00
	especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
ı	NGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
r	Marque (X) la casilla "Sí" por cada tipo de ingreso que ecibió y anote el mejor estimado de la CANTIDAD TOTAL ecibida durante los ÚLTIMOS 12 MESES. (NOTA: Los últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
	pace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por
	Marque (X) la casilla "No" para mostrar los tipos de ngresos NO recibidos.	discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta
5	Si el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
1	Para ingreso recibido en conjunto, informe la parte que e corresponde a cada persona; o, si eso no es posible, nforme la cantidad total bajo una sola persona y marque	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
ϵ	el cuadrado"No" para la otra persona.	Sí → \$.00
ê	Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	No CANTIDAD TOTAL en los últimos 12 MESES
	impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ Sí → \$.00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	No CANTIDAD TOTAL en los últimos 12 MESES	hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
k	o. Ingreso de empleo por cuenta propia en su	una herencia o venta de una casa.
	negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.	□ Sí → \$.00
	Informe el ingreso NETO después de descontar	
	los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
	Sí → \$,,	¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
C	e. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.	□ ó \$ 00 □
	pequenas acreunauas a una cuema.	Ninguno Pérdida
	□ Sí → \$,,	CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	Continúe con las preguntas para la Persona 5 en la próxima página. Si no hay nadie listado como la Persona 5 en la página 6, PASE a la página 48 para



ver las instrucciones de envío por correo.

Persona 5

	ntestando las siguientes preguntas.	Pre-escolar o pre-kinder
		Kindergarten
		Grado 1 al 12 – Especifique
Nor	mbre Inicia	☐ grado 1-12 ⊋
		Estudios universitarios al nivel de licenciatura
¿De	ónde nació esta persona?	(freshman a senior)
	En los Estados Unidos – Escriba en letra de molde el nombre del estado.	Escuela graduada o profesional más allá de una licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
	Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.	¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casi Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
		NO HA COMPLETADO NINGÚN GRADO
		No ha completado ningún grado
	s esta persona ciudadana de los ados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
	Sí, nació en los Estados Unidos → PASE a la pregunta 10a	Pre-escolar o pre-kinder
	Sí, nació en Puerto Rico, Guam, las Islas Vírgenes	Kindergarten
	de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 – Especifique grado 1-11 _₹
	Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
П	Sí, es ciudadana de los Estados Unidos por	
	naturalización – <i>Escriba el año de</i> naturalización _k	Grado 12, SIN DIPLOMA
		GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA
	No. no positudo do no do los Estados Unidos	Diploma de escuela secundaria o preparatoria
Ш	No, no es ciudadana de los Estados Unidos	GED o examen equivalente
¿Cı	uándo vino esta persona a vivir a los ados Unidos? Si esta persona vino a vivir a los	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
Est	ados Unidos más de una vez, escriba el último año.	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
Año		1 año o más de créditos universitarios, sin título
L		Título asociado universitario (por ejemplo: AA, AS
	En cualquier momento DURANTE LOS ÚLTIMOS	Título de licenciatura universitaria (por ejemplo: BA, BS)
e	B MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental,	DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA
e	enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
[No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de licencia universitaria (por ejemplo: MD, DDS, DVM, LLB, J
	Escuela o universidad pública	
	Escuela o universidad privada o enseñanza	Título de doctorado (por ejemplo: PhD, EdD)
	en el hogar	



	Conteste la pregunta 12 si esta persona tiene un	1 a	Vivía ع 1 hace	esta persona e l año?	en esta c	asa o apa	artam	ento
	ítulo de licenciatura universitaria o más alto. De o contrario, PASE a la pregunta 13.			ersona es menor o regunta 16	de 1 año d	de edad →	PASE	a la
			Sí	í, en esta casa → I	PASE a la	pregunta	16	
E e c	esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA JNIVERSITARIA específico(s) que esta persona		□ Es de	o, fuera de los Est scriba en letra de el país extranjero uam, etc.; luego F	molde a c o Islas Vír	ontinuacion genes de	ón el r los EE	nomb
	ecibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)			o, en una casa dif	erente en	los Estado	os Uni	idos
		h		Puerto Rico de vivía esta pe	reona ha	co 1 año	.2	
		"	_	ión (Número y n				
į	Cuál es la ascendencia u origen étnico de esta					e		
p	persona?		Nombr	re de la ciudad, _l	pueblo u	oficina d	le cor	reos
			Nombr	re del condado d	la las Fst	ados Uni	idos	
_	Par siample, italiana ismaisana africana americana			icipio en Puerto		auos Om	uus	
С	Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana,							
f	ranco-canadiense, haitiana, coreana, libanesa, polaca,							
	pigariana mavicana taiwanasa ucraniana antra otras l							
	nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)			re del estado de				
n	nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés?			s Unidos o anot		Código	Post	al
n	ı. En su hogar, ¿habla esta persona un idioma		Estado	s Unidos o anot		Código	Post	al
n	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí	a :	Estado Puerto	s Unidos o anot Rico	te			
a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a	C	Estado Puerto Tiene es	os Unidos o anot o Rico sta persona col era de los siguie	bertura A	ACTUAL os de seg	MEN ⁻	TE de
a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí	C	Estado Puerto Fiene es ualquie alud o p	os Unidos o anot o Rico sta persona col	bertura A	ACTUAL os de seguro d	MEN ⁻ guros le salı	TE de
a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a	c sa N lá	Fiene esualquie alud o plarque "Is respue	sta persona col ora de los siguie olanes de cober 'Sí" o "No" para estas a-h.	bertura A entes tipo rtura de s CADA tip	ACTUAL os de se seguro d	MEN ⁻ guros le salu ertura	TE de de ud?
a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a 2. ¿Qué idioma es ese?	c sa N lá	Fiene es ualquie alud o parque "ss respue Seguro sindicat	sta persona col ra de los siguie planes de cober Sí" o "No" para estas a-h. a través de su em o (union), actual o	bertura A entes tipe rtura de s CADA tip pleador o previo, (d	ACTUAL os de ses seguro d	MEN ⁻ guros le salı	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés	c sa N lá	Fiene es ualquie alud o puerto sindicat esta per	sta persona col ra de los siguie blanes de cober 'Sí" o "No" para estas a-h.	bertura A entes tipe rtura de s CADA tip pleador o previo, (d	ACTUAL os de ses seguro d	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a 2. ¿Qué idioma es ese?	C Si N la a.	Fiene es ualquie alud o p Marque " Seguro sindicat esta per miembr Seguro	sta persona col era de los siguie planes de cober 'Sí" o "No" para estas a-h. a través de su em to (union), actual o rsona o de cualquiro de la familia) adquirido directan	bertura A entes tipertura de s CADA tipe pleador o previo, (dier otro	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés	C Si N la a.	Fiene estalquie alud o pura se respue sindicat esta per miembr Seguro compañ	sta persona colora de los siguie blanes de cober (Sí" o "No" para estas a-h. a través de su em (union), actual o rsona o de cualquiro de la familia) adquirido directantía de seguro (por	bertura A entes tipertura de s CADA tipe pleador o previo, (der otro	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a 2. ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés 2. ¿Cuán bien habla esta persona el inglés?	Signal Si	Fiene es ualquie alud o puerto sindicat esta per miembr Seguro compaño o por cu Medicar	sta persona col ra de los siguie blanes de cober Sí" o "No" para estas a-h. co (union), actual o rsona o de cualqui ro de la familia) adquirido directan fia de seguro (por ualquier otro miem re, para personas o	bertura A enter tipertura de se CADA tipe pleador o previo, (der otro mente de u esta personbro de la eque tienen	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien	Signal Si	Fiene es ualquie alud o puerto sindicat esta per miembr Seguro compaño o por cu Medicar	sta persona col ra de los siguie blanes de cober (Sí" o "No" para estas a-h. a través de su em to (union), actual o rsona o de cualqui ro de la familia) adquirido directan fía de seguro (por ualquier otro miem re, para personas o más, o personas o	bertura A entes tiportura de se CADA tipo pleador o previo, (der otro mente de u esta personbro de la eque tienen	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	Si N lá a.	Fiene es ualquie alud o parque "ss respue sindicat esta per miembr Seguro compaño o por cu Medicar años o i impedir	sta persona colora de los siguies blanes de cobera de los siguies blanes de cobera de cobera de cobera de los siguies blanes de cobera de los siguies de la través de su empresona o de cualquiro de la familia) adquirido directantía de seguro (por ualquier otro miemo re, para personas comentos	bertura A entes tipe rtura de s CADA tip pleador o previo, (der otro mente de u esta perso nbro de la que tienen on ciertos	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien	Si N lá a.	Fiene estado Puerto Fiene estado o puerto esta permiembro compaño o por cue Medicaraños o impediro de estado de esta permiembro compaño o por cue Medicaraños o impediro de estado de est	sta persona colora de los siguies de los siguies de cober (Sí" o "No" para estas a-h. a través de su emico (union), actual o resona o de cualquiro de la familia) adquirido directan fía de seguro (por ualquier otro miemo re, para personas comás, o personas comentos id, Medical Assista plan de asistencia	bertura / entes tipertura de s CADA tip pleador o previo, (der otro mente de u esta perso abro de la s que tienen on ciertos ance o cual gubernam	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	Si N lá a.	Fiene estado Puerto Fiene estado o puerto esta permiembro compaño o por cue Medicaraños o impediro de estado de esta permiembro compaño o por cue Medicaraños o impediro de estado de est	sta persona col ra de los siguie blanes de cober (Sí" o "No" para estas a-h. Ta través de su em to (union), actual o rsona o de cualqui ro de la familia) adquirido directan fía de seguro (por ualquier otro miem re, para personas co más, o personas co mentos id, Medical Assista plan de asistencia as personas con un	bertura / entes tipertura de s CADA tip pleador o previo, (der otro mente de u esta perso abro de la s que tienen on ciertos ance o cual gubernam	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	b.	Fiene estado Puerto Fiene estado puerto Fiene estado puerto esta permiembro compaño o por cue miembro de para esta o incapara esta o incapara esta permiembro de para esta permiembro de para esta o incapara esta o incapar	sta persona col ra de los siguie blanes de cober (Sí" o "No" para estas a-h. Ta través de su em to (union), actual o rsona o de cualqui ro de la familia) adquirido directan fía de seguro (por ualquier otro miem re, para personas co más, o personas co mentos id, Medical Assista plan de asistencia as personas con un	bertura A entes tipertura de se CADA tipe pleador o previo, (dier otro mente de u esta personabro de la que tienen on ciertos ance o cual gubernam n ingreso la compansa de	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	b. c.	Fiene estado Puerto Fiene estado puerto Fiene estado puerto estado permiembro esta permiembro compaño o por cue Medicar años o impediro de para esta o incapa esta o incapa esta o incapa estado est	sta persona colora de los siguies blanes de cobera de los siguies blanes de cobera de cobera de cobera de los siguies blanes de cobera de cobera de cobera de la través de su empo (union), actual o resona o de cualquiro de la familia) adquirido directaniá de seguro (por ualquier otro miemo re, para personas comás, o personas comentos de la familia de asistencia as personas con un acidad	bertura A entes tipertura de se CADA tipe pleador o previo, (der otro mente de u esta personabro de la que tienen on ciertos ance o cual gubernam n ingreso de salud mil sistema de sistema	ACTUAL os de seguro do de cobo	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	b. c. d.	Fiene estado Puerto Fiene estado puerto Fiene estado puerto Fiene estado puerto Fiene estado puerto Fien	esta persona colora de los siguies blanes de cobera de los siguies blanes de cobera de	bertura A entes tipe rtura de s CADA tip pleador o previo, (d er otro mente de u esta perso abro de la que tienen on ciertos ance o cual gubernam n ingreso e salud mil l sistema d de la VA)	ACTUAL os de ses seguro d de cobo de de una familia) 65 Iquier nental bajo itar	MEN ⁻ guros le salu ertura	TE de de ud?
n a	a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	b. c. d.	Fiene estado Puerto Fiene estado puerto Fiene estado puerto sindicatesta permiembro compaño o por cum Medicare tipo de para esta o incapara esta o incapara esta cuidado Servicio Cualquie	sta persona colora de los siguies blanes de cober estas a-h. a través de su em estas a-h. adquirido directan adquirido dire	bertura A entes tipe rtura de s CADA tip pleador o previo, (d ier otro mente de u esta perso abro de la s que tienen on ciertos ance o cual gubernam n ingreso l e salud mil l sistema d de la VA) dian Healtl guro de sal	ACTUAL os de ses seguro de de cobe de	MEN ⁻ guros le salu ertura	TE de de ud?



Persona 5	
Parenna 4	
i Gigulia y	

	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.
)	a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud No incluye los copagos, deducibles ni otros gastos,	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir consultorio de un médico o ir de compras?
	tales como los costos de las medicinas recetadas.	☐ Sí
	□ Sí	No
	No → PASE a la pregunta 18a	
	b. ¿Recibe esta persona o algún otro miembro	21 ¿Cuál es el estado civil de esta persona?
	de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda	Casada actualmente
	para pagar la prima o cuota?	☐ Viuda
	∐ Sí	Divorciada
	∐ No	Separada
)	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Nunca se ha casado → PASE a la sección J
	□ Sí	En los PASADOS 12 MESES, ¿esta persona –
	□ No	Sí No
	b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?	a. se casó?
		c. se divorció?
	□ Sí	c. se divorcio?
	No	¿Cuántas veces ha estado casada esta persona?
	Conteste las preguntas 19a – c si esta persona	Una vez
	tiene 5 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.	Dos veces
	mstracciones de envio en la pagina 40.	Tres veces o más
)	a. Debido a una condición física, mental o	Ties veces o mas
	emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar	¿En qué año se casó la última vez esta persona?
	decisiones?	Año
	□ Sí	
	□ No	
	b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?	
	Sí	
	□ No	
	c. ¿Tiene esta persona dificultad para vestirse o bañarse?	
	Sí	



	, 0	27	mili	estado esta persona alguna vez en el servicio tar activo en las Fuerzas Armadas, la Reserva
	sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.			tar o la Guardia Nacional de los Idos Unidos? Marque (X) UNA casilla.
				Nunca estuvo en el servicio militar → PASE a la pregunta 30a
2	En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?			Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
	☐ Sí			En servicio activo ahora
	No			En servicio activo en el pasado, pero no ahora
2	a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?	28	acti	ándo estuvo esta persona en servicio militar vo en las Fuerzas Armadas de los Estados
	Sí		dura	los? Marque (X) una casilla para CADA período ente el cual esta persona estuvo en servicio militar, que fuera sólo por parte del período.
	No → PASE a la pregunta 27			Septiembre del 2001 ó después
	 ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años 			Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
	que viven en esta casa o apartamento?			Mayo del 1975 a julio del 1990
	Sí			Época de Vietnam (agosto del 1964 a abril del 1975)
	No → PASE a la pregunta 27			Guerra de Corea (julio del 1950 a enero del 1955)
	c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto,			Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
	conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.			Febrero del 1955 a julio del 1964
	Menos de 6 meses		H	Enero del 1947 a junio del 1950
	6 a 11 meses		Ш	Noviembre del 1941 ó antes
	1 ó 2 años	29	in	liene esta persona una clasificación de capacidad de la VA relacionada con el
	3 ó 4 años		Se	ervicio?
	5 años o más			Sí (tal como 0%, 10%, 20%,, 100%)
				No → PASE a la pregunta 30a
			b. ¿(Qué por ciento de incapacidad relacionada on el servicio militar tiene esta persona?
				0 por ciento
				10 ó 20 por ciento
				30 ó 40 por ciento
				50 ó 60 por ciento
				70 por ciento o más
-1				



30	 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)? Sí → PASE a la pregunta 31 	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
	 No - No trabajó (o está retirada) b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora? Sí No → PASE a la pregunta 36a 	¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
31)	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección (Número y nombre de la calle)	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?
	b. Nombre de la ciudad, pueblo u oficina de correos	Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?
	e. Nombre del estado o país extranjero	Sí → PASE a la pregunta 36cNo
32	f. Código Postal ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.	 b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39 No → PASE a la pregunta 37
	Automóvil, camión o van	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo? Sí → PASE a la pregunta 38 No



37)	Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
		, , ,
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
8	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo má
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporal propia No, debido a otras razones (en la escuela, etc.)	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los último
	ivo, debido a otras razones (en la escuera, etc.)	5 años? Marque (X) UNA casilla.
9	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)
	Hace más de 5 años o nunca trabajó → PASE	GOVERNMENT EMPLOYEE
	a la pregunta 43	Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
0	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Încluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de
D	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por menor?
		otro (agricultura, construcción, servicio,



e.	¿Cuál era la ocupación principal de esta persona?	d. Seguro Social o retiro para personal de los
	(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	ferrocarriles.
	primorpiante,	□ Sí → \$.00
		No CANTIDAD TOTAL en los últimos 12 MESES
т.	Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	
	especificaciones del trabajo)	Sí → \$.00
		No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
П	NGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
re re	larque (X) la casilla "Sí" por cada tipo de ingreso que ecibió y anote el mejor estimado de la CANTIDAD TOTAL ecibida durante los ÚLTIMOS 12 MESES. (NOTA: Los últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
	ace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por
	larque (X) la casilla "No" para mostrar los tipos de gresos NO recibidos.	discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta
S	i el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
	ara ingreso recibido en conjunto, informe la parte que	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
le ir	corresponde a cada persona; o, si eso no es posible, forme la cantidad total bajo una sola persona y marque	
	cuadrado"No" para la otra persona.	Sí → \$ 1.00
а	Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	No CANTIDAD TOTAL en los últimos 12 MESES
	impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ sí → \$ 0.00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	No CANTIDAD TOTAL en los	hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor
h	últimos 12 MESES . Ingreso de empleo por cuenta propia en su	cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.
D	negocio no agrícola o finca comercial, ya sea	000.000
	como propietario único o en sociedad. Informe el ingreso NETO después de descontar	Sí → \$.00
	los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
	□ sí → \$	4 ¿Cuál fue el ingreso total de esta persona durante
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
C	Intereses, dividendos, ingreso neto por rentas,	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades	
	pequeñas acreditadas a una cuenta.	Ninguno Pérdida
	□ Sí → \$,	CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	Ahora continúe con las instrucciones sobre envío por correo en la página 48.
		po. Joilog on la pagina 10.



La página 47 se ha dejado en blanco intencionalmente	



Instrucciones sobre envío por correo

🔁 Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3, 4, 5, 6 y 7
- contestado todas las preguntas sobre Vivienda
- contestado todas las preguntas sobre Personas para cadapersona

Entonces...

 coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

 asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre

Gracias por participar en la Encuesta sobre la Comunidad Estadounidense.

POP EDIT PHONE JIC1 JIC2 EDIT CLERK TELEPHONE CLERK JIC3 JIC4

La Oficina del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a acso.pra@census.gov; escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Por favor, NO DEVUELVA su cuestionario a esta dirección. Use el sobre predirigido adjunto para devolver su cuestionario completado.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.

Form ACS-1(SP)(2020) (03-18-2019)



census.gov/acs 1-877-833-5625

Preguntas Frecuentes

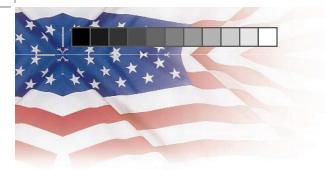


Si necesita ayuda para completar su cuestionario, llame sin cargo alguno al: 1-877-833-5625 Publicado 02-19-2019 ACS-10SM(SP)(2020)









¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense recopila información en forma continua sobre las características de la población y vivienda para la nación, los estados, ciudades, condados, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad Estadounidense, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad Estadounidense?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad Estadounidense, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

Preguntas Frecuentes

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad Estadounidense?

Sí. La ley requiere que usted conteste esta encuesta. (Título 13, Código de los Estados Unidos, Secciones 141,193 y 221).

El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas del Negociado del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Si. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este 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 trasmiten su información.

Por ley, todo empleado de la Oficina del Censo—incluso el Director y todos los representantes de campo—han tomado un juramento, y pueden ser encarcelados, multados, o ambos si divulgan CUALQUIER información que lo identificara a usted o a su hogar.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Red census.gov/acs, o llame al 1-877-833-5625 si necesita asistencia o más información.







Washington, DC 20233 Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Recientemente, la Oficina del Censo le envií a su hogar una carta acerca de la Encuesta sobre la Comunidad Estadounidense. Hay dos maneras de completar la encuesta. Por favor, escoja una SOLAMENTE.

Opción 1: Vaya a https://respond.census.gov/acs para completar la encuesta por Internet. Para entrar a la encuesta, usted necesitar Ü la informacií n de la etiqueta de direccií n del cuestionario que se incluye.

Opción 2: Complete el cuestionario que se incluye y devuälvalo por correo.

Esta encuesta recopila informacií n vital actualizada que se utiliza para responder a las necesidades de las comunidades en los Estados Unidos. Por ejemplo, los resultados de esta encuesta se usan para determinar dí nde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Esta informacií n tambiän ayuda a las comunidades a prepararse para las emergencias que los pueden afectar a usted y a sus vecinos, tales como inundaciones y otros desastres naturales.

La Oficina del Censo de los EE. UU. escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted estü obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. estü obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estün protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacií n. El folleto que acompaèa esta carta contesta a algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar la encuesta, por favor, llame sin cargo a nuestro nômero de teläfono (1–800–354–7271).

Gracias.

Atentamente,

Steven D. Dillingham

O. Pelly

Documentos adjuntos



Washington, DC 20233 Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace aproximadamente dos semanas, la Oficina del Censo de los EE. UU. envií a su direccií n unas instrucciones para que completara la Encuesta sobre la Comunidad Estadounidense. Le pedimos que nos ayudara con esta encuesta proveyendo su informacií n por internet. Todavça no hemos recibido su respuesta.

Si usted ya ha completado la encuesta, le damos las gracias. Si no, por favor, complätela pronto usando UNA de las siguientes opciones:

Opción 1: Vaya a **https://respond.census.gov/acs** para completar la encuesta por Internet. **Opción 2:** Llene y devuelva el cuestionario adjunto.

Esta encuesta es de tanta importancia que, si no recibimos su repuesta, es posible que un representante de la Oficina del Censo se comunique con usted por teläfono o lo visite en su hogar.

La informacií n recopilada por esta encuesta ayudarÜ a decidir dí nde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. La informacií n tambiän se utiliza para crear programas para reducir el trÜfico, proveer capacitacií n para el empleo y planificar el cuidado de salud de los ancianos.

La Oficina del Censo escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacií n. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda para completar la encuesta, llame sin cargos a nuestro nômero de teläfono (1–800–354–7271).

Muchas gracias.

Atentamente,

Steven D. Dillingham

Documentos adjuntos



National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



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

Within the last few weeks, the U.S. Census Bureau mailed American Community Survey questionnaire packages to your address twice. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

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

ACS-23(SP)(2020) (03-06-2019)

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le envií a su hogar dos veces un paquete que contiene el cuestionario para la Encuesta sobre la Comunidad Estadounidense. **Usted estÜ obligado(a) por ley a responder a esta encuesta.** La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacií n. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complätelo y envælo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su paçs. Si no llena y envça su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teläfono o necesita ayuda, llame sin cargos al (1–877–833–5625).

O. Pelly

Gracias.

Atentamente.

Steven D. Dillingham

ACS-23(SP)(2020) (03-06-2019)



tun O. Pelly

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

Within the last few weeks, the U.S. Census Bureau mailed American Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

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

then O. Pelly

ACS-23(SP)(2020) (03-06-2019)

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le envií a su hogar dos veces un paquete que contiene el cuestionario para la Encuesta sobre la Comunidad Estadounidense. **Usted estü obligado(a) por ley a responder a esta encuesta**. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernàtica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernàtica mediante los controles aplicados a los sistemas que trasmiten su informacií n. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complätelo y envælo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su paçs. Si no llena y envça su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teläfono o necesita ayuda, llame sin cargos al (1–877–833–5625).

Gracias.

Atentamente,

Steven D. Dillingham

O. Pelly

ACS-23(SP)(2020) (03-06-2019)



National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300



U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



Census Bureau

U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS
Penalty for Private Use \$300

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



Un mensaie del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le ha pedido varias veces que conteste la Encuesta sobre la Comunidad Estadounidense. El momento para completar la encuesta es ahora, si es que usted todava no la ha contestado. Por favor llene el cuestionario y envelo inmediatamente o vaya a https://respond.census.gov/acs para completar la encuesta por Internet.

Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los løderes a nivel local y nacional usan la informacií n de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1–877–833–5625). Gracias.

Atentamente.

Steven D. Dillingham

ACS-29(SP)(2020) (03-06-2019)

ACS-29(SP)(2020) (03-06-2019)



Her O. Delly

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le ha pedido varias veces que conteste la Encuesta sobre la Comunidad Estadounidense. El momento para completar la encuesta es ahora, si es que usted todava no la ha contestado. Por favor llene el cuestionario y envælo inmediatamente o vaya a https://respond.census.gov/acs para completar la encuesta por Internet.

Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los l

igueres a nivel local y nacional usan la informacií n de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1–877–833–5625). Gracias.

Atentamente.

Steven D. Dillingham



Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le ha pedido varias veces que conteste la Encuesta sobre la Comunidad Estadounidense. El momento para completar la encuesta es ahora, si es que usted todava no la ha contestado. Por favor llene el cuestionario y envelo inmediatamente o vaya a https://respond.census.gov/acs para completar la encuesta por Internet

Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los loderes a nivel local y nacional usan la informacií n de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1–877–833–5625). Gracias.

Atentamente.

Steven D. Dillingham

ACS-29(SP)(2020) (03-06-2019)



Her O. Pelly

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le ha pedido varias veces que conteste la Encuesta sobre la Comunidad Estadounidense. El momento para completar la encuesta es ahora, si es que usted todava no la ha contestado. Por favor llene el cuestionario y envelo inmediatamente o vaya a https://respond.census.gov/acs para completar la encuesta por Internet.

Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los lod local y nacional usan la informacií n de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1–877–833–5625). Gracias.

Atentamente.

Steven D. Dillingham

ACS-29(SP)(2020) (03-06-2019)

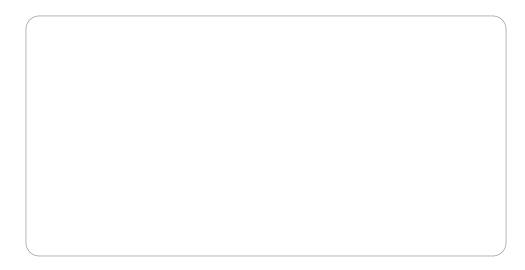


PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300



Encuesta sobre la Comunidad Estadounidense

SU RESPUESTA ES REQUERIDA POR LEY

The American Community Survey

YOUR RESPONSE IS REQUIRED BY LAW





2'

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

2"

U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300

2"

	2-1/2"
5"	

Encuesta sobre la Comunidad Estadounidense

SU RESPUESTA ES REQUERIDA POR LEY

The American Community Survey

YOUR RESPONSE IS REQUIRED BY LAW

11-5/8"





OFFICIAL BUSINESS Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

	draft 4 (12-12-2018) 6385-47(2020) enve	elope 9 x 11-1/2" W ope	en window 5 x 7/8					
	OFFICIAL BUSINESS Penalty for Private Use \$300		1-7/8"	9"			NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
	2"				7.01			
				5"	7/8"			
			INESS SS MAIL PERMI		LY MASHINGTON I			
	•	POSTAGE	WILL BE PAID	BY THE U.S. (CENSUS BURE	EAU		
		DIRECTOR U.S. CENSU PO BOX 524 JEFFERSONVI	0	9-5240				Flap side
	11-1/2"							_
				8-3/4"				
		6-1/5"						
					լրորորդուրր	49 49 49 4	հերգիլիգ]]]]ես <u>լ</u>	
_	6385-47(2020) (12-12-2018)					14 000000000 4719		



La Encuesta sobre la Comunidad de Puerto Rico

Por favor, complete este cuestionario y devuélvalo tan pronto como sea posible después de recibirlo por correo.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-800-814-8385. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free 1-800-717-7381. You can also request a questionnaire in English, or complete your interview over the phone with an English-speaking interviewer.

Para más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: https://www.census.gov/acs

Comience Aquí

•	Por favor.	escriba la 1	echa de h	ov en let	ra de mold	e.
	Mes	Día	Año	,		··
)	de teléfon cuestiona	escriba en lo de la pers rio. Nos com para asuntos	sona que e nunicaremo	e stá com p os con uste	oletando es ed solo si es	s te
	Apellido					
	Nombre					Inicial
	Código de	área y núme	ro de teléfo	ono		
		personas es	stán vivier	ndo o que	dándose e	n esta
	por más o	? A a todas las _l de 2 meses. ASE a usted r A a cualquier	nismo si viv	ve aquí por	más de 2 me	eses.
	 NO INCL más de 2 	r donde qued UYA a cualque meses, tal cougar o persona	arse, aunqu uier persona mo un estu	e esté aquí a que viva d diante univ	por 2 meses en otro lugar rersitario que	s o menos. r por e vive
	Número d	e personas				

Complete las páginas 2, 3, 4, 5, 6 y 7 para todas las personas, incluyéndose austed mismo, que estén viviendo

o quedándose en esta dirección pormás de 2 meses.

Luego, complete el resto del cuestionario.

FORM **ACS-1PR(SP)(2020)**(03-18-2019) Draft 2

Núm. de OMB 0607-0810 Núm. de OMB 0607-0936



(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona, comience con el nombre de cualquier adulto que está viviendo o quedándose aquí.)

¿Cuál es el no	mbre de la Pe	rsona 1	1?	
Apellido (Por fav	or, escriba en let	ra de mo	olde)	
Nombre				lı İ
¿Cómo está re Persona 1?	elacionada est	a pers	ona con	la
X Persona 1				
¿Cuál es el se Marque (X) UN		na 1?		
Masculino	Femeni	no		
¿Cuai es la ed	ad de la Perso	na 1 y	cual es:	su
Edad (en años)	ad de la Perso niento? Para b lad en meses. S Escriba los no Mes Día	ebés m olo esc ímeros	nenores d eriba 0.	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas
fecha de naci no escriba la ed	niento? Para b lad en meses. S Escriba los nu	ebés m olo esc ímeros	nenores o criba 0. en las ca	de un asillas

→ NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.

5		la Persona 1 añol?	de c	origen hispa	ano,	latino o
		No, no es de o	riger	n hispano, lati	no o e	español
		Sí, mexicano, r	nexi	canoamerican	o, chi	cano
		Sí, puertorrique	eño			
		Sí, cubano				
		Sí, de otro orig por ejemplo, se guatemalteco,	alvac	loreño, domir	icano	
6		ál es la raza d que (X) una o i				los orígenes.
		Blanca – Escrib italiano, libané			emán,	irlandés, inglés,
		,	-, -3	,		
		Negra o afroan afroamericano, somalí, etc.				ejemplo, iigeriano, etíope,
) trib al(es) may nal (u(s) en la(s) qu , por ejemplo, va, azteca, Nat	ie esta Nava ive Vii	llage of Barrow
		China		Vietnamita		Nativa de Hawái
	H	Filipina	H	Coreana	H	Samoana
	H	India asiática	H	Japonesa	H	Chamorra
		Otra asiática – Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.		Caponosa		Otra de las islas del Pacífico – Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.
		Alguna otra raz	⊻a – Ł	Escriba la raza	o el d	origen. 🙀

		s la Persona 2 de origen hispano, latino o pañol?
Apellido (Por favor, escriba en letra de molde)		No, no es de origen hispano, latino o español
		Sí, mexicano, mexicanoamericano, chicano
Nombre Inicial		Sí, puertorriqueño
		Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla.</i>		Sí, de otro origen hispano, latino o español – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc. 🔀
Esposo(a) del sexo opuesto		
Pareja no casada del sexo opuesto		
Esposo(a) del mismo sexo	j įc	uál es la raza de la Persona 2?
Pareja no casada del mismo sexo	IVIE	arque (X) una o más casillas Y escriba los orígenes Blanca – Escriba, por ejemplo, alemán, irlandés, ingle
Hijo(a) biológico(a) o de sangre		italiano, libanés, egipcio, etc. д
Hijo(a) adoptivo(a)		
Hijastro(a)		Negra o afroamericana – <i>Escriba, por ejemplo,</i>
Hermano(a)		afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc.
Padre o madre		soman, etc. g
Nieto(a)		
Suegro(a)		Indígena de las Américas o nativa de Alaska – Escriba
Yerno o nuera		nombre de la(s) tribu(s) en la(s) que está inscrita o la(s tribu(s) principal(es), por ejemplo, Navajo Nation,
Otro pariente		Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo
Roommate o compañero(a) de casa		Community, etc.
Hijo(a) foster		
Otra persona que no es pariente		
-0. (Landar - dalla Barra - 02		China Vietnamita Nativa de Har
Cuál es el sexo de la Persona 2? Marque (X) UNA casilla.		Filipina
Masculino Femenino		India asiática
¿Cuál es la edad de la Persona 2 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas.		Otra asiática –
Edad (en años) Mes Día Año de nacimiento		
		Alguna otra raza – Escriba la raza o el origen. 戻



¿Cuál es el nombre de la Persona 3? Apellido (<i>Por favor, escriba en letra de molde</i>)			la Persona 3 de origen hispano, latino o añol?
	[No, no es de origen hispano, latino o español
Nombre Inicial	[Sí, mexicano, mexicanoamericano, chicano
Nombre	[Sí, puertorriqueño
	[Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla</i> .	[Sí, de otro origen hispano, latino o español – <i>Escriba</i> por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.
Esposo(a) del sexo opuesto			
Pareja no casada del sexo opuesto			
Esposo(a) del mismo sexo			<mark>ál es la raza de la Persona 3?</mark> que (X) una o más casillas Y escriba los orígenes
Pareja no casada del mismo sexo			Blanca – Escriba, por ejemplo, alemán, irlandés, ingle
Hijo(a) biológico(a) o de sangre			italiano, libanés, egipcio, etc. 🕌
Hijo(a) adoptivo(a)			
Hijastro(a)	Г	_	Negra o afroamericana – Escriba, por ejemplo,
Hermano(a)	L		afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc. д
Padre o madre			
Nieto(a)			
Suegro(a)	[Indígena de las Américas o nativa de Alaska – Escriba nombre de la(s) tribu(s) en la(s) que está inscrita o la(s
Yerno o nuera			tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow
Otro pariente			Inupiat Traditional Government, Nome Eskimo Community, etc. ⊋
Roommate o compañero(a) de casa			
Hijo(a) foster			
Otra persona que no es pariente	[China Vietnamita Nativa de Ha
¿Cuál es el sexo de la Persona 3?	[Filipina Coreana Samoana
Marque (X) UNA casilla.	[India asiática 🔲 Japonesa 🔲 Chamorra
Masculino Femenino Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas. Edad (en años) Mes Día Año de nacimiento	[Otra asiática – Otra de las is del Pacífico – Escriba, por ejemplo, pakistaní, tongano, fiyian de las Islas hmong, etc.
Luau (en anos) Mes Dia Ano de nacimiento	[Alguna otra raza – Escriba la raza o el origen. 🙀

¿Cuál es el nombre de la Persona 4? Apellido (Por favor, escriba en letra de molde)	¿Es la Persona 4 de origen hispano, latino o español? No, no es de origen hispano, latino o español
Nombre Inicial ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.	Sí, mexicano, mexicanoamericano, chicano Sí, puertorriqueño Sí, cubano Sí, de otro origen hispano, latino o español – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.
Esposo(a) del sexo opuesto Pareja no casada del sexo opuesto Esposo(a) del mismo sexo Pareja no casada del mismo sexo Hijo(a) biológico(a) o de sangre Hijo(a) adoptivo(a) Hijastro(a) Hermano(a) Padre o madre Nieto(a) Suegro(a) Yerno o nuera Otro pariente Roommate o compañero(a) de casa Hijo(a) foster Otra persona que no es pariente ¿Cuál es el sexo de la Persona 4? Marque (X) UNA casilla. Masculino Femenino ¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0. Escriba los números en las casillas. Edad (en años) Mes Día Año de nacimiento	Cuál es la raza de la Persona 4? Marque (X) una o más casillas Y escriba los orígenes. □ Blanca – Escriba, por ejemplo, alemán, irlandés, inglé italiano, libanés, egipcio, etc. □ Negra o afroamericana – Escriba, por ejemplo, afroamericano, jamaiquino, haitiano, nigeriano, etíop somalí, etc. □ Indígena de las Américas o nativa de Alaska – Escriba nombre de la(s) tribu(s) en la(s) que está inscrita o la(s, tribu(s)) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. □ China □ Vietnamita □ Nativa de Haven □ Filipina □ Coreana □ Samoana □ India asiática □ Japonesa □ Chamorra □ Otra asiática □ Japonesa □ Chamorra □ Otra de las isi del Pacífico – Escriba, por ejemplo, pakistaní, camboyano, hmong, etc. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Otra de las islas otra caracterizado el origen. □ Alguna otra raza – Escriba la raza o el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen. □ Otra de las islas otra caracterizado el origen.

¿Cuál es el nombre de la Persona 5? Apellido (Por favor, escriba en letra de molde)	5		la Persona 5 de origen hispano, latino o añol?
			No, no es de origen hispano, latino o español
Nombre Inicial			Sí, mexicano, mexicanoamericano, chicano
Nombre			Sí, puertorriqueño
			Sí, cubano
¿Cómo está esta persona relacionada con la Persona 1? <i>Marque (X) UNA casilla.</i>			Sí, de otro origen hispano, latino o español – <i>Escriba</i> por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.
Esposo(a) del sexo opuesto			
Pareja no casada del sexo opuesto			
Esposo(a) del mismo sexo	6	¿Cu Mar	<mark>ál es la raza de la Persona 5?</mark> que (X) una o más casillas Y escriba los orígenes
Pareja no casada del mismo sexo			Blanca – Escriba, por ejemplo, alemán, irlandés, ingle
Hijo(a) biológico(a) o de sangre			italiano, libanés, egipcio, etc. 🙀
Hijo(a) adoptivo(a)			
Hijastro(a)			Negra o afroamericana – Escriba, por ejemplo,
Hermano(a)		Ш	afroamericano, jamaiquino, haitiano, nigeriano, etío, somalí, etc. д
Padre o madre			,
Nieto(a)			
Suegro(a)			Indígena de las Américas o nativa de Alaska – Escriba nombre de la(s) tribu(s) en la(s) que está inscrita o la(s
Yerno o nuera			tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow
Otro pariente			Inupiat Traditional Government, Nome Eskimo Community, etc.
Roommate o compañero(a) de casa			
Hijo(a) foster			
Otra persona que no es pariente			China Vietnamita Nativa de Ha
¿Cuál es el sexo de la Persona 5?			Filipina Coreana Samoana
Marque (X) UNA casilla.			India asiática Japonesa Chamorra
Masculino Femenino ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.			Otra asiática – Escriba, por ejemplo, pakistaní, camboyano, Otra de las is del Pacífico – Escriba, por ejemplo, tongano, fiyian de las Islas
Escriba los números en las casillas.			hmong, etc. Marshall, etc.
Edad (en años) Mes Día Año de nacimiento			
			Alguna otra raza – Escriba la raza o el origen. 🙀

molde en los espacios para las personas de la 6 a la 12. Es posible que lo llamemos para obtener más información sobre ellos. ¿ Persona 6 Apellida (Par favar, escriba en letra de molde) Saxo Masculino Femenino Edad (en años) Persona 7 Apellido (Par favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 8 Apellido (Par favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 9 Apellido (Par favor, escriba en letra de molde) Nombre Inicial Inicial			uedándose aquí, escriba sus nombres en letra	de
Apellido (Por favor, escriba en letra de molde) Sexo		as ue la 0 a la 1	12. Es posible que lo hamemos para obteller mas	
Sexo Masculino Femenino Edad (en años) Persona 7 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 8 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 9 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 10 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Persona 6			
Persona 7 Apellido (Par favor, escriba en letra de molde) Nombre Inicial Sexo	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Persona 7 Apellido (Par favor, escriba en letra de molde) Nombre Inicial Sexo				
Apellido (Por favor, escriba en letra de molde) Sexo	Sexo Masculino Femenino	Edad (en años)		
Sexo Masculino Femenino Edad (en años)	Persona 7			
Apellido (Por favor, escriba en letra de molde) Sexo	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Apellido (Por favor, escriba en letra de molde) Sexo				
Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años)	Sexo Masculino Femenino	Edad (en años)		
Sexo Masculino Femenino Edad (en años) Persona 9 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 10 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Persona 8			
Persona 9 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Persona 9 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo				
Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años)	Sexo Masculino Femenino	Edad (en años)		
Sexo Masculino Femenino Edad (en años) Persona 10 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Inicial Inicial Persona 12	Persona 9			
Persona 10 Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Persona 10 Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial				
Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo	Sexo Masculino Femenino	Edad (en años)		
Sexo Masculino Femenino Edad (en años) Persona 11 Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Persona 10			
Persona 11 Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Persona 11 Apellido (Por favor, escriba en letra de molde) Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial				
Apellido (Por favor, escriba en letra de molde) Nombre Inicial Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Sexo Masculino Femenino	Edad (en años)		
Sexo Masculino Femenino Edad (en años) Persona 12 Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Persona 11			
Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Apellido (Por favor, escriba en letra de molde) Nombre Inicial				
Apellido (Por favor, escriba en letra de molde) Nombre Inicial				
Apellido (Por favor, escriba en letra de molde) Nombre Inicial	Sexo Masculino Femenino	Edad (en años)		
	Persona 12			
Sexo Masculino Femenino Edad (en años)	Apellido (Por favor, escriba en letra de molde)		Nombre	Inicial
Sexo Masculino Femenino Edad (en años)				
	Sexo Masculino Femenino	Edad (en años)	000	



Vivienda

¿Cuál describe mejor este edificio? Incluya todos los apartamentos, pisos, etc. aunque esteń desocupados. Una casa móvil Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después - Especifique el año r 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes L'Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? Mes Año **Louántas cuerdas está situada esta casa o ca móvil? Menos de una cuerda → PASE a la pregunta 6a 1 a 9.9 cuerdas 1 0 cuerdas o más 5 EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el tota de las ventas realizadas de todos los productos agrícolas de esta propiedad? Cero \$1 a \$9.99 cuerdas \$1,000 a \$2,499 \$5,000 a \$4,999 \$5,000 a \$9,999 \$10,000 ó más 3 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Número de habitaciones Número de habitaciones son dormitorios las habitaciones que usted incluiría en un anuncio sie casa, apartamento o casa móvil estuviera a la vent para alguiler. Si es un estudio/apartament	Incluya todos los apartamentos, pisos, etc. aunque estén desocupados. Una casa móvil Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Simulativa de las agrícos Simulativa de las agrícos Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después — Especifique el año Fare a la las pare seis seis las pare seis la	
Menos de una cuerda → PASE a la pregunta 6a Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año	Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Simple Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? Simple Sepecifique el año Image Seis Institution	
Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año y 1990 a 1999 1900 a 1989 1910 a 1949 1950 a 1959 1940 a 1949 1939 ó antes 2Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? 2Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? 10 cuerdas o más 1 a 9.9 cuerdas 10 cuerdas o más 10 cuerdas o más	Una casa separada de cualquier otra casa Una casa unida a una o más casas Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Simple de la manage de la mana	
Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 5 a partamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después - Especifique el año 1990 a 1999 1990 a 1990 a 2200 ó después - Especifique el año 2 2 2 2 2 2 2 3 3 4 2 4 3 4 4 4 4 4 4 4 4 4 4 4	Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año Especifique el año 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes	· ·
Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año 2 1990 a 1999 1990 a 1999 1990 a 1999 1990 a 1999 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes B. LOS ÚLTIMOS 12 MESES, ¿cuánto fue el totro de las ventas realizadas de todos los productos agrícolas de esta propiedad? Cero \$1 a \$999 \$1,000 a \$2,499 \$5,000 a \$9,999 \$10,000 ó más Casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. **INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar.** Número de habitaciones **D. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil estuviera a la vent para alquiller. Si es un estudio/apartamento sin dormitorios separados, escriba "0".	Un edificio con 2 apartamentos Un edificio con 3 o 4 apartamentos Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después - Especifique el año 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes	cuerdas o más
de las ventas realizadas de todos los productos agrícolas de esta propiedad? Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año p 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes Acuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? Las habitaciones de esta realizadas de todos los productos agrícolas de esta propiedad? Cero \$1 a \$999 \$1,000 a \$2,499 \$5,000 a \$9,999 \$5,000 a \$9,999 \$5,000 a \$9,999 \$10,000 ó más 3 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. • INCLUYA dormitorios, cocinas, salas, etc. • NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil?	Un edificio con 5 a 9 apartamentos Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año ✓ 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes de las agríco Casadario Casa	
agrícolas de esta propiedad? Un edificio con 10 a 19 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes Agrícolas de esta propiedad? □ Cero □ 1 a \$999 □ \$1,000 a \$2,499 □ \$5,000 a \$9,999 □ \$10,000 ó más 3 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. □ INCLUYA dormitorios, cocinas, salas, etc. □ NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones □ b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil? □ 2000 ó después − Especifique el año □ \$1,000 a \$2,499 □ \$1,000 o más 3 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. □ INCLUYA dormitorios, cocinas, salas, etc. □ NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil?	Un edificio con 10 a 19 apartamentos Gradulticio con 10 a 19 apartamentos Gradulticio con 20 a 49 apartamentos Standardo con 50 apartamentos Standa	S ÚLTIMOS 12 MESES, ¿cuánto fue el tota
Un edificio con 20 a 49 apartamentos Un edificio con 50 apartamentos o más Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después − Especifique el año 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes ACUántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. • INCLUYA dormitorios, cocinas, salas, etc. • NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones Número de habitaciones L'Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil? b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios? separados, escriba "0".	Un edificio con 20 a 49 apartamentos \$\frac{1}{2}\$ Un edificio con 50 apartamentos o más \$\frac{1}{2}\$ Bote o barco, vehículo recreativo, van, etc. \$\frac{1}{2}\$	
Un edificio con 50 apartamentos o más \$1,000 a \$2,499 \$5,000 a \$9,999 \$5,000 a \$9,999 \$10,000 ó más Un edificio con 50 apartamentos o más \$: Bote o barco, vehículo recreativo, van, etc. \$: Aproximadamente, ¿cuándo se construyó originalmente este edificio? \$: 2000 ó después − Especifique el año ✓	ero	
Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? \$2,500 a \$4,999 \$5,000 a \$9,999 \$10,000 ó más 6 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones deben estar separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. • INCLUYA dormitorios, cocinas, salas, etc. • NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil?	Bote o barco, vehículo recreativo, van, etc. \$2 Aproximadamente, ¿cuándo se construyó originalmente este edificio? \$3 2000 ó después − Especifique el año ♥	a \$999
Bote o barco, vehículo recreativo, van, etc. Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? La shabitaciones separadas hay en esta casa, apartamento o casa móvil? Las habitaciones separadas por arcos paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo. • INCLUYA dormitorios, cocinas, salas, etc. • NO INCLUYA baños, terrazas, balcones, entrada pasillos, o sótanos sin terminar. Número de habitaciones b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si ecasa, apartamento o casa móvil?	Bote o barco, vehículo recreativo, van, etc. \$2 \$3 \$4 \$5 \$6 \$7 \$7 \$8 \$7 \$8 \$8 \$8 \$9 \$9 \$9 \$1 \$90 a 1999 \$9 \$1 \$1990 a 1989 \$1990 a 1989 \$1900 a 1980 \$19	,000 a \$2,499
Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después - Especifique el año \$10,000 ó más	Aproximadamente, ¿cuándo se construyó originalmente este edificio? 2000 ó después – Especifique el año	
Especifique el año 1990 a 1999 1990 a 1999 1980 a 1989 1970 a 1979 1960 a 1969 1950 a 1959 1940 a 1949 1939 ó antes Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil? a. ¿Cuántas habitaciones separadas hay en esta casa móvil? b. ¡Cuántas de esta habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si e casa, apartamento o casa móvil estuviera a la vent para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0".	Especifique el año 1990 a 1999	,000 a \$9,999
	¿Cuándo se mudó la Persona 1 (listada en la para página 2) a esta casa, apartamento o casa móvil?	a, apartamento o casa móvil? Inabitaciones deben estar separadas por arcos des que se extienden hacia fuera por lo menos pulgadas y van desde el piso hasta el techo. ICLUYA dormitorios, cocinas, salas, etc. INCLUYA baños, terrazas, balcones, entrada sillos, o sótanos sin terminar. ero de habitaciones ántas de estas habitaciones son initorios? Cuente como dormitorios las taciones que usted incluiría en un anuncio si et alquiler. Si es un estudio/apartamento sin initorios separados, escriba "0".

Vivienda (continuación)

C	sa móvil –		iene usted o algún otro mier ogar acceso a la Internet a tra		
Sí	No		Plan de datos celulares para	Sí	No
a. agua por tubería?		<u> </u>	un <i>smartphone</i> u otro aparato móvil?		
b. un calentador de agua?		h	Servicio de Internet de banda		
c. una bañera o ducha?		D.	ancha (alta velocidad) tal como		
d. fregadero con pluma del agua?			servicio de cable, fibra óptica, o <i>DSL</i> instalado en este hogar?		
e. una estufa?		C.	Servicio de Internet por satélite instalado en este hogar?		
. una nevera?		d.	Servicio de Internet de conexión		
Puede usted o algún miembro del	hogar hacer v		Dial Up instalado en este hogar?		
recibir llamadas telefónicas cuando casa, este apartamento, o esta casa Incluya llamadas hechas con teléfonos teléfonos fijos o cualquier otro tipo de t	está en esta móvil? celulares,	e.	Algún otro servicio? Especifique el servicio: ⊋		
☐ Sí					
No			Cuántos automóviles, <i>vans</i> , c		
		SU	ı casa para uso de los miemb o cuente camiones que pued	ros de an car	este hog ar más d
En esta casa, apartamento o casa m			na tonelada.	an our	Ja. 11143 U
ısa usted o algún otro miembro de alguno de los siguientes tipos de co			Ninguno		
Sí	No		1		
a. Computadora de escritorio o laptop			2		
o. Smartphone			3		
. Tableta u otra computadora de			4		
mano inalámbrica			5		
d. Algún otro tipo de computadora <i>Especifique:</i> □			6 ó más		
·					
			cuál COMBUSTIBLE es el que llentar esta casa, apartamen		
En esta casa, apartamento o casa m			Gas de una tubería subterráne		
ısted o algún otro miembro de este acceso a Internet?	hogar		vecindario		
Sí, pagando a una compañía de telé			Gas embotellado, en tanque o	petróle	o líquido
celulares o proveedor de servicio de			Electricidad		
Sí, sin pagar a una compañía de telé o proveedor de servicio de Internet	onos celulares → PASE a la		Aceite combustible, querosen	o, etc.	
pregunta 12			Carbón o coque		
No hay acceso a Internet en esta cas o casa móvil → PASE a la pregunta	sa, apartamento 12		Leña		
			Energía solar		
			Otro combustible		
			No se utiliza combustible		



Vivienda (continuación)

Costo el mes pasado – Dólares \$ 1,00 O Incluido en el alquiler o cuota de condominio No hay cargo o no se utiliza electricidad b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?	condominio? Para inquilinos: conteste solo si paga la cuota de condominio además del alquiler; de lo contrario, marque el cuadrado "Ninguna". Cantidad mensual – Dólares \$,00
☐ Incluido en el alquiler o cuota de condominio ☐ No hay cargo o no se utiliza electricidad b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?	Cantidad mensual – Dólares \$.00
No hay cargo o no se utiliza electricidad b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?	,
b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?	,
b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?	0
para esta casa, apartamento o casa móvil?	•
Control man manda Dillama	Ninguna
Costo el mes pasado – <i>Dólares</i>	No
\$ 0,000 .00	¿Es esta casa, apartamento o casa móvil –
0	Marque (X) UNA casilla.
Incluido en el alquiler o cuota de condominio	Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? <i>Incluya préstamos sobre el valor líquido de la casa.</i>
☐ Incluido en el pago de electricidad anotado arriba☐ No hay cargo o no se utiliza gas	Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
c. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el	Alquilada?
costo de agua y alcantarillado o desagüe para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.	Ocupada sin pago de alquiler? → PASE a la sección C
Costo en los últimos 12 meses – Dólares	0
\$ 0,000 .00	Conteste las preguntas 18a y b si esta casa, apartamento o casa móvil está ALQUILADA. De lo contrario, PASE a la pregunta 19.
0	
Incluido en el alquiler o cuota de condominio	a. ¿Cuánto es el alquiler mensual para esta casa
☐ No hay cargo	apartamento o casa móvil?
d. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el	Cantidad mensual – <i>Dólares</i>
costo de carbón, queroseno,aceite, leña, etc., para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un	\$.00
estimado del costo.	b. ¿Incluye el alquiler mensual algunas comida
Costo en los últimos 12 meses – Dólares	Sí
\$ 000.00	□ No
0	100
Incluido en el alquiler o cuota de condominio	
No hay cargo o no se utilizan estos combustibles	
EN LOS ÚLTIMOS 12 MESES, ¿recibió usted o algún otro miembro de este hogar beneficios del gobierno por medio del Programa de Asistencia Nutricional? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.	
Sí	
□ No	

Vivienda (continuación)

C	Conteste las preguntas 19 a 23 si usted u otra persona en este hogar ES DUEÑO de esta casa,	c. ¿Incluye el pago mensual regular de la hipoteca los pagos de impuestos sobre bienes raíces para
	apartamento o casa móvil, o lo ESTÁ COMPRANDO. De lo contrario, PASE a la sección E.	Sí, se incluyen los impuestos en el pago de la hipoteca
		No, los impuestos se pagan por separado o no se requieren impuestos
19	¿Por cuánto cree usted que se vendería esta casa y el terreno, apartamento, o casa móvil y el lote si estuviera para la venta? Valor – Dólares	d. ¿Incluye el pago mensual regular de la hipoteca los pagos de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?
	\$ _,	Sí, se incluye el seguro en el pago de la hipoteca
		No, el seguro se paga por separado, o no se tiene seguro
20	de hienes raíces al CRIM (Centro de Recaudación	a. ¿Tiene usted o algún otro miembro de este hogar una segunda hipoteca o un préstamo sobre el valor líquido (Home Equity Loan) de ESTA propiedad? Sí, un préstamo sobre el valor líquido de esta propiedad
	Ninguno	Sí, una segunda hipoteca
		Sí, una segunda hipoteca y un préstamo sobre el valor líquido de esta propiedad
21	¿Cuánto es el pago anual de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?	No → PASE a la sección D
	Valor − <i>Dólares</i> \$, .00 • Ninguno	b. ¿Cuánto es el pago mensual regular de todas las segundas hipotecas y todos los préstamos sobre el valor líquido de ESTA propiedad? Cantidad mensual – Dólares \$.00
2	a. ¿Tiene usted o algún miembro de este hogar una hipoteca, una escritura de fideicomiso, contrato de compra, o alguna deuda de este tipo sobre ESTA propiedad?	□ No se requiere ningún pago regular
	Sí, hipoteca, escritura de fideicomiso, o alguna deuda de este tipo	Conteste la pregunta 24 si ésta es una CASA MÓVIL. De lo contrario, PASE a la sección E .
	Sí, contrato de compra	
	No → PASE a la pregunta 23a	¿Cuánto es el total del costo anual de los impuestos a los bienes personales, la renta del lote, los costos de registro o inscripción y los costos de
	b. ¿Cuánto es el pago mensual regular de la hipoteca sobre ESTA propiedad? Incluya sólo el pago de la PRIMERA hipoteca o contrato de compra.	licencias para ESTA casa móvil y su lote? No incluya los impuestos sobre bienes raíces.
	Cantidad mensual – <i>Dólares</i>	Cantidad anual – <i>Dólares</i>
	\$ 00,000.00	\$.00
	0	
	No se requiere ningún pago regular → PASE a la pregunta 23a	E Conteste las preguntas sobre la PERSONA 1 en la próxima página si usted listó al menos una persona en la página 2. De lo contrario, PASE a la página 28 para las instrucciones de envío por correo.

contestando las siguientes preguntas. Apellido	Pre-escolar o pre-kinder
Дрешио	Kindergarten
	Grado 1 al 12 – Especifique
Nombre Inicia	grado 1-12 g
.Dánda nació acta nancana?	Estudios universitarios al nivel de bachillerato (freshman a senior)
¿Dónde nació esta persona? En los Estados Unidos – Escriba en letra de molde	Escuela graduada o profesional más allá de un
el nombre del estado.	bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.	1 ¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casis Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en Puerto Rico → PASE a la pregunta 10a	Pre-escolar o pre-kinder
Sí, nació en un estado de los Estados Unidos, el	☐ Kindergarten
Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 − Especifique grado 1-11 ⊋
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SUPERIOR
	Diploma de escuela superior
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
Año	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
En avalante mamanta DUDANTE LOS ÚLTIMOS A	Título de bachillerato universitario (por ejemplo: BA, BS)
En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o	DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO
pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de bachille universitario (por ejemplo: MD, DDS, DVM, LLB, J
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza	
en el hogar	



		ta casa o apa	artamento
	Persona es menor de 1 a pregunta 16	ño de edad →	PASEa la
	Sí, en esta casa → PASE	a la pregunta	16
	Escriba en letra de molo del país extranjero o las	e a continuaci Islas Vírgenes	ión el nomb s de los
		e en Puerto Ri	co o los
b. ¿D		a hace 1 año	o?
	-		
"	mero y mombre de la car	10	1
_			
No	mbre de la ciudad, pueb	lo u oficina c	de correos
NI-			
		ndado de los	•
			1
		Código	Postal
_			
16 ¿Tien	ne esta persona coberti	ıra ACTUAL	MENTE de
cuald	quiera de los siguientes	tipos de se	guros de
Marq	ue "Sí" o "No" para CAD	A tipo de cob	ertura en
	•		Sí No
(un	ión), actual o previo (de esta	persona	
	•	· ·	
con	npañía de seguro (por esta p	persona	
	•	•	
año	os o más, o personas con cie	enen 65 ertos	
tipo par	o de plan de asistencia gube	rnamental	
		eso bajo	
	ncapacidad		
e. TRI f. VA	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de	
e. TRI f. VA cuid	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste dado de salud militar de la \	d militar ma de (A)	
e. TRI f. VA cuid g. Ser	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de 'A) Health Service)	
	b. ¿Dir No Nú Saluc Marq las re a. Seg (un o d b. Seg cor o p c. Me añu d. Me tipo	hace 1 año? Persona es menor de 1 a pregunta 16 Sí, en esta casa → PASE No, fuera de Puerto Rico Escriba en letra de mold del país extranjero o las Estados Unidos, Guam, pregunta 16 No, en una casa diferente Estados Unidos Dirección Nombre de urbanización o Número y nombre de la cal Nombre del municipio o co Estados Unidos Nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos	Persona es menor de 1 año de edad → pregunta 16 Sí, en esta casa → PASE a la pregunta No, fuera de Puerto Rico y los Estados Escriba en letra de molde a continuaci del país extranjero o las Islas Virgenes Estados Unidos, Guam, etc.; luego PA pregunta 16 No, en una casa diferente en Puerto Ri Estados Unidos b. ¿Dónde vivía esta persona hace 1 año Dirección Nombre de urbanización o condominio Número y nombre de la calle Nombre del municipio o condado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código La Tiene esta persona cobertura ACTUAL cualquiera de los siguientes tipos de se salud o planes de cobertura de seguro de Marque "Sí" o "No" para CADA tipo de cob las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos



	Persona 1 (continuación)		
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.		Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.
12	 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí No → PASE a la pregunta 18a b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda 	20	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras? Sí No Cuál es el estado civil de esta persona? Casada actualmente
	para pagar la prima o cuota? Sí No		Viuda Divorciada
18	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?		SeparadaNunca se ha casado → PASE a la sección
	☐ Sí ☐ No	22	En los PASADOS 12 MESES, ¿esta persona – Sí No
	 ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes? 		a. se casó?
	Sí No		c. se divorció?
H	Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.		Una vez Dos veces Tres veces o más
19	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	24	¿En qué año se casó la última vez esta persona?
	No b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?		
	Sí No		



Sí
No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento? Si No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Si No → PASE a la pregunta 27 Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 a gesponsable de estos nietos? Si este abuelo es responsable de estos nietos? Si este abuelo es responsable de ostos nietos? Si este abuelo es responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años 5 años o más Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 Guerra de Corea (julio del 1960 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a mismo del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 a diciembre del 1940 Enero del 1947 a junio del 1950 Noviembre del 1941 a ficiación de incapacidad de la VA relacionada con el servicio? Si (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? O por ciento 30 ó 40 por ciento 50 ó 60 por ciento	J	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a. En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí	¿Ha estado esta persona alguna vez en el ser militar activo en las Fuerzas Armadas, la Res Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. □ Nunca estuvo en el servicio militar → PASE a la pregunta 30a □ Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → Fa a la pregunta 29a □ En servicio activo ahora	erva a
☐ 70 por ciento o más	26	años que viva en esta casa o apartamento? Sí No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Sí No → PASE a la pregunta 27 c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años	activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA perío durante el cual esta persona estuvo en servicio maunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1960 del 1964 a del 1960 del 1	s do ilitar,



3	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
١	Sí → PASE a la pregunta 31	
١	No – No trabajó (o está retirada)	¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?	usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
١	☐ Sí	
١	No → PASE a la pregunta 36a	
3	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección Nombre de urbanización o condominio Número y nombre de la calle	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana. b. Nombre de la ciudad, pueblo u oficina de correos	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA? Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del municipio o condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?
١		Sí → PASE a la pregunta 36c
١	e. Anote Puerto Rico o el nombre del estado de	No
١	los Estados Unidos o país extranjero	NO
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporera,
		licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
3	¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.	
	Automóvil, camión o <i>van</i> Taxi	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha
	Autobús Motocicleta	para regresar al trabajo?
	Tren urbano Bicicleta	☐ Sí → PASE a la pregunta 38
	Tren de viajes largos Caminó	□ No
	o de cercanías Carro público Trabajó en el hogar → PASE a la pregunta 40a	
	Lancha (ferry) Otro método	



37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	□ Sí	contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
88	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporera propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los último
	No, debido a otras razones (en la escuela, etc.)	5 años? Marque (X) UNA casilla.
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y
		las organizaciones caritativas) GOVERNMENT EMPLOYEE
	Hace más de 5 años o nunca trabajó → PASE a la pregunta 43	Gobierno local (por ejemplo: ciudad, condado o municipio)
10	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso distritos escolares y universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del patrono, negocio, agencia o rama de las Fuerzas Armadas de
Ð	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por detal?
		· ·
		otro (agricultura, construcción, servicio,



e.	¿Cuál era la ocupación principal de esta persona?	d. Seguro Social o retiro para personal de los
	(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	ferrocarriles.
	principlante	□ sí → \$ 0.00
f	Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
•	importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	□ Sí → \$.00
	especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
		f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar
		estatal o local.
	NGRESO EN LOS ÚLTIMOS 12 MESES	□ sí → \$ 0 0 0.00
r	Marque (X) la casilla "Sí" por cada tipo de ingreso que ecibió y anote el mejor estimado de la CANTIDAD TOTAL ecibida durante los ÚLTIMOS 12 MESES. (NOTA: Los	No CANTIDAD TOTAL en los últimos 12 MESES
	últimos 12 meses" es el período desde la fecha de hoy ace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por
	Marque (X) la casilla "No" para mostrar los tipos de ngresos NO recibidos.	discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta
	Si el ingreso neto fue una pérdida, marque el cuadrado Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
	Para ingreso recibido en conjunto, informe la parte que	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
i	e corresponde a cada persona; o, si eso no es posible, nforme la cantidad total bajo una sola persona y marque	Sí → \$ 000
	l cuadrado"No" para la otra persona. . Jornales, sueldos/salarios, comisiones, bonos	Sí → \$.00 No CANTIDAD TOTAL en los
_	o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	últimos 12 MESES
	impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ Sí → \$.00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	No CANTIDAD TOTAL en los últimos 12 MESES	hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
b	o. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea	una herencia o venta de una casa.
	como propietario único o en sociedad. Informe el ingreso NETO después de descontar	□ Sí → \$.00
	los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
	□ sí → \$ 0.000.000 □ 4	4) ¿Cuál fue el ingreso total de esta persona durante
	☐ No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
C	. Intereses, dividendos, ingreso neto por rentas,	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades	
	pequeñas acreditadas a una cuenta.	Ninguno Pérdida
	□ Sí → \$, .00	CANTIDAD TOTAL en los últimos 12 MESES
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	Continúe con las preguntas para la Persona 2 en
		la próxima página. Si no hay nadie listado como la Persona 2 en la página 3, PASE a la página 48 para ver las instrucciones de envío por correo.



aparece en la página 3. Luego, continúe contestando las siguientes preguntas.	persona? Marque (X) UNA casilla.
Apellido	Pre-escolar o pre-kinder
	Kindergarten
Nombre Inic	Grado 1 al 12 – Especifique grado 1-12
William Company	
	Estudios universitarios al nivel de bachillerato (freshman a senior)
¿Dónde nació esta persona?	Escuela graduada o profesional más allá de un
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.	¿Cuál es el título o nivel escolar más alto que est persona ha COMPLETADO? Marque (X) UNA casill Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en Puerto Rico → <i>PASE a la pregunta 10a</i>	Pre-escolar o pre-kinder
Sí, nació en un estado de los Estados Unidos, el	Kindergarten
Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 − Especifique grado 1-11 _F
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SUPERIOR
	Diploma de escuela superior
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
¿Cuándo vino esta persona a vivir a Puerto Rico Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.	
Año	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS,
En cualquier momento DURANTE LOS ÚLTIMOS	Título de bachillerato universitario (por ejemplo: BA, BS)
MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar	O UNIVERSITARIO
pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a ur diploma de escuela superior o un título universita:	rio.
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de bachiller universitario (por ejemplo: MD, DDS, DVM, LLB, JI
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza en el hogar	



		ta casa o apa	artamento
	Persona es menor de 1 a pregunta 16	ño de edad →	PASEa la
	Sí, en esta casa → PASE	a la pregunta	16
	Escriba en letra de molo del país extranjero o las	e a continuaci Islas Vírgenes	ión el nomb s de los
		e en Puerto Ri	co o los
b. ¿D		a hace 1 año	o?
	-		
"	mero y mombre de la car	10	1
_			
No	mbre de la ciudad, pueb	lo u oficina c	de correos
NI-			
		ndado de los	•
			1
		Código	Postal
_			
16 ¿Tien	ne esta persona coberti	ıra ACTUAL	MENTE de
cuald	quiera de los siguientes	tipos de se	guros de
Marq	ue "Sí" o "No" para CAD	A tipo de cob	ertura en
	•		Sí No
(un	ión), actual o previo (de esta	persona	
	•	· ·	
con	npañía de seguro (por esta p	persona	
	•	•	
año	os o más, o personas con cie	enen 65 ertos	
tipo par	o de plan de asistencia gube	rnamental	
		eso bajo	
	ncapacidad		
e. TRI f. VA	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de	
e. TRI f. VA cuid	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste dado de salud militar de la \	d militar ma de (A)	
e. TRI f. VA cuid g. Ser	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de 'A) Health Service)	
	b. ¿Dir No Nú Saluc Marq las re a. Seg (un o d b. Seg cor o p c. Me añu d. Me tipo	hace 1 año? Persona es menor de 1 a pregunta 16 Sí, en esta casa → PASE No, fuera de Puerto Rico Escriba en letra de mold del país extranjero o las Estados Unidos, Guam, pregunta 16 No, en una casa diferente Estados Unidos Dirección Nombre de urbanización o Número y nombre de la cal Nombre del municipio o co Estados Unidos Nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos	Persona es menor de 1 año de edad → pregunta 16 Sí, en esta casa → PASE a la pregunta No, fuera de Puerto Rico y los Estados Escriba en letra de molde a continuaci del país extranjero o las Islas Virgenes Estados Unidos, Guam, etc.; luego PA pregunta 16 No, en una casa diferente en Puerto Ri Estados Unidos b. ¿Dónde vivía esta persona hace 1 año Dirección Nombre de urbanización o condominio Número y nombre de la calle Nombre del municipio o condado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código La Tiene esta persona cobertura ACTUAL cualquiera de los siguientes tipos de se salud o planes de cobertura de seguro de Marque "Sí" o "No" para CADA tipo de cob las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos



	Persona 2 (continuación)	
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.
Œ	a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí No → PASE a la pregunta 18a	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?
		Cuál es el estado civil de esta persona? Casada actualmente Viuda Divorciada
1	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	SeparadaNunca se ha casado → PASE a la sección J
	Sí No b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes? Sí	En los PASADOS 12 MESES, ¿esta persona – Sí No a. se casó? b. enviudó? c. se divorció?
	No Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.	¿Cuántas veces ha estado casada esta persona? Una vez Dos veces Tres veces o más
	decisiones? Sí No b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras? Sí No	¿En qué año se casó la última vez esta persona? Año
	c. ¿Tiene esta persona dificultad para vestirse o bañarse?	



☐ Sí ☐ No

a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento? Si No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Si No → PASE a la pregunta 27 Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 a gesponsable de estos nietos? Si este abuelo es responsable de estos nietos? Si este abuelo es responsable de ostos nietos? Si este abuelo es responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años 5 años o más Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 Guerra de Corea (julio del 1960 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a mismo del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 a diciembre del 1940 Enero del 1947 a junio del 1950 Noviembre del 1941 a ficiación de incapacidad de la VA relacionada con el servicio? Si (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? O por ciento 30 ó 40 por ciento 50 ó 60 por ciento	J	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a. En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí	¿Ha estado esta persona alguna vez en el ser militar activo en las Fuerzas Armadas, la Res Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. □ Nunca estuvo en el servicio militar → PASE a la pregunta 30a □ Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → Fa a la pregunta 29a □ En servicio activo ahora	erva a
☐ 70 por ciento o más	26	años que viva en esta casa o apartamento? Sí No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Sí No → PASE a la pregunta 27 c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años	activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA perío durante el cual esta persona estuvo en servicio maunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1960 del 1964 a del 1960 del 1	s do ilitar,



3	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
١	Sí → PASE a la pregunta 31	
١	No – No trabajó (o está retirada)	¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?	usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
١	☐ Sí	
١	No → PASE a la pregunta 36a	
3	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección Nombre de urbanización o condominio Número y nombre de la calle	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana. b. Nombre de la ciudad, pueblo u oficina de correos	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA? Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del municipio o condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?
١		Sí → PASE a la pregunta 36c
١	e. Anote Puerto Rico o el nombre del estado de	No
١	los Estados Unidos o país extranjero	NO
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporera,
		licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
3	¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.	
	Automóvil, camión o <i>van</i> Taxi	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha
	Autobús Motocicleta	para regresar al trabajo?
	Tren urbano Bicicleta	☐ Sí → PASE a la pregunta 38
	Tren de viajes largos Caminó	□ No
	o de cercanías Carro público Trabajó en el hogar → PASE a la pregunta 40a	
	Lancha (ferry) Otro método	



7	Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
•		La serie de preguntas que sigue es sobre el tipo de
,	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa e empleo en el cual trabajó más horas. Si esta person no trabajó la semana pasada, describa el empleo m
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años. a. ¿Cuál de las siguientes opciones describe
	No, debido a una enfermedad temporera propia No, debido a otras razones (en la escuela, etc.)	mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últim
		5 años? Marque (X) UNA casilla. EMPLEADO DEL SECTOR PRIVADO
	¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?	Compañía u organización con fines de lucr
	En los últimos 12 meses	Organización sin fines de lucro (incluso
	Hace 1 a 5 años → PASE a la sección M	las organizaciones exertas de impuestos y
	Hace más de 5 años o nunca trabajó → PASE a la pregunta 43	GOVERNMENT EMPLOYEE
		Gobierno local (por ejemplo: ciudad, condado o municipio)
	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso distritos escolare y universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a
		b. ¿Cuál era el nombre del patrono, negocio, agencia o rama de las Fuerzas Armadas de
)	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por detal?
		otro (agricultura, construcción, servicio,
		gobierno, etc.)?



	·Cuál ama la a	ounación nuincinal do cata	, marragna 2	d 600	C o	oial a ratira nara	navaanal d	o loo
(Por ejemplo: n principiante)	cupación principal de esta naestro[a] de 4to grado, plon	nero[a]		ocarril	ecial o retiro para es.	personal d	e ios
,	στιποιριατίτο				Sí →	\$ 00.000	.00	
					No	CANTIDAD TOTAL últimos 12 MES		
i	mportantes d	ctividades o deberes más le esta persona. (Por ejemp aluar a los estudiantes y plan	lo:	e. Seg	juridad	de Ingreso Suple		SSI).
1	ecciones, mon	tar e instalar tramos de tubei es de construcción para las			Sí →			
	especificacione				No	\$, CANTIDAD TOTAL	.00	
						últimos 12 MES		
				púb		pago de asistenci <i>velfare</i>) de la ofici ocal.		
) IN	GRESO EN LO	OS ÚLTIMOS 12 MESES			Sí →	\$.00	
red	cibió y anote el r cibida durante lo	lla "Sí" por cada tipo de ingreso mejor estimado de la CANTIDA s ÚLTIMOS 12 MESES. (NOTA: " es el período desde la fecha d	D TOTAL Los		No	CANTIDAD TOTAL últimos 12 MES	en los	
ha	ce un año hasta	hoy.)		g. Ing	reso po	or retiro, pensione lad o por ser espo	es, ingreso so(a) sobre	por eviviente.
	arque (X) la casii gresos NO recibi	lla "No" para mostrar los tipos (dos.	de	Incl	uya ingi	resos de un patrono stribuciones periódi	o o sindicato	previo,
		fue una pérdida, marque el cua cha de la cantidad en dólares.	drado	indi una	vidual d IRA no	le retiro (IRA, por su deducible (Roth IR)	us siglas en 1 4), un plan 4	inglés), !01(k),
		do en conjunto, informe la pari				as cuentas diseñad lación. No incluya e		
int	orme la cantidad	ada persona; o, si eso no es po d total bajo una sola persona y ara la otra persona.			Sí →	\$.00	
a.	Jornales, sue	ldos/salarios, comisiones			No	CANTIDAD TOTA		
	cantidad antes	e todos los empleos. Inforr de aplicarse las deducciones		h Ala	una oti	últimos 12 ME ra fuente de ingre		•
		nos, cuotas y otras cosas.		reg	ularme	nte, tal como pag ación de Veteran	os de la	•
		.00		con	npensa	ción por desempl ores, pensión alin	eo, pensió	
	∐ No	CANTIDAD TOTAL en los últimos 12 MESES		can	tidad re	areja. NO incluya p cibidos una sola ve	z, tal como d	
		npleo por cuenta propia e grícola o finca comercial,		una	herenci	ia o venta de una ca	isa.	
	como propiet Informe el ingi	t <mark>ario único o en sociedad.</mark> reso NETO después de desco	·		Sí →	\$.00	
	los gastos de r	negocio.		Ш	No	CANTIDAD TOTA últimos 12 ME		
	☐ Sí →	5 _,				ingreso total de e		
	No	CANTIDAD TOTAL en los últimos 12 MESES	Pérdida	anotao pérdio	das en la la. Si el i	as preguntas 43a – 4 ingreso neto fue un irque (X) la casilla "l	43h; reste cu a pérdida, a	alquier note la
	ingreso por d	videndos, ingreso neto por lerechos de autor, o ingres	so por	la cant		rque (X) la casilla l	Craraa arri	ado de
		i deicomisos. Informe aun c editadas a una cuenta.	antidades	□ Ó	\$.00	
	☐ Sí →	0.00	1	Vinguno		CANTIDAD TOTAL (Pérdida
	No	CANTIDAD TOTAL en los	Pérdida	Conti	núe co:	n las preguntas pa		nna 3 en
		últimos 12 MESES		la pró Perso	xima pa na 3 en	ágina. Si no hay n la página 4, PAS licciones de envío	adie listad E a la págir	o como la na 48 para



contestando las siguientes preguntas. Apellido	Pre-escolar o pre-kinder
Apellido	Kindergarten
	Grado 1 al 12 – Especifique
Nombre Inicia	grado 1-12 p
	Estudios universitarios al nivel de bachillerato
¿Dónde nació esta persona?	(freshman a senior)
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	Escuela graduada o profesional más allá de un bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.	¿Cuál es el título o nivel escolar más alto que es persona ha COMPLETADO? Marque (X) UNA casis Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en Puerto Rico → PASE a la pregunta 10a	Pre-escolar o pre-kinder
Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de	☐ Kindergarten ☐ Grado 1 al 11 – <i>Especifique</i>
los Estados Unidos o las Islas Marianas del Norte	grado 1-11 📈
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización 🗸	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SUPERIOR
	Diploma de escuela superior
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.	Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
Año	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
	Título de bachillerato universitario (por ejemplo: BA, BS)
En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o	DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO
pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.	Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de bachille universitario (por ejemplo: MD, DDS, DVM, LLB, J
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza	
Escuela o universidad privada o enseñanza en el hogar	



	To a Winfo coto novocno en coto coco o consutorm
Conteste la pregunta 12 si esta persona tiene un	a. ¿Vivía esta persona en esta casa o apartam hace 1 año?
título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.	Persona es menor de 1 año de edad → PASE. pregunta 16
	Sí, en esta casa → PASE a la pregunta 16
Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza	No, fuera de Puerto Rico y los Estados Unido Escriba en letra de molde a continuación el n del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16
de educación primaria, o psicología organizacional)	No, en una casa diferente en Puerto Rico o lo
	Estados Unidos
	b. ¿Dónde vivía esta persona hace 1 año? Dirección Nombre de urbanización o condominio Número y nombre de la calle
Cuál es la ascendencia u origen étnico de esta persona?	
	Nombre de la ciudad, pueblo u oficina de corr
'Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana,	Nombre del municipio o condado de los
camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés?	Estados Unidos
camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés?	Anote Puerto Rico o el nombre del estado de
camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés?	Anote Puerto Rico o el nombre del estado de
camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a	Anote Puerto Rico o el nombre del estado de
amboyana, de Cabo Verde, noruega, dominicana, ranco-canadiense, haitiana, coreana, libanesa, polaca, igeriana, mexicana, taiwanesa, ucraniana, entre otras.) En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien	Anote Puerto Rico o el nombre del estado de los Estados Unidos ¿Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona
amboyana, de Cabo Verde, noruega, dominicana, ranco-canadiense, haitiana, coreana, libanesa, polaca, igeriana, mexicana, taiwanesa, ucraniana, entre otras.) En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés?	Anote Puerto Rico o el nombre del estado de los Estados Unidos ¿Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona
camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a b. ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés c. ¿Cuán bien habla esta persona el inglés? Muy bien Bien	Anote Puerto Rico o el nombre del estado de los Estados Unidos Código Posta ¿Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos
eamboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.) a. En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a b. ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés c. ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	Anote Puerto Rico o el nombre del estado de los Estados Unidos ¿Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo
amboyana, de Cabo Verde, noruega, dominicana, ranco-canadiense, haitiana, coreana, libanesa, polaca, igeriana, mexicana, taiwanesa, ucraniana, entre otras.) En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	Anote Puerto Rico o el nombre del estado de los Estados Unidos Código Posta L'Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad e. TRICARE u otro seguro de salud militar f. VA (se ha registrado en el sistema de
amboyana, de Cabo Verde, noruega, dominicana, ranco-canadiense, haitiana, coreana, libanesa, polaca, igeriana, mexicana, taiwanesa, ucraniana, entre otras.) En su hogar, ¿habla esta persona un idioma que no sea inglés? Sí No → PASE a la pregunta 15a ¿Qué idioma es ese? Por ejemplo: coreano, italiano, español, vietnamés ¿Cuán bien habla esta persona el inglés? Muy bien Bien No bien	Anote Puerto Rico o el nombre del estado de los Estados Unidos ¿Tiene esta persona cobertura ACTUALMENT cualquiera de los siguientes tipos de seguros salud o planes de cobertura de seguro de salu Marque "Sí" o "No" para CADA tipo de cobertura las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad e. TRICARE u otro seguro de salud militar



		13180286
	Persona 3 (continuación)	
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.
T	Una prima o cuota? Una prima o cuota? Una prima o cuota? Una prima o cuota? Una prima o cuota? Una prima o cuota? Una prima o cuota? Que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?
	 No → PASE a la pregunta 18a ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota? Sí No 	¿Cuál es el estado civil de esta persona? Casada actualmente Viuda Divorciada Separada
18	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Nunca se ha casado → PASE a la sección J
	No b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos	En los PASADOS 12 MESES, ¿esta persona – Sí No a. se casó?
	espejuelos o lentes? Sí No	b. enviudó? c. se divorció?
H	Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.	Una vez Dos veces Tres veces o más
19	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	¿En qué año se casó la última vez esta persona?



b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

Sí

Sí No

Sí No Año

a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento? Si No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Si No → PASE a la pregunta 27 Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 a gesponsable de estos nietos? Si este abuelo es responsable de estos nietos? Si este abuelo es responsable de ostos nietos? Si este abuelo es responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años 5 años o más Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 Guerra de Corea (julio del 1960 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a mismo del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 a diciembre del 1940 Enero del 1947 a junio del 1950 Noviembre del 1941 a ficiación de incapacidad de la VA relacionada con el servicio? Si (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? O por ciento 30 ó 40 por ciento 50 ó 60 por ciento	J	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a. En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí	¿Ha estado esta persona alguna vez en el ser militar activo en las Fuerzas Armadas, la Res Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. □ Nunca estuvo en el servicio militar → PASE a la pregunta 30a □ Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → Fa a la pregunta 29a □ En servicio activo ahora	erva a
☐ 70 por ciento o más	26	años que viva en esta casa o apartamento? Sí No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Sí No → PASE a la pregunta 27 c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años	activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA perío durante el cual esta persona estuvo en servicio maunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1960 del 1964 a del 1960 del 1	s do ilitar,



a. LA SEMANA PASADA, ¿hizo esta algún trabajo por paga en un emplo (o negocio)? □ Sí → PASE a la pregunta 31	persona leo	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
 No – No trabajó (o está retirada) b. LA SEMANA PASADA, ¿hizo esta CUALQUIER trabajo por paga, inc fuese por una hora? 	persona luso aunque	¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
☐ No → PASE a la pregunta 36a		
¿En qué lugar trabajó esta persona l PASADA? Si esta persona trabajó en n lugar, escriba en letra de molde la direc- él o ella trabajó la mayor parte de la ser a. Dirección Nombre de urbanización o condo Número y nombre de la calle	más de un ción donde mana.	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
Si no sabe la dirección exacta, dé una de la localización, tal como el nombre calle o intersección más cercana. b. Nombre de la ciudad, pueblo u ofi correos	e del edificio,	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA? Minutos
c. ¿Está localizado el lugar de trabaj los límites de esa ciudad o pueblo Sí No, fuera de los límites de la ciudad d. Nombre del municipio o condado Estados Unidos	d/pueblo	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?
e. Anote Puerto Rico o el nombre de los Estados Unidos o país extranj		Sí → PASE a la pregunta 36c No B. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o
f. Código Postal 2 Cómo llegó usualmente esta persor	na al trabaio	negocio? Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
LA SEMAÑA PASADA? Marque (X) U el medio de transportación que utilizó po	NA casilla para	No → PASE a la pregunta 37 c. ¿Se le ha informado a esta persona que será
☐ Autobús ☐ M	axi lotocicleta	c. 25e le na informado a esta persona que sera llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?
Tren de viajes largos Ca	aminó	Sí → PASE a la pregunta 38 No
	rabajó en el ogar → <i>PASE</i>	



7	Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
•		La serie de preguntas que sigue es sobre el tipo de
,	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa e empleo en el cual trabajó más horas. Si esta person no trabajó la semana pasada, describa el empleo m
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años. a. ¿Cuál de las siguientes opciones describe
	No, debido a una enfermedad temporera propia No, debido a otras razones (en la escuela, etc.)	mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últim
		5 años? Marque (X) UNA casilla. EMPLEADO DEL SECTOR PRIVADO
	¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?	Compañía u organización con fines de lucr
	En los últimos 12 meses	Organización sin fines de lucro (incluso
	Hace 1 a 5 años → PASE a la sección M	las organizaciones exertas de impuestos y
	Hace más de 5 años o nunca trabajó → PASE a la pregunta 43	GOVERNMENT EMPLOYEE
		Gobierno local (por ejemplo: ciudad, condado o municipio)
	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso distritos escolare y universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a
		b. ¿Cuál era el nombre del patrono, negocio, agencia o rama de las Fuerzas Armadas de
)	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por detal?
		otro (agricultura, construcción, servicio,
		gobierno, etc.)?



	1
e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	d. Seguro Social o retiro para personal de los ferrocarriles.
	□ Sí → \$.00
f. Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	
especificaciones del trabajo)	Sí → \$.00
	No CANTIDAD TOTAL en los últimos 12 MESES
	f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar
	estatal o local.
INGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
hace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.
Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.	Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta
Si el ingreso neto fue una pérdida, marque el cuadrado	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
"Pérdida" a la derecha de la cantidad en dólares.	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque	para la jubilación. No meluya el Seguro Social.
el cuadrado"No" para la otra persona.	□ Sí → \$.00
a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la	No CANTIDAD TOTAL en los últimos 12 MESES
cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido
□ sí → \$ 00	regularmente, tal como pagos de la Administración de Veteranos (VA),
Ψ, , ,	compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión
CANTIDAD TOTAL en los últimos 12 MESES	de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
b. Ingreso de empleo por cuenta propia en su	una herencia o venta de una casa.
negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.	□ Sí → \$.00
Informe el ingreso NETO después de descontar los gastos de negocio.	No CANTIDAD TOTAL en los
□ Sí → \$.00 □	últimos 12 MESES 44 ¿Cuál fue el ingreso total de esta persona durante
No CANTIDAD TOTAL en los Pérdida	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier
últimos 12 MESES	pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de
c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por	la cantidad.
herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.	□ ó \$ 0.00 □
□ sí → \$ 0.00 □	Ninguno CANTIDAD TOTAL en los últimos 12 MESES
No CANTIDAD TOTAL en los Pérdida	
últimos 12 MESES	Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la Parsona 4 en la página 5. PASE a la página 48 para



ver las instrucciones de envío por correo.

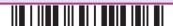
contestando las siguientes preguntas. Apellido	Pre-escolar o pre-kinder
	Kindergarten
	Grado 1 al 12 – Especifique
Nombre	nicia grado 1-12 🗸
	Estudios universitarios al nivel de bachillerato
¿Dónde nació esta persona?	(freshman a senior)
En los Estados Unidos – Escriba en letra de molo el nombre del estado.	de Escuela graduada o profesional más allá de un bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranje o de las Islas Vírgenes de los EE.UU., Guam, etc.	Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en Puerto Rico → PASE a la pregunta 10	0a Pre-escolar o pre-kinder
Sí, nació en un estado de los Estados Unidos, el	
Distrito de Columbia, Guam, las Islas Vírgenes d los Estados Unidos o las Islas Marianas del Nort	
Sí, nació en el extranjero de padre o madre que ciudadano(a) de los EE.UU.	es
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización 🔀	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SUPERIOR
	Diploma de escuela superior
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
¿Cuándo vino esta persona a vivir a Puerto Ric Si esta persona vino a vivir a Puerto Rico más de u vez, escriba el último año.	
Año	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS
En cualquier momento DURANTE LOS ÚLTIMO	Título de bachillerato universitario (por ejemplo: BA, BS)
MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escola	ar o UNIVERSITARIO
pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a diploma de escuela superior o un título universi:	itario.
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de bachille universitario (por ejemplo: MD, DDS, DVM, LLB, Jl
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza en el hogar	



Conteste la pregunta 12 si esta persona tiene un	a. ¿Vivía esta hace 1 año	persona en esta c ?	asa o apart	amento
título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.	Persona pregun	a es menor de 1 año d ta 16	de edad → PA	ASEa la
	Sí, en e	sta casa → <i>PASE a la</i>	pregunta 16	
Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona	Escriba del país	ra de Puerto Rico y lo en letra de molde a s extranjero o las Isla s Unidos, Guam, etc.; ta 16	continuación s Vírgenes de	el nomb e los
recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)				
		una casa diferente en s Unidos	Puerto Rico	o los
		vía esta persona ha	ace 1 año?	
		urbanización o con ombre de la calle	dominio	
¿Cuál es la ascendencia u origen étnico de esta	ivumero y n	onibre de la cane		
persona?	Nombro do	la ciudad, pueblo u	oficino do	
	Nombre de	ia ciudau, puebio u	officilla de (correos
(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)	Nombre del Estados Un	municipio o conda idos	ido de los	
a. En su hogar, ¿habla esta persona un idioma	Anote Puer	to Rico o el		
que no sea inglés?	nombre del los Estados	estado de	Código Po	ostal
☐ Sí				
No → PASE a la pregunta 15a				
b. ¿Qué idioma es ese?	cualquiera de	ersona cobertura e los siguientes tip es de cobertura de	os de segu	ros de
	Marque "Sí" o	"No" para CADA tip	oo de cobert	ura en
Por ejemplo: coreano, italiano, español, vietnamés	las respuestas	<i>a-n.</i> rés de su patrono o sir	ndicato S	Sí No
c. ¿Cuán bien habla esta persona el inglés?	(unión), actua	al o previo (de esta per or otro miembro de la f	rsona	
Muy bien	b. Seguro adqui	rido directamente de i	una	
Bien		seguro (por esta perso er otro miembro de la		
☐ No bien	años o más, o	ra personas que tiener o personas con ciertos		
No habla inglés	impedimento	s dical Assistance o cua	laujer	
	tipo de plan o	de asistencia gubernar sonas con un ingreso	mental	
	e. TRICARE u ot	ro seguro de salud mi	litar	
	f. VA (se ha reg	istrado en el sistema d alud militar de la VA)	de	
		alud Indio (Indian Healt	th Service)	
	h. Cualquier otro	o tipo de seguro de sa pertura de seguro de		
	Juliu Lapet	mquo k		



	Persona 4 (continuación)						
ľ		1					
G	Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.		Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.				
1	a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salue No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.	20	Debido a una con emocional, ¿tiene hacer diligencias consultorio de un	esta o ma	persona Indados	a dificultad p sola, tal com	ara o ir al
ı	∐ Sí		No				
ı	No → PASE a la pregunta 18a						
ı	b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio	4	¿Cuál es el estado civil de esta persona? Casada actualmente				
ı	basado en el ingreso de la familia como ayuda para pagar la prima o cuota?		Viuda	iente			
ı	□ Sí		Divorciada				
ı	□ No		Separada				
18	a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?		Nunca se ha ca	sado	→ PASE a	la sección J	
	Sí						
ı	□ No	22	En los PASADOS		_	esta persona	-
ı			a. se casó?	Sí	No		
ı	 b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes? 		b. enviudó?	H			
ı	Sí		c. se divorció?				
ı	□ No						
ı		23	¿Cuántas veces ha	a est	ado casa	da esta perso	ona?
Ĥ			Una vez				
ı	tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.		Dos veces				
ľ			Tres veces o m	ás			
	a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	24	• • • • • • • • • • • • • • • • • • • •	só la	última v	ez esta perso	ona?
ı	Sí		Año				
ı	□ No						
ı							
ı	 b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras? 						
	□ Sí						
	□ No						
	c. ¿Tiene esta persona dificultad para vestirse o bañarse?						



Sí
No

a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento? Si No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Si No → PASE a la pregunta 27 Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 a gesponsable de estos nietos? Si este abuelo es responsable de estos nietos? Si este abuelo es responsable de ostos nietos? Si este abuelo es responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años 5 años o más Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Epoca de Vietnam (agosto del 1964 a abril del 1975 Guerra de Corea (julio del 1960 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a mismo del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 a diciembre del 1940 Enero del 1947 a junio del 1950 Noviembre del 1941 a ficiación de incapacidad de la VA relacionada con el servicio? Si (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? O por ciento 50 ó 60 por ciento 50 ó 60 por ciento	J	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a. En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí	¿Ha estado esta persona alguna vez en el ser militar activo en las Fuerzas Armadas, la Res Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. □ Nunca estuvo en el servicio militar → PASE a la pregunta 30a □ Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → Fa a la pregunta 29a □ En servicio activo ahora	erva a
☐ 70 por ciento o más	26	años que viva en esta casa o apartamento? Sí No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Sí No → PASE a la pregunta 27 c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años	activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA perío durante el cual esta persona estuvo en servicio maunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1960 del 1964 a del 1960 del 1	s do ilitar,



30	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
	☐ Sí → PASE a la pregunta 31	
	No – No trabajó (o está retirada)	33 ¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunqu fuese por una hora?	usualmente viajaron al trábajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
	☐ Sí	
	No → PASE a la pregunta 36a	
3	¿En qué lugar trabajó esta persona LA SEMAN PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección Nombre de urbanización o condominio Número y nombre de la calle	comenzó esta persona su viaje al trabajo?
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA? Minutos
	b. Nombre de la ciudad, pueblo u oficina de	
	correos	
	c. ¿Está localizado el lugar de trabajo dentro d los límites de esa ciudad o pueblo?	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.
	 No, fuera de los límites de la ciudad/pueblo d. Nombre del municipio o condado de los Estados Unidos 	a. LA SEMANA PASADA, ¿estuvo esta persona suspendida <i>(on layoff)</i> o en cesantía de un empleo?
		Sí → PASE a la pregunta 36c
	e. Anote Puerto Rico o el nombre del estado de	_ _
	los Estados Unidos o país extranjero	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o
	f. Código Postal	negocio?
	00000	Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
32	¿Cómo llegó usualmente esta persona al trabaj LA SEMANA PASADA? Marque (X) UNA casilla p el medio de transportación que utilizó por más dista	para
	Automóvil, camión o <i>van</i>	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los
	Autobús Motocicleta	próximos 6 meses O se le ha dado una fecha para regresar al trabajo?
	☐ Tren urbano ☐ Bicicleta	Sí → PASE a la pregunta 38
	Tren de viajes largos Caminó o de cercanías	□ No
	Carro público Trabajó en el hogar → PASE a la pregunta a	
	Lancha (ferry) Otro método	



37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	□ Sí	contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
88	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporera propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los último
	No, debido a otras razones (en la escuela, etc.)	5 años? Marque (X) UNA casilla.
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y
		las organizaciones caritativas) GOVERNMENT EMPLOYEE
	Hace más de 5 años o nunca trabajó → PASE a la pregunta 43	Gobierno local (por ejemplo: ciudad, condado o municipio)
10	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso distritos escolares y universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	□ No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del patrono, negocio, agencia o rama de las Fuerzas Armadas de
Ð	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por detal?
		· ·
		otro (agricultura, construcción, servicio,



	I
e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	d. Seguro Social o retiro para personal de los ferrocarriles.
principlante	□ Sí → \$.00
f. Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)	□ Sí → \$.00
especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
	f. Cualquier pago de asistencia o bienestar público (<i>welfare</i>) de la oficina de bienestar estatal o local.
INGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
hace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.
Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.	Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta
Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
Para ingreso recibido en conjunto, informe la parte que	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado"No" para la otra persona.	□ Sí → \$.00
a. Jornales, sueldos/salarios, comisiones, bonos	No CANTIDAD TOTAL en los
o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	últimos 12 MESES h. Alguna otra fuente de ingreso recibido
impuestos, bonos, cuotas y otras cosas.	regularmente, tal como pagos de la Administración de Veteranos (VA),
□ Sí → \$, .00	compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión
No CANTIDAD TOTAL en los últimos 12 MESES	de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.
b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea	una nerencia o venta de una casa.
como propietario único o en sociedad. Informe el ingreso NETO después de descontar	□ Sí → \$.00
los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
□ Sí → \$, 0 0 0 □ 4	4 ¿Cuál fue el ingreso total de esta persona durante
No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
c. Intereses, dividendos, ingreso neto por rentas,	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades	
pequeñas acreditadas a una cuenta.	Ninguno CANTIDAR TOTAL Pérdida
□ Sí → \$,,	CANTIDAD TOTAL en los últimos 12 MESES
No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	Continúe con las preguntas para la Persona 5 en
	la próxima página. Si no hay nadie listado como la Persona 5 en la página 6, PASE a la página 48 para ver las instrucciones de envío por correo.



Persona 5

aparece en la página 6. Luego, continúe contestando las siguientes preguntas.	persona? Marque (X) UNA casilla.
Apellido	Pre-escolar o pre-kinder
	Kindergarten
Nombre Inic	Grado 1 al 12 – Especifique grado 1-12
William Company	
	Estudios universitarios al nivel de bachillerato (freshman a senior)
¿Dónde nació esta persona?	Escuela graduada o profesional más allá de un
En los Estados Unidos – Escriba en letra de molde el nombre del estado.	bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escue de medicina o leyes)
Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.	¿Cuál es el título o nivel escolar más alto que est persona ha COMPLETADO? Marque (X) UNA casill Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.
	NO HA COMPLETADO NINGÚN GRADO
	No ha completado ningún grado
¿Es esta persona ciudadana de los Estados Unidos?	PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12
Sí, nació en Puerto Rico → <i>PASE a la pregunta 10a</i>	Pre-escolar o pre-kinder
Sí, nació en un estado de los Estados Unidos, el	Kindergarten
Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte	Grado 1 al 11 − Especifique grado 1-11 _F
Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.	
Sí, es ciudadana de los Estados Unidos por naturalización – Escriba el año de naturalización	Grado 12, SIN DIPLOMA
	GRADUADO(A) DE ESCUELA SUPERIOR
	Diploma de escuela superior
No, no es ciudadana de los Estados Unidos	GED o examen equivalente
	UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS
¿Cuándo vino esta persona a vivir a Puerto Rico Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.	
Año	1 año o más de créditos universitarios, sin título
	Título asociado universitario (por ejemplo: AA, AS,
En cualquier momento DURANTE LOS ÚLTIMOS	Título de bachillerato universitario (por ejemplo: BA, BS)
MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar	O UNIVERSITARIO
pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a ur diploma de escuela superior o un título universita:	rio.
No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 11	Título profesional más allá de un título de bachiller universitario (por ejemplo: MD, DDS, DVM, LLB, JI
Escuela o universidad pública	Título de doctorado (por ejemplo: PhD, EdD)
Escuela o universidad privada o enseñanza en el hogar	



		ta casa o apa	artamento
	Persona es menor de 1 a pregunta 16	ño de edad →	PASEa la
	Sí, en esta casa → PASE	a la pregunta	16
	Escriba en letra de molo del país extranjero o las	e a continuaci Islas Vírgenes	ión el nomb s de los
		e en Puerto Ri	co o los
b. ¿D		a hace 1 año	o?
	-		
	mero y mombre de la car	10	1
_			
No	mbre de la ciudad, pueb	lo u oficina c	de correos
NI-			
		ndado de los	•
			1
		Código	Postal
_			
16 ¿Tien	ne esta persona coberti	ıra ACTUAL	MENTE de
cuald	quiera de los siguientes	tipos de se	guros de
Marq	ue "Sí" o "No" para CAD	A tipo de cob	ertura en
	•		Sí No
(un	ión), actual o previo (de esta	persona	
	•	· ·	
con	npañía de seguro (por esta p	persona	
	•	•	
año	os o más, o personas con cie	enen 65 ertos	
tipo par	o de plan de asistencia gube	rnamental	
		eso bajo	
	ncapacidad		
e. TRI f. VA	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de	
e. TRI f. VA cuid	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste dado de salud militar de la \	d militar ma de (A)	
e. TRI f. VA cuid g. Ser	ncapacidad CARE u otro seguro de salu (se ha registrado en el siste	d militar ma de 'A) Health Service)	
	b. ¿Dir No Nú Saluc Marq las re a. Seg (un o d b. Seg cor o p c. Me añu d. Me tipo	hace 1 año? Persona es menor de 1 a pregunta 16 Sí, en esta casa → PASE No, fuera de Puerto Rico Escriba en letra de mold del país extranjero o las Estados Unidos, Guam, pregunta 16 No, en una casa diferente Estados Unidos Dirección Nombre de urbanización o Número y nombre de la cal Nombre del municipio o co Estados Unidos Nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos	Persona es menor de 1 año de edad → pregunta 16 Sí, en esta casa → PASE a la pregunta No, fuera de Puerto Rico y los Estados Escriba en letra de molde a continuaci del país extranjero o las Islas Virgenes Estados Unidos, Guam, etc.; luego PA pregunta 16 No, en una casa diferente en Puerto Ri Estados Unidos b. ¿Dónde vivía esta persona hace 1 año Dirección Nombre de urbanización o condominio Número y nombre de la calle Nombre del municipio o condado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Anote Puerto Rico o el nombre del estado de los Estados Unidos Código La Tiene esta persona cobertura ACTUAL cualquiera de los siguientes tipos de se salud o planes de cobertura de seguro de Marque "Sí" o "No" para CADA tipo de cob las respuestas a-h. a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) c. Medicare, para personas que tienen 65 años o más, o personas con ciertos



Persona 5 (continuación)	
Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.	Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.
a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas. Sí	Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir a consultorio de un médico o ir de compras?
 No → PASE a la pregunta 18a b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda 	¿Cuál es el estado civil de esta persona?
para pagar la prima o cuota?	Viuda
☐ Sí	Divorciada
No	Separada
a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?	Nunca se ha casado → PASE a la sección
☐ Sí	F. L. DAGADOG 40 MEGEG
□ No	En los PASADOS 12 MESES, ¿esta persona –
b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?	a. se casó?
□ Sí	c. se divorció?
□ No	23 ¿Cuántas veces ha estado casada esta persona?
Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las	Una vez
instrucciones de envío en la página 48.	Dos veces Tres veces o más
a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?	¿En qué año se casó la última vez esta persona?
□ Sí	Año
□ No	
b. ¿Tiene esta persona una dificultad seria para	
caminar o subir las escaleras?	
□ No	
c. ¿Tiene esta persona dificultad para vestirse o bañarse?	
Sí	



No

a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento? Si No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Si No → PASE a la pregunta 27 Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1975 a gesponsable de estos nietos? Si este abuelo es responsable de estos nietos? Si este abuelo es responsable de ostos nietos? Si este abuelo es responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años 5 años o más Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Epoca de Vietnam (agosto del 1964 a abril del 1975 Guerra de Corea (julio del 1960 a enero del 1955) Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a diciembre del 1941 a mismo del 1950 Noviembre del 1947 a junio del 1950 Noviembre del 1941 a diciembre del 1940 Enero del 1947 a junio del 1950 Noviembre del 1941 a ficiación de incapacidad de la VA relacionada con el servicio? Si (tal como 0%, 10%, 20%,, 100%) No → PASE a la pregunta 30a b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona? O por ciento 50 ó 60 por ciento 50 ó 60 por ciento	J	Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a. En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona? Sí	¿Ha estado esta persona alguna vez en el ser militar activo en las Fuerzas Armadas, la Res Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla. □ Nunca estuvo en el servicio militar → PASE a la pregunta 30a □ Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → Fa a la pregunta 29a □ En servicio activo ahora	erva a
☐ 70 por ciento o más	26	años que viva en esta casa o apartamento? Sí No → PASE a la pregunta 27 b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento? Sí No → PASE a la pregunta 27 c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo. Menos de 6 meses 6 a 11 meses 1 ó 2 años 3 ó 4 años	activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA perío durante el cual esta persona estuvo en servicio maunque fuera sólo por parte del período. Septiembre del 2001 ó después Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico) Mayo del 1975 a julio del 1990 Época de Vietnam (agosto del 1964 a abril del 1960 del 1964 a del 1960 del 1	s do ilitar,



3	a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?	Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.
١	Sí → PASE a la pregunta 31	
١	No – No trabajó (o está retirada)	¿Cuántas personas, incluyendo a esta persona,
	b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?	usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA? Persona(s)
١	☐ Sí	
١	No → PASE a la pregunta 36a	
3	¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana. a. Dirección Nombre de urbanización o condominio Número y nombre de la calle	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.
	Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana. b. Nombre de la ciudad, pueblo u oficina de correos	¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA? Minutos
	c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo? Sí No, fuera de los límites de la ciudad/pueblo d. Nombre del municipio o condado de los Estados Unidos	Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a. a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?
١		Sí → PASE a la pregunta 36c
١	e. Anote Puerto Rico o el nombre del estado de	No
١	los Estados Unidos o país extranjero	NO
	f. Código Postal	b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio? Sí, de vacaciones, enfermedad temporera,
		licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
3	¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.	
	Automóvil, camión o <i>van</i> Taxi	c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha
	Autobús Motocicleta	para regresar al trabajo?
	Tren urbano Bicicleta	☐ Sí → PASE a la pregunta 38
	Tren de viajes largos Caminó	□ No
	o de cercanías Carro público Trabajó en el hogar → PASE a la pregunta 40a	
	Lancha (ferry) Otro método	



37	esta persona buscando trabajo ACTIVAMENTE?	Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.
	□ Sí	contrario, PASE a la pregunta 45.
	No → PASE a la pregunta 39	DESCRIPCIÓN DEL EMPLEO
88	LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera	La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.
	ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?	Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más
	Sí, hubiera podido ir a trabajar	reciente en los últimos cinco años.
	No, debido a una enfermedad temporera propia	a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los último
	No, debido a otras razones (en la escuela, etc.)	5 años? Marque (X) UNA casilla.
39	¿Cuándo trabajó esta persona por última vez,	EMPLEADO DEL SECTOR PRIVADO
	aunque fuera por unos pocos días?	Compañía u organización con fines de lucro
	En los últimos 12 meses Hace 1 a 5 años → PASE a la sección M	Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y
		las organizaciones caritativas) GOVERNMENT EMPLOYEE
	Hace más de 5 años o nunca trabajó → PASE a la pregunta 43	Gobierno local (por ejemplo: ciudad, condado o municipio)
10	a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas,	Gobierno estatal (incluso distritos escolares y universidades estatales)
	licencia por enfermedad pagada y servicio en las Fuerzas Armadas.	Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
	Sí → PASE a la pregunta 41	Empleado civil del gobierno federal
	□ No	EMPLEADO POR CUENTA PROPIA U OTRO
	b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona?	Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
	Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.	Propietario(a) de un negocio, una práctica profesional o una finca incorporada
	Semanas	Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana
		b. ¿Cuál era el nombre del patrono, negocio, agencia o rama de las Fuerzas Armadas de
Ð	En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?	esta persona?
	Horas usualmente trabajadas cada SEMANA	
		c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)
		d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.
		manufactura?
		comercio al por mayor?
		comercio al por detal?
		· ·
		otro (agricultura, construcción, servicio,

е	. ¿Cuál era la ocupación principal de esta persona?	d. Seguro Social o retiro para personal de los
	(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)	ferrocarriles.
		□ Sí → \$.00
f	Describa las actividades o deberes más	No CANTIDAD TOTAL en los últimos 12 MESES
•	importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar	e. Seguridad de Ingreso Suplementario (SSI).
	lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las	□ sí → \$.00
	especificaciones del trabajo)	No CANTIDAD TOTAL en los últimos 12 MESES
		 Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.
)	INGRESO EN LOS ÚLTIMOS 12 MESES	□ Sí → \$.00
	Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy	No CANTIDAD TOTAL en los últimos 12 MESES
	hace un año hasta hoy.)	g. Ingreso por retiro, pensiones, ingreso por
	Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.	discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta
	Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.	individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k),
1	Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque	403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.
•	el cuadrado"No" para la otra persona.	□ Sí → \$.00
í	a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por	No CANTIDAD TOTAL en los últimos 12 MESES
	impuestos, bonos, cuotas y otras cosas.	h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la
	□ sí → \$.00 .00	Administración de Veteranos (VA), compensación por desempleo, pensión para
	No CANTIDAD TOTAL en los últimos 12 MESES	hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de
ı	b. Ingreso de empleo por cuenta propia en su	una herencia o venta de una casa.
	negocio no agrícola o finca comercial, ya sea	
	como propietario único o en sociedad. Informe el ingreso NETO después de descontar	□ Sí → \$.00
	los gastos de negocio.	No CANTIDAD TOTAL en los últimos 12 MESES
	□ Sí → \$,,	4 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades
	No CANTIDAD TOTAL en los Pérdida últimos 12 MESES	anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la
(c. Intereses, dividendos, ingreso neto por rentas,	cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.
	ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.	
		Ninguno CANTIDAD TOTAL en los
	Sí → \$, .00 □	últimos 12 MESES
	CANTIDAD TOTAL en los diltimos 12 MESES	Ahora continúe con las instrucciones sobre envío por correo en la página 48.



La página 47 se ha dejado en blanco intencionalmente	



Instrucciones sobre envío por correo

Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3, 4, 5, 6 y 7
- contestado todas las preguntas sobre Vivienda
- contestado todas las preguntas sobre Personas para cadapersona

Entonces...

 coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

 asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre

Gracias por participar en la Encuesta sobre la Comunidad de Puerto Rico.

Para Uso del Negociado del Censo

POP	EDIT	PHONE	JIC1	JIC2
EDIT CLERK	TELER	PHONE CLERK	JIC3	JIC4
		'		

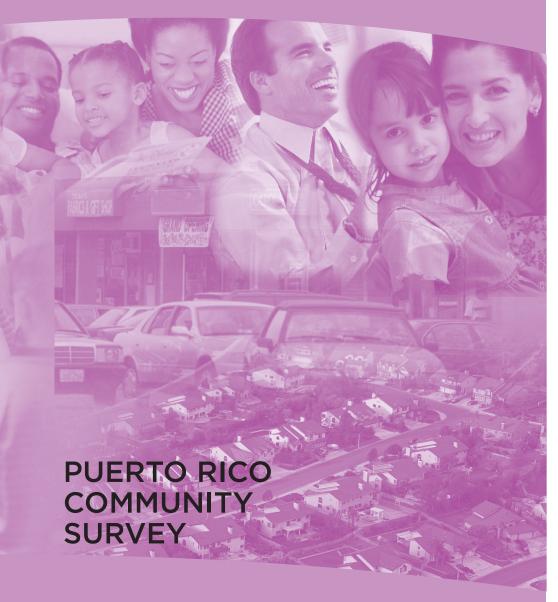
La Oficina del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a acso.pra@census.gov; escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Por favor, NO DEVUELVA su cuestionario a esta dirección. Use el sobre predirigido adjunto para devolver su cuestionario completado.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.

Form ACS-1PR(SP)(2020) (03-18-2019)



Frequently Asked Questions





Issued 03-20-2019 ACS-10SMPR(2020)

Connect with us @uscensusbureau

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the U.S. Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

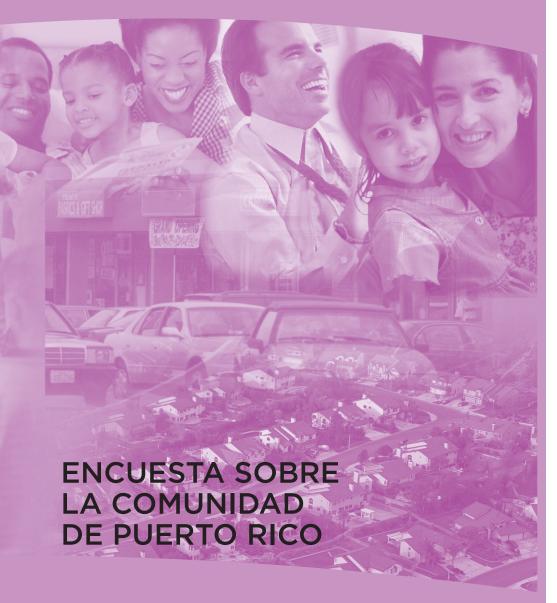
Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at *census.gov/acs* or call 1-800-354-7271, if you need assistance or more information.

Preguntas Frecuentes





Publicado 03-20-2019 ACS-10SMPR(2020)

Conecta con nosotros @uscensusbureau

Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este 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 trasmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet *census.gov/acs* o llame al 1-800-814-8385 si necesita asistencia o más información.



Washington, DC 20233 Office of the Director

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

In a few days your household will receive a questionnaire in the mail for a very important survey—the Puerto Rico Community Survey. When the questionnaire arrives, please fill it out and mail it back promptly. The U.S. Census Bureau is conducting this survey and chose your address, not you personally, as part of a randomly selected sample.

The Puerto Rico Community Survey paints a picture of life in Puerto Rico-education, housing, jobs, and more. Every year, this survey provides up-to-date information to community leaders as well as federal, Puerto Rico, and municipio governments. This information can be used to identify the services and programs your community needs. For example, this survey can provide information to plan services for the elderly, emergency services, and federal aid.

If you have access to the Internet and want to learn more about the Puerto Rico Community Survey, please visit the Census Bureau's Web site: www.census.gov/acs/www.

Thank you in advance for your help.

Sincerely.

Steven D. Dillingham

Enclosures



U.S. Census Bureau Washington, DC 20233 Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En los prí ximos dças su hogar recibirÜ por correo un cuestionario para una encuesta muy importante, la Encuesta sobre la Comunidad de Puerto Rico. Al recibir su cuestionario, por favor llänelo y devuälvalo por correo lo mÜs pronto posible. La Oficina del Censo de los EE.UU. estÜ llevando a cabo esta encuesta y seleccioní su direccií n, y no a usted personalmente, como parte de una muestra de hogares en su comunidad seleccionados al azar.

La Encuesta sobre la Comunidad de Puerto Rico ofrece un panorama de la vida en Puerto Rico: la educacií n, la vivienda, los empleos y müs. Todos los aèos, esta encuesta proporciona informacií n actualizada a los loderes de la comunidad, asç como al gobierno federal, al de Puerto Rico y a los de los municipios. Esta informacií n puede usarse para identificar los servicios y programas que su comunidad necesita. Por ejemplo, esta encuesta puede proporcionar informacií n para planificar servicios para las personas de la tercera edad, servicios de emergencia y asistencia federal.

Si usted tiene acceso a la Internet y desea obtener mÜs informacií n acerca de la Encuesta sobre la Comunidad de Puerto Rico, por favor, visite la pÜgina de la Oficina del Censo: www.census.gov/acs/www.

Agradeciandole de antemano su ayuda.

Atentamente,

Steven D. Dillingham

Steven D. Valleyham

Documentos adjuntos



Washington, DC 20233 Office of the Director

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

The U.S. Census Bureau recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

When you respond to the Puerto Rico Community Survey, you are representing your community and helping with future decision-making. Your response can help your local leaders and organizations know the needs of your community, such as services for children and the elderly, and emergency services.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1–800–717–7381).

Thank you in advance for your cooperation.

Sincerely,

Steven D. Dillingham

Enclosures



U.S. Census BureauWashington, DC 20233
Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envií una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrarÜ un cuestionario e informacií n sobre la encuesta. Por favor, llene el cuestionario y envælo en el sobre con franqueo pagado que se incluye lo mÜs pronto posible.

Cuando usted responde a la Encuesta sobre la Comunidad de Puerto Rico, estÜ representando a su comunidad y ayudando a la toma de decisiones en el futuro. Su respuesta puede ayudar a que Içderes y organizaciones locales sepan las necesidades de su comunidad, tales como servicios para nièos y personas de la tercera edad, y servicios de emergencia.

La Oficina del Censo de los EE. UU. escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted estÜ obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacií n. El folleto que acompaèa esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro nômero de teläfono (1–800–814–8385).

Le agradecemos de antemano por su ayuda.

Atentamente,

Steven D. Dillingham

Steven V. Villeyham

Documentos adjuntos



Washington, DC 20233 Office of the Director

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

About three weeks ago, the U.S. Census Bureau sent a Puerto Rico Community Survey questionnaire to your address. We asked you to help us with this very important survey by completing it and mailing it back. But, we have not received it yet.

If you have already mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. We have included another questionnaire with this letter. This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire.

We need you to be the voice for your community. Every year, the Puerto Rico Community Survey provides the public, local leaders, businesses, and nonprofit organizations with useful information about your community. This is not possible unless all households respond—including yours.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1–800–717–7381).

Sincerely,

Steven D. Dillingham

Enclosures



U.S. Census BureauWashington, DC 20233
Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace unas tres semanas, la Oficina del Censo de los EE. UU. envií un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico a su direccií n. Le pedimos que nos ayudara con esta importantçsima encuesta, completÜndola y enviÜndola por correo. Sin embargo, hasta el momento no hemos recibido su cuestionario.

Si usted ya ha enviado su cuestionario, le damos las gracias. Si todavça no lo ha enviado, por favor, hÜgalo lo mÜs pronto posible. Hemos incluido otro cuestionario con esta carta. Esta encuesta es de tanta importancia que, si no recibimos su cuestionario, es posible que un representante de la Oficina del Censo se comunique con usted por teläfono o lo visite en su hogar.

Necesitamos que usted sea la voz de su comunidad. Todos los aèos, la Encuesta sobre la Comunidad de Puerto Rico proporciona al pôblico, Igderes locales, empresas y organizaciones sin fines de lucro informacií n ôtil sobre su comunidad. Esto no es posible a menos que todos los hogares respondan, incluido el suyo.

La Oficina del Censo escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacion. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda en llenar el cuestionario, por favor, llame sin cargo a nuestro nômero de teläfono (1–800–814–8385).

Muchas gracias.

Atentamente.

Steven D. Dillingham

Documentos adjuntos



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

Hace unos dos usted debe haber recibido un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico. Si ya lo ha devuelto, le extiendo mi agradecimiento. Si todavo, no lo ha enviado, por favor, hÜgalo pronto.

Cuando usted responde, ayuda a su comunidad a obtener la informacií n mÜs actualizada y precisa posible.

Si usted requiere ayuda para completar la encuesta, por favor llame sin cargo a nuestra lonea informativa (1–800–814–8385).

Gracias.

Atentamente.

Steven D. Dillingham

tun O. Pelly

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

A few days ago, you should have received a Puerto Rico Community Survey questionnaire. If you have already mailed it back, thank you. If you have not, please send it soon.

When you respond, you help your community get the most accurate, up-to-date information possible.

If you need help filling out the questionnaire or have questions, please call our toll-free number (1–800–717–7381).

Thank you.

Sincerely,

Steven D. Dillingham

then O. Pelly

ACS-20PR(2020) (03-06-2019)





Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

Hace unos dos usted debe haber recibido un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico. Si ya lo ha devuelto, le extiendo mi agradecimiento. Si todavo no lo ha enviado, por favor, hÜgalo pronto.

Cuando usted responde, ayuda a su comunidad a obtener la informacií n mÜs actualizada y precisa posible.

Si usted requiere ayuda para completar la encuesta, por favor llame sin cargo a nuestra lonea informativa (1–800–814–8385).

Gracias.

Atentamente.

Steven D. Dillingham

tun O. Pelly

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

A few days ago, you should have received a Puerto Rico Community Survey questionnaire. If you have already mailed it back, thank you. If you have not, please send it soon.

When you respond, you help your community get the most accurate, up-to-date information possible.

O. Delly

If you need help filling out the questionnaire or have questions, please call our toll-free number (1–800–717–7381).

Thank you.

Sincerely,

Steven D. Dillingham



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



U.S. Census Bureau National Processing Center 1201 E 10th Street Jeffersonville IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58



Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

En las ôltimas semanas, la Oficina del Censo de los EE.UU, le envií a su hogar dos veces un paquete que contiene el cuestionario para la Comunidad de Puerto Rico. **Usted estÜ obligado(a) por ley a responder a esta encuesta.** La Oficina del Censo de los EE. UU. estÜ obligado por ley a proteger su informacií n. La Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernatica Federal del 2015, sus datos estUn protegidos contra los riesgos de seguridad cibernatica mediante los controles aplicados a los sistemas que trasmiten su informacií n. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complätelo y envœlo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su paçs. Si no llena y envça su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teläfono o necesita ayuda, sqvase llamar sin carga a (1-800-814-8385).

Gracias.

Atentamente.

O. Pelly

Steven D. Dillingham

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

Within the last few weeks, the U.S. Census Bureau mailed Puerto Rico Community Survey questionnaire packages to your address twice. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-717-7381).

Thank you.

Sincerely.

Steven D. Dillingham

ACS-23PR(2020) (03-06-2019)



Estados Unidos Puerto Rico

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

En las ôltimas semanas, la Oficina del Censo de los EE.UU. le envií a su hogar dos veces un paquete que contiene el cuestionario para la Comunidad de Puerto Rico. **Usted estÜ obligado(a) por ley a responder a esta encuesta.** La Oficina del Censo de los EE. UU. estÜ obligado por ley a proteger su informacií n. La Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernatica Federal del 2015, sus datos estún protegidos contra los riesgos de seguridad cibernatica mediante los controles aplicados a los sistemas que trasmiten su informacií n. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complätelo y envælo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su paçs. Si no llena y envça su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teläfono o necesita ayuda, sqvase llamar sin carga a (1-800-814-8385).

Gracias.

Atentamente.

Steven D. Dillingham

tun O. Pelly

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

tun O. Pelly

Within the last few weeks, the U.S. Census Bureau mailed Puerto Rico Community Survey questionnaire packages to your address twice. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a guestionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, pléase call our toll-free number (1-800-717-7381).

Thank you.

Sincerely.

Steven D. Dillingham

Her O. Pelly





National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58







National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 9-1/2"

2"

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

4-1/8"



3/4"

5/8"





National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

Encuesta sobre la Comunidad de Puerto Rico

SU RESPUESTA ES REQUERIDA POR LEY

The Puerto Rico Community Survey

YOUR RESPONSE IS REQUIRED BY LAW









National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 2-3/16"

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

	2-1/2"
6-1/4"	

Encuesta sobre la Comunidad de Puerto Rico

SU RESPUESTA ES REQUERIDA POR LEY The Puerto Rico Community Survey

YOUR RESPONSE IS REQUIRED BY LAW

11-5/8"





OFFICIAL BUSINESS Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

	draft 4 (12-12-2018) 6385-47(2020) enve	elope 9 x 11-1/2" W ope	en window 5 x 7/8					
	OFFICIAL BUSINESS Penalty for Private Use \$300		1-7/8"	9"			NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
	2"				7.01			
				5"	7/8"			
			INESS SS MAIL PERMI		LY MASHINGTON I			
	•	POSTAGE	WILL BE PAID	BY THE U.S. (CENSUS BURE	EAU		
		DIRECTOR U.S. CENSU PO BOX 524 JEFFERSONVI	0	9-5240				Flap side
	11-1/2"							_
				8-3/4"				
		6-1/5"						
					լրորորդուրր	49 49 49 4	նկոիլիլ նվ	
_	6385-47(2020) (12-12-2018)					14 000000000 4719		



The Puerto Rico Community Survey

Pleae complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-717-7381.

The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–786–9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

For more information about the Puerto Rico Community Survey, visit our web site at: https://www.census.gov/acs

Start Here

•	Please print today's date.
	Month Day Year
	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
	000 - 0000
	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

• INCLUDE anyone else staying here who does not have

another place to stay, even if they are here for 2 months

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, 3, 4, 5, 6, and 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.

FORM **ACS-1PR(2020)**

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



→ NOTE: Please answer BOTH Question 5 about

Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought,

Filipino Korean Sa Asian Indian Japanese Ch Other Asian –	ce. For thi
Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Subana	nish origi
Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish of for example, Salvadoran, Dominican, Colon Guatemalan, Spaniard, Ecuadorian, etc. What is Person 1's sex? Mark (X) ONE box. Male Female Female Female What is Person 1's age and what is Person 1's late 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. Year of birth Print numbers in boxes. American, Jamaican, Haitian, Nigerian, Ett Somali, etc. American Indian or Alaska Native - Print nar or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Con Chinese Vietnamese Ni Filipino Korean Se Asian Indian Japanese Chinese Other Asian - Other	gin
Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish of for example, Salvadoran, Dominican, Colon Guatemalan, Spaniard, Ecuadorian, etc. What is Person 1's race? Mark (X) one or more boxes AND print origing white - Print for example, German, Irish, Italian, Lebanese, Egyptian, etc. White - Print numbers in boxes. Print numbers in boxes. Black or African Am Print, for example, American, Jamaican, Haitian, Nigerian, Ett Somali, etc. American Indian or Alaska Native - Print numbers in printing or principal tribels), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Con Chinese Vietnamese Ni Fillipino Korean Se Asian Indian Japanese Chinese Other Asian - Ot	
Yes, another Hispanic, Latino, or Spanish of for example, Salvadoran, Dominican, Colon Guatemalan, Spaniard, Ecuadorian, etc.	
Serson related to Person 1? Serson 1's sex? Mark (X) ONE box. Female Female Female For babies less than 1 year old, do not ge in months. Write 0 as the age. Print numbers in boxes. Print numbers in boxes. Simplify the content of	
Son 1's sex? Mark (X) ONE box. Female Female Female White - Print, for example, German, Irish, Italian, Lebanese, Egyptian, etc. White - Print, for example, American, Jamaican, Haitian, Nigerian, Eth. Somali, etc. American Indian or Alaska Native - Print na or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Com Chinese Vietnamese Native - Print na or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Com Chinese Vietnamese Native - Print na or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Com Other Asian Indian Japanese Chinese Other Asian - Ot	
Mark (X) one or more boxes AND print original print	
Male	gins.
bf birth? For babies less than 1 year old, do not the age in months. Write 0 as the age. Print numbers in boxes. In years) Month Day Year of birth American Indian or Alaska Native – Print na or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Con Chinese Vietnamese Na Asian Indian Japanese Chother Asian – Other Asian –	English,
or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Con Chinese Vietnamese Na Filipino Korean Sa Asian Indian Japanese Ch	African hiopian,
or principal tribe(s), for example, Navajo Na Tribe, Mayan, Aztec, Native Village of Barro Traditional Government, Nome Eskimo Con Chinese Vietnamese Na Filipino Korean Sa Asian Indian Japanese Ch	
Filipino Korean Sa Asian Indian Japanese Ch Other Asian –	ation, Black ow Inupiat
Filipino Korean Sa Asian Indian Japanese Ch Other Asian –	
Asian Indian Japanese Ch	lative Hawa
Asian Indian Japanese Ch	amoan
Other Asian –	hamorro
Cambodian, To	other Pacific slander – Pr or example, songan, Fijian flarshallese, e
Some other race – Print race or origin.	

				13170030
		Persor	n 2	
			Hisp	E: Please answer BOTH Question 5 about anic origin and Question 6 about race. For this ey, Hispanic origins are not races.
Wha	at is Person 2's name?	5	Is Pe	rson 2 of Hispanic, Latino, or Spanish origin?
Last	Name (Please print)			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
irst	Name	MI		Yes, Puerto Rican
				Yes, Cuban
	v is this person related to Person 1?		ш	Yes, another Hispanic, Latino, or Spanish origin – <i>Print,</i> for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
	Opposite-sex husband/wife/spouse			
	Opposite-sex unmarried partner		\/\/L -	t is Person 2's race?
H	Same-sex husband/wife/spouse			(X) one or more boxes AND print origins.
	Same-sex unmarried partner			White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. _₹
=	Biological son or daughter			
=	Adopted son or daughter			
7	Stepson or stepdaughter			Black or African Am. – Print, for example, African
Ŧ	Brother or sister			American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ⊋
	Father or mother			
1	Grandchild			
	Parent-in-law			American Indian or Alaska Native – Print name of enrolle or principal tribe(s), for example, Navajo Nation, Blackfee
=	Son-in-law or daughter-in-law			Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
=	Other relative			
	Roommate or housemate			
	Foster child			Chinese Vietnamese Native Hawaiia
	Other nonrelative			Filipino Samoan
	Other Homelative			Asian Indian Japanese Chamorro
/ha	at is Person 2's sex? Mark (X) ONE box. Male Female		ш	Other Asian – Other Pacific Print, for example, Islander – Print
ate	at is Person 2's age and what is Person 2's e of birth? For babies less than 1 year old, do e the age in months. Write 0 as the age.			Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc.
۸۵۵	Print numbers in boxes.			
\ge	(in years) Month Day Year of birth			Some other race – Print race or origin. 🙀



Hispanic origin and Question 6 about race. Fsurvey, Hispanic origins are not races. What is Person 3's name? Last Name (Please print) First Name MI First Name MI How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Same-sex unmarried partner 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 What is Person 3's sex? Mark (X) ONE box. Male Female Hispanic origin and Question 6 about race. Fsurvey, Hispanic are not races. Is Person 3' Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Auchen, Chicano Yes, Auchen, Makican Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Am., Chicano Yes, Auchen, Mexican Am., Chicano What is Person 3's race? Mark (X) One or more boxes AND print origins. White - Print, for example, Artica, American, Jamaican, Haitian, Nigerian, Ethiopic Sornali, etc. 7 Black or African Am Print, for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. What is Person 3's sex? Mark (X) ONE box. Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethiopic Sornali, etc. 7 Other Asian - Other Island, Nigerian, Ethio		13170048
Hispanic origin and Question 6 about race. Fisurvey, Hispanic origins are not races. Fisurvey, Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Wexican, Mexican Am., Chicano Yes, Quban Yes, Quban Yes, Bander Hispanic, Latino, or Spanish origin Yes, Author Hispanic, Latino, or Spanish origin Yes, Author Hispanic, Latino, or Spanish origin Yes, Cuban Yes, Bander Hispanic, Latino, or Spanish origin Yes, Durto Rican Yes, Bander Hispanic, Latino, or Spanish origin Yes, Durto Rican Yes, Bander Hispanic, Latino, or Spanish origin Yes, Durto Rican Yes, Durto Rica		Person 3
No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guetemalan, Spaniard, Ecuadorian, etc.		→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
No, not of inspanie, tatino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, Mexican, Mexican Am., Chicano Yes, Duttino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, Mexican, Mish, English, Ecuadorian, etc. Yes, Cuban Yes, Cuban Yes, Outher Assan - Print, for example, Assan, etc. What is Person 3's race? Mark (X) one or more boxes AND print origins. What is Person 3's trace? Mark (X) one or more boxes AND print origins. What is Person 3's race? Mark (X) one or more boxes AND print origins. White - Print, for example, Assan, etc. Yes, Mexican, Marsha, History Yes, Cuban	What is Person 3's name?	5 Is Person 3 of Hispanic, Latino, or Spanish origi
First Name Yes, Puerto Rican Yes, Cuban	Last Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
First Name Yes, Puerto Rican Yes, Cuban		Yes, Mexican, Mexican Am., Chicano
Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Perint, Colombian functions of What is Person 3's and shall print origins. What is Person 3's another Hispanic, Latino, Colombian functions of What is Person 3's another Hispanic, Latino, Colombian functions of What is Person 3's another Hispanic, Latino, Colombian functions of What is Person 3's another Hispanic, Latino, Colombian functions of What is Person 3's another Hispanic, Latino, Colombian functions of What is Person 3's another Hispanic, Latino, Colombian functions of Alaba Alva Alaba A	First Nama	Ver Brents Biers
Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. \(\frac{7}{2} \) Amk (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex husband/wife/spouse Same-sex husband/wife/spouse 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 Other relative Roommate or housemate Foster child Other relative Roommate or housemate Foster child Other nonrelative 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 Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. \(\frac{7}{2} \) What is Person 3's example, Salvadoran, Dominican, Colombian Guatemalan, Spaniard, Ecuadorian, etc. \(\frac{7}{2} \) 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	Histivalie	
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 □ What is Person 3's sex? Mark (X) ONE box. □ Male □ Female 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. □ Other hasian - Print, for example, Agrican Am Print, for example, African Am Print, for example, African Am Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopia Somali, etc. □ American Indian or Alaska Native - Print name of or principal tribe(s), for example, Naviev Village of Barrow Interactional Government, Nome Eskimo Communicational Government, Nome Eskimo Communica		Yes, another Hispanic, Latino, or Spanish origin – Prinfor example, Salvadoran, Dominican, Colombian,
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 Roommate or housemate Foster child Other nonrelative Mhat 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) Mhat is Person 3's race? Mark (X) one or more boxes AND print origins. What is Person 3's race? Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, Englication, Englication, Englication, Englication, Englication, Englication, Englication, Englication, Italian, Lebanese, Egyptian, etc. Mark (X) one or more boxes AND print origins. Mark (X) one or more boxes AND print origins. Mark (X) one or m		Guatemalan, Spaniard, Ecuadorian, etc. ⊋
□ 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 □ Other relative □ Roommate or housemate □ Foster child □ Other nonrelative □ What is Person 3's sex? Mark (X) ONE box. □ Male □ Female 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 What is Person 3's race? Mark (X) one or more boxes AND print origins. White is Person 3's race? Mark (X) one or more boxes AND print origins. White is Person 4'(X) one or more boxes AND print origins. White - Print, for example, German, Irish, Englic litalian, Lebanese, Egyptian, etc. American Indian or Alaska Native - Print name of or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese □ Vietnamese □ Native □ Fillpino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamoa □ Chamo		
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 Other relative Roommate or housemate Foster child Other nonrelative What is Person 3's sex? Mark (X) ONE box. Male Female What is Person 3's age and what is Person 3's age and what is Person 3's age and what is Person 3's age in months. Write 0 as the age. Print numbers in boxes. Age (in years) Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, Englis Italian, Lebanese, Egyptian, etc. White - Print, for example, Africa American, Jamaican, Haitian, Nigerian, Ethiopia Somali, etc. American Indian or Alaska Native - Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese Chinese Vietnamese Native Fillipino Korean Samoa Asian Indian Japanese Chamo Other Asian - Print, for example, Africa American, Haitian, Nigerian, Ethiopia American Indian or Alaska Native - Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese Chinese Vietnamese Native Fillpino Cher Asian - Print, for example, Africa American, Indian or Alaska Native - Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese Chinese Chinese Chinese Chinese Print or ample, Africa Am Print, for example, Pathiopia. American Indian or Alaska Native - Print name or or principal tribe(s), for example, Pathiopia. American Indian or Alaska Native - Print name or or principal tribe(s), for example, Pathiopia. Chinese Chinese Chinese Chinese Chinese Chinese Chinese Print or or or or or or or or or or or or or		A
Same-sex unmarried partner □ Same-sex unmarried partner □ Adopted son or daughter □ Stepson or stepdaughter □ Brother or sister □ Father or mother □ Grandchild □ Parent-in-law □ Other relative □ Roommate or housemate □ Foster child □ Other nonrelative What is Person 3's sex? Mark (X) ONE box. □ Male □ Female What is Person 3's sage 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) White - Print, for example, German, Irish, Englis Italian, Lebanese, Egyptian, etc. White - Print, for example, German, Irish, Englis Italian, Lebanese, Egyptian, etc. White - Print, for example, Africa American, Jamaican, Haitian, Nigerian, Ethiopic Somali, etc. American Indian or Alaska Native - Print name of or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese □ Chinese □ Chinese □ Vietnamese □ Native □ Chinese □ Chinese □ Other Asian - Print, for example, Africa American, Jamaican, Haitian, Nigerian, Ethiopic Somali, etc. Zomali, etc	_	
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 What is Person 3's sex? Mark (X) ONE box. Male Female 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) Black or African Am. − Print, for example, Africa American, Jamaican, Haitian, Nigerian, Ethiopis Somali, etc. American Indian or Alaska Native − Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese Vietnamese Samoa Asian Indian Japanese Chamo Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. American American, Jamaican, Hitian, Nigerian, Ethiopis Somali, etc. American Indian or Alaska Native − Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Chinese Vietnamese Native Print, for example, Pakistani, Cambodian, Hmong, etc. American Indian or Alaska Native − Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. Chinese Vietnamese Native Print, for example, Pakistani, Cambodian, Hmong, etc. Asiani, Cambodian, Hmong, etc. American, Jamaican, Haitian, Nigerian, Ethiopis American, Jamaican, Haitian, Nigerian, Ethiopis American Indian or Alaska Native − Print name or or principal tribe(s), for example, Pakistani, Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo Commun. Traditional Government, Nome Eskimo		White – Print, for example, German, Irish, English,
Adopted son or daughter Stepson or stepdaughter Stepson or stepdaughter Black or African Am. − Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopie Somali, etc.		italian, Lebanese, Egyptian, etc. 🔀
Stepson or stepdaughter		
Stepson or stepdaugnter		Black or African Am. – Print, for example, African
Father or mother Grandchild American Indian or Alaska Native − Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview Roommate or housemate Foster child Chinese Vietnamese Native Other nonrelative Filipino Korean Samoa Male Female Female Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Age (in years) Month Day Year of birth Day Year of birth American Indian or Alaska Native − Print name or or principal tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview In tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview In tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview In tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview In tribe(s), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Interview		American, Jamaican, Haitian, Nigerian, Ethiopian,
Grandchild ☐ Parent-in-law ☐ Parent-in-law ☐ Son-in-law or daughter-in-law ☐ Other relative ☐ Roommate or housemate ☐ Foster child ☐ Other nonrelative ☐ What is Person 3's sex? Mark (X) ONE box. ☐ Male ☐ Female ☐ Female ☐ Female ☐ 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. ☐ American Indian or Alaska Native — Print name o or principal tribe(s), for example, Navigo Observation, Tribe, Mayan, Aztec, Native Village of Barrow Int. Traditional Government, Nome Eskimo Commun. ☐ Chinese ☐ Vietnamese ☐ Native ☐ Fillipino ☐ Korean ☐ Samoa ☐ Asian Indian ☐ Japanese ☐ Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. ☐ Marsha. ☐ Marsha. ☐ Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. ☐ Marsha. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Marsha. ☐ Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islander for example, Pakistani, Cambodian, Hmong, etc. ☐ Other Islande		
American Indian or Alaska Native - Print name o or principal tribles), for example, Navajo Nation, Tribe, Mayan, Aztec, Native Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of Barrow Intervel Village of		
Tribe, Mayan, Aztec, Native Village of Barrow International Government, Nome Eskimo Commun. Other relative Roommate or housemate Foster child Other nonrelative What is Person 3's sex? Mark (X) ONE box. Male Female Tribe, Mayan, Aztec, Native Village of Barrow International Government, Nome Eskimo Commun. Chinese Vietnamese Native Filipino Korean Samoa Asian Indian Japanese Chamo Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Age (in years) Month Day Year of birth	Grandchild	American Indian or Alaska Native – Print name of enro
Other relative Roommate or housemate Foster child Other nonrelative What is Person 3's sex? Mark (X) ONE box. Male Female Female Other Asian − Print, for example, Pakistani, Cambodian, Tongan, Marshall Marshall Marshall Tongan, Marshall Marshall Age (in years) Month Day Year of birth	Parent-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
□ Roommate or housemate □ Foster child □ Chinese □ Vietnamese □ Native □ Other nonrelative □ Filipino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamo □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Vietnamese □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Vietnamese □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc.	Son-in-law or daughter-in-law	Traditional Government, Nome Eskimo Community, et
□ Chinese □ Vietnamese □ Native □ Other nonrelative □ Filipino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamo □ Other Asian − □ Male □ Female □ Other Asian − □ Print, for example, □ Pakistani, □ Cambodian, □ Hmong, etc. □ □ Marshall □ Female □ Female □ Print, for example, □ Print pabies 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 □ Chinese □ Vietnamese □ Native □ Filipino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamo □ Other Asian − □ Print, for example, □ Pakistani, □ Chinese □ Vietnamese □ Native □ Filipino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamo □ Male □ Female □ Print, for example, □ Print, for e	Other relative	
Other nonrelative □ Other nonrelative □ Filipino □ Korean □ Samoa □ Asian Indian □ Japanese □ Chamo □ Other Asian − □ Print, for example, Pakistani, Cambodian, Hmong, etc. □ Print numbers in boxes. Age (in years) Month Day Year of birth □ Samoa □ Asian Indian □ Japanese □ Chamo □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. □ Other Asian	Roommate or housemate	
What is Person 3's sex? Mark (X) ONE box. Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Age (in years) Month Day Year of birth Asian Indian Japanese Chamo Other Islander Fernale Chamo Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes.	Foster child	
What is Person 3's sex? Mark (X) ONE box. Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. 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	Other nonrelative	☐ Filipino ☐ Korean ☐ Samoan
Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. 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	What is Person 3's sex? Mark (X) ONF box.	Asian Indian Japanese Chamorro
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		Print, for example, Islander – Pr Pakistani, for example,
Age (in years) Month Day Year of birth	date of birth? For babies less than 1 year old, do n	Hmong, etc. ✓ Marshallese, e
Age (in years) Month Day Year of birth Some other race – Print race or origin. ✓	Print numbers in boxes.	
	Age (in years) Month Day Year of birth	Some other race – Print race or origin. ✓



Last Name (Please print) No, not of Yes, Mexic Yes, Puerte Yes, Cubal Yes, anoth for examp. Guatemala Yes, Cubal Yes, Cubal Yes, Cubal Yes, Cubal Yes, Cubal Yes, Puerte Sume-sex husband/wife/spouse Same-sex husband/wife/spouse Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter American Somali, et Father or mother Grandchild Parent-in-law American Or principal Tribe, May	ner Hispanic, Latino, or Spanish origin – Proble, Salvadoran, Dominican, Colombian, an, Spaniard, Ecuadorian, etc. on 4's race? or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, tc. of Indian or Alaska Native – Print name of enroal tribe(s), for example, Navajo Nation, Black van, Aztec, Native Village of Barrow Inupiat
First Name MI Yes, Mexic Yes, Puerto Yes, Cuban Yes, anoth for examp. Guatemala Yes, anoth for examp. Guatemala What is Perso 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 Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate	can, Mexican Am., Chicano to Rican n ner Hispanic, Latino, or Spanish origin – Proble, Salvadoran, Dominican, Colombian, an, Spaniard, Ecuadorian, etc. or More boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, tc. or Indian or Alaska Native – Print name of enroal tribe(s), for example, Navajo Nation, Black van, Aztec, Native Village of Barrow Inupiat
First Name MI Yes, Puerte Yes, anoth for examp. Guatemala Yes, anoth for examp. Guatemala Yes, anoth for examp. Guatemala Yes, anoth for examp. Guatemala Yes, anoth for examp. Guatemala Yes, Puerte Yes, Cubat Yes, anoth for examp. Guatemala Yes, Puerte Yes, Cubat Yes, anoth for examp. Guatemala Yes, Puerte Yes, Cubat Yes, Puerte Yes, anoth for examp. Guatemala What is Perso Mark (X) one of Mark (X)	nn ner Hispanic, Latino, or Spanish origin – Proble, Salvadoran, Dominican, Colombian, an, Spaniard, Ecuadorian, etc. on 4's race? or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enroll tribe(s), for example, Navajo Nation, Blackyan, Aztec, Native Village of Barrow Inupiat
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 Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate	ner Hispanic, Latino, or Spanish origin – Proble, Salvadoran, Dominican, Colombian, an, Spaniard, Ecuadorian, etc. on 4's race? or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, tc. Jamaican, Haitian, Haitian, Haitian, Haitian, Haitian, Hait
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	ner Hispanic, Latino, or Spanish origin – Proble, Salvadoran, Dominican, Colombian, an, Spaniard, Ecuadorian, etc. on 4's race? or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, etc. Jamaican, Haitian, Nigerian, etc. Jamaican, Haitian, Haitian, Nigerian, etc. Jamaican, Haitian, Haitian, Hai
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	on 4's race? on 4's race? or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. Jamaican, Haitian, Nigerian, Ethiopian, tc. Latribe(s), for example, Navajo Nation, Blackyan, Aztec, Native Village of Barrow Inupiat
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	or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. frican Am. – Print, for example, African Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blactyan, Aztec, Native Village of Barrow Inupiat
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	or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. frican Am. – Print, for example, African Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blactan, Aztec, Native Village of Barrow Inupiat
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	or more boxes AND print origins. rint, for example, German, Irish, English, banese, Egyptian, etc. drican Am. – Print, for example, African amaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Black and Aztec, Native Village of Barrow Inupiat
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	frican Am. – Print, for example, African . Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blac yan, Aztec, Native Village of Barrow Inupiat
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	frican Am. – Print, for example, African Jamaican, Haitian, Nigerian, Ethiopian, tc. – Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blac yan, Aztec, Native Village of Barrow Inupiat
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	, Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blactan, Aztec, Native Village of Barrow Inupiat
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	, Jamaican, Haitian, Nigerian, Ethiopian, tc. Indian or Alaska Native – Print name of enrall tribe(s), for example, Navajo Nation, Blackyan, Aztec, Native Village of Barrow Inupiat
Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate	Indian or Alaska Native – Print name of enral tribe(s), for example, Navajo Nation, Blac yan, Aztec, Native Village of Barrow Inupiat
Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate American I or principa Tribe, May Traditional	al tribe(s), for example, Navajo Nation, Blac van, Aztec, Native Village of Barrow Inupiat
Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate	al tribe(s), for example, Navajo Nation, Blac van, Aztec, Native Village of Barrow Inupiat
Parent-in-law Or principal Tribe, May Traditional Other relative Roommate or housemate	al tribe(s), for example, Navajo Nation, Blac van, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law Other relative Roommate or housemate	van, Aztec, Native Village of Barrow Inupiat
Roommate or housemate	l Government, Nome Eskimo Community, e
Chinasa	
Foster child Chinese	
	☐ Vietnamese ☐ Native Haw
Other nonrelative	Korean Samoan
Asian India	an Japanese Chamorro
What is Person 4's sex? Mark (X) ONE box. Other Asia Print, for ex	
Male Female Print, for ex Pakistani, Cambodian, Cambodian, Hmong, etc. What is Person 4's age and what is Person 4's Hmong, etc. date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	for example, Tongan, Fijia
Print numbers in boxes.	
Age (in years) Month Day Year of birth Some other	er race – Print race or origin. 🍞



				13170063
	Р	erso	n 5	
		-	Hisp	TE: Please answer BOTH Question 5 about panic origin and Question 6 about race. For thinger, Hispanic origins are not races.
Wha	nt is Person 5's name?	5	Is P	erson 5 of Hispanic, Latino, or Spanish origi
Last	Name (Please print)			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
First	Name MI	J		Yes, Puerto Rican
				Yes, Cuban
	v is this person related to Person 1? k (X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin – <i>Prinfor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i>
	Opposite-sex husband/wife/spouse			
	Opposite-sex unmarried partner	6	Wha	at is Person 5's race?
	Same-sex husband/wife/spouse	Y		k (X) one or more boxes AND print origins.
	Same-sex unmarried partner			White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
	Biological son or daughter			
	Adopted son or daughter			
	Stepson or stepdaughter			Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian,
	Brother or sister			Somali, etc. 🖟
	Father or mother			
	Grandchild			
	Parent-in-law			American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black
	Son-in-law or daughter-in-law			Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e
	Other relative			
	Roommate or housemate			
	Foster child			Chinese
	Other nonrelative			Filipino Grean Samoan
				Asian Indian
Wha	nt is Person 5's sex? Mark (X) ONE box.			Other Asian – Other Pacific Stander – Pr
Ш	Male Female			Print, for example, Pakistani, Cambodian, Islander – Pr for example, Tongan, Fijian
	at is Person 5's age and what is Person 5's			Hmong, etc. Marshallese, e
	e of birth? For babies less than 1 year old, do not e the age in months. Write 0 as the age.			
Age	Print numbers in boxes. (in years) Month Day Year of birth			
			Ш	Some other race – Print race or origin. \overrightarrow{k}



erson 6		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	ears)	
erson 7 est Name (Please print)	First Name	MI
ast Ivalle (Flease print)	I list Ivallie	
ex Male Female Age (in y	ears)	
erson 8		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	ears)	
erson 9		
ast Name (Please print)	First Name	MI
ex Male Female Age (in y	ears)	
erson 10 est Name (Please print)	First Name	MI
ex Male Female Age (in y	ears)	
erson 11	First Name	DAI.
ast Name (Please print)	rirst Name	MI
ex Male Female Age (in y	ears)	
erson 12		
ast Name (Please print)	First Name	MI



Housing

address on the mailing label.	MOBILE HOME; otherwise, SKIP to question 7a.
Which best describes this building? Include all apartments, flats, etc., even if vacant.	4 How many cuerdas is this house or mobile home
A mobile home	on?
A one-family house detached from any other house	☐ Less than 1 cuerda → SKIP to question 6a
A one-family house attached to one or	1 to 9.9 cuerdas
more houses	10 or more cuerdas
A building with 2 apartments	
A building with 3 or 4 apartments	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this
A building with 5 to 9 apartments	property?
A building with 10 to 19 apartments	None
A building with 20 to 49 apartments	□ \$1 to \$999
A building with 50 or more apartments	\$1,000 to \$2,499
Boat, RV, van, etc.	\$2,500 to \$4,999
	\$5,000 to \$9,999
About when was this building first built?	\$10,000 or more
1990 to 1999	 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 house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms



Housing (continued)

oes this house, apartment, or m ave – Y	'es	No		do y	his house, apartment, or r ou or any member of this scribe to the Internet usin	househ	old
running water?					Ilular data plan for a	Yes	No
a water heater?				sr	nartphone or other mobile evice?		
a bathtub or shower?					oadband (high speed) ternet service such as cable,		
. a sink with a faucet?				fik	per optic, or DSL service stalled in this household?		
a stove or range?					Itellite internet service		
a refrigerator?				d. di	al-up internet service stalled in this household?		
an you or any member of this ho oth make and receive phone call his house, apartment, or mobile nolude calls using cell phones, land i ther phone devices.	ls wh hom	nen at e?			ome other service? Decify service 📝		
Yes				_			
No			12	one	v many automobiles, vans -ton capacity or less are k by members of this house	ept at h	
t this house, apartment, or mob	ile h	ome –			None		
o you or any member of this hou wn or use any of the following c				Ħ	1		
Υ	'es	No			2		
Desktop or laptop				H	3		
Smartphone [H			
Tablet or other portable wireless computer				H	5		
Some other type of computer Specify ✓					6 or more		
			13	Whi	ch FUEL is used MOST for	heatin	a this
				hou	se, apartment, or mobile l	nome?	
at this house, apartment, or mob	ile h	ome –			Gas: from underground pipes neighborhood	s serving	the
o you or any member of this hou					Gas: bottled, tank, or LP		
Yes, by paying a cell phone comp internet service provider	any o	or			Electricity		
Yes, without paying a cell phone	comp	anv or			Fuel oil, kerosene, etc.		
internet service provider → SKIP to	to que	estion 12			Coal or coke		
No access to the internet at this h or mobile home → SKIP to question					Wood		
,					Solar energy		
					Other fuel		
					No fuel used		



Housing (continued)

\$.00	Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
OR	Monthly amount – Dollars
Included in rent or condominium fee	
No charge or electricity not used	\$, .00
h LACT MONTH what was the seat of was for	OR
b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	None
Last month's cost – Dollars	□ No
\$,000.00	7 Is this house, apartment, or mobile home – Mark (X) ONE box.
OR	Owned by you or someone in this household
Included in rent or condominium fee	with a mortgage or loan? <i>Include home equity loar</i>
Included in electricity payment entered above	Owned by you or someone in this household free and clear (without a mortgage or loan)?
☐ No charge or gas not used	Rented?
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.	Occupied without payment of rent? → SKIP to C on the next page
Past 12 months' cost – Dollars	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	
Included in rent or condominium fee	a. What is the monthly rent for this house, apartment, or mobile home?
☐ No charge	Monthly amount – <i>Dollars</i>
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	\$ 00,000.00
house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	b. Does the monthly rent include any meals?
Past 12 months' cost – Dollars	Yes
\$ 0.00	□ No
,	
OR	
Included in rent or condominium fee	
No charge or these fuels not used	
IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks.	
Yes	
L 103	
No	



Housing (continued)

-		The state of the s
C	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
	Otherwise, SKIP to E .	Yes, taxes included in mortgage payment
		No, taxes paid separately or taxes not required
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	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
	. 0 000 000	Yes, insurance included in mortgage payment
	\$	No, insurance paid separately or no insurance
20	What are the annual real estate taxes on THIS property? Annual amount – Dollars	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
	\$ 00 00	Yes, home equity loan
	\$.00	Yes, second mortgage
	OR	Yes, second mortgage and home equity loan
	None	\square No \rightarrow SKIP to \square
4	What is the annual payment for fire, hazard, and flood insurance on THIS property?	b. How much is the regular monthly payment on all second or junior mortgages and all home
	Annual amount – <i>Dollars</i>	equity loans on THIS property? Monthly amount – Dollars
	\$,	
	OR	\$.00
	None	OR
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?	☐ No regular payment required
	Yes, mortgage, deed of trust, or similar debt	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
	Yes, contract to purchase	
	No → SKIP to question 23a	What are the total annual costs for personal property taxes, site rent, registration fees, and
	b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	license fees on THIS mobile home and its site? Exclude real estate taxes.
	Monthly amount – Dollars	Annual costs – <i>Dollars</i>
	\$ 00,000.00	\$.00
	OR	Annual marking shout PERCON 1 on the most
	No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 48 for the mailing instructions.



Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
instructive ivii	Yes, public school, public college
	Yes, private school, private college, home school
Vhere was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or	grade 1 – 12 –
name of foreign country, or U.S. Virgin Islands, Guam, etc.	
	College undergraduate years (freshman to sen
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	What is the highest degree or level of school th
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 📈	NURSERY OR PRESCHOOL THROUGH GRADE 12
0000	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
Then did this person come to live in Puerto Rico?	
this person came to live in Puerto Rico more than nee, print latest year.	
ear	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



	A Did this manners live in this house an ensurement
Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartmen 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 16
	No, different house in Puerto Rico or the United States
	b. Where did this person live 1 year ago?
What is this person's ancestry or ethnic origin?	Address Development or condominium name Number and street name
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. count
a. Does this person speak a language other than English at home?	
Yes	Enter Puerto Rico or name of U.S. state ZIP Code
No → SKIP to question 15a	
b. What is this language?	
	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
For example: Korean, Italian, Spanish, Vietnamese	of coverage in items a – h.
c. How well does this person speak English? Very well	a. Insurance through a current or former employer or union (of this person or another family member)
Well	b. Insurance purchased directly from an insurance company (by this
Not well	person or another family member)
Not well Not at all	c. Medicare, for people 65 and older, or people with certain disabilities
	c. Medicare, for people 65 and older,
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 1 (continued)	
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
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.	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
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	What is this person's marital status? Now married Widowed Divorced
8 a. Is this person deaf or does he/she have	Separated Never married → SKIP to J
serious difficulty hearing?	Never married 7 5Km to
□ No	In the PAST 12 MONTHS did this person get -
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Yes No a. Married? b. Widowed? c. Divorced?
	23 How many times has this person been married?
Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	Once Two times Three or more times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
☐ 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

Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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 30
	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
Has this person given birth to any children in the past 12 months?	☐ Now on active duty
Yes	On active duty in the past, but not now
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the period.
	September 2001 or later
YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
b. Is this grandparent currently responsible for	May 1975 to July 1990
most of the basic needs of any grandchildren under the age of 18 who live in this house or	☐ Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
5 or more years	0 percent
_ c o. more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher
	/U percent or higher



1			100	
30	a. LAST WEEK, did this person job (or business)?	n work for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
П	Yes → SKIP to question 31			question 34.
	No – Did not work (or retir	ed)		
	b. LAST WEEK, did this person pay, even for as little as on	n do ANY work for e hour?	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
П	Yes			Person(s)
П	No → SKIP to question 36a	9		
31	At what location did this per WEEK? If this person worked at	more than one		
	location, print where he or she v	vorked most last	34	What time did this person usually leave home to go to work LAST WEEK?
	a. Address			Hour Minute —
	Development or condomin Number and street name	ium name		a.m. p.m.
	If the exact address is not kno	wn, give a description	35	How many minutes did it usually take this
	of the location such as the bui	lding name or the		person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or pos	t office		Williams
	b. Hame of city, town, or pos	l office		
	c. Is the work location inside city or town?	the limits of that		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town li		36	a. LAST WEEK, was this person on layoff from
	d. Name of municipio in Puer U.S. county	TO KICO OF	T	a job?
				Yes → SKIP to question 36c
				☐ No
	e. Enter Puerto Rico or name foreign country	of U.S. state or		L LACT WEEK ALL TEMPORARY
	Toreign country			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
				Yes, on vacation, temporary illness,
	f. ZIP Code			maternity leave, other family/personal
				reasons, bad weather, etc. → <i>SKIP to</i> question 39
				No → SKIP to question 37
32	How did this person usually g	et to work LAST		
Υ	WEEK? If this person usually use	ed more than one		c. Has this person been informed that he or she will be recalled to work within the next 6
	method of transportation during box of the one used for most of t			months OR been given a date to return to work?
	Car, truck, or van	Taxicab		Yes → SKIP to question 38
	Bus	Motorcycle		No
	Subway or elevated rail	Bicycle		
	Long-distance train or commuter rail	Walked		
	Carro público	Worked from home → SKIP		
	Ferryboat	to question 40a		
		Other method		



During the LACT A MITTIC heads a server have	1
During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
Yes	and past of years of an extension to question to
No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person
No, because of own temporary illness No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
When did this person last work, even for a few days?	a. Which one of the following best describes thi person's employment last week or the most recent employment in the past 5 years?
Within the past 12 months	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	
Over 5 years ago or never worked \rightarrow SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS 	GOVERNMENT EMPLOYEE Local government (for example: city, county, or municipio) State government (including school districts and state 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
WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	business or farm for 15 hours or more per week b. What was the name of this person's employer
	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.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
manufacturing?	Report even small amounts credited to an account.
wholesale trade?	□ Yes → \$ 00
retail trade?	Ţ, , , , , , , , , , , , , , , , , , ,
other (agriculture, construction, service, government, etc.)?	12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$.00
	No TOTAL AMOUNT for past 12 months
f. Describe this person's most important activities or duties. (For example: instruct and evaluate student	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	□ Yes → \$.00
decirent and review bunding plane for work detaile)	No TOTAL AMOUNT for past
	12 months
	f. Any public assistance or welfare payments from the state or local welfare office.
	☐ Yes → \$.00
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	NO TOTAL AMOUNT for past 12 months
TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	g. Retirement income, pensions, survivor or
today's date one year ago up through today.)	disability income. Include income from a previous employer or union, or any regular withdrawals or
Mark (X) the "No" box to show types of income	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.
NOT received.	Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
For income received jointly, report the appropriate	No TOTAL AMOUNT for past
share for each person – or, if that's not possible, report the whole amount for only one person and	12 months
mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
a. Wages, salary, commissions, bonuses, or tips	unemployment compensation, child support or alimony. Do NOT include lump sum payments such
from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance or the sale of a home.
	☐ Yes → \$.00
☐ Yes → \$.00	No TOTAL AMOUNT for past
No TOTAL AMOUNT for past 12 months	12 months
b. Self-employment income from own nonfarm	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to
businesses or farm businesses, including proprietorships and partnerships. Report	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
NET income after business expenses.	dollar amount.
□ Yes → \$.00 □	□ OR \$.00 □
, , , , , , , , , , , , , , , , , , ,	None
TOTAL AMOUNT for past Loss 12 months	TOTAL AMOUNT for past 12 months
	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

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months \rightarrow SKIP to question 11
instruction in the second seco	Yes, public school, public college
	Yes, private school, private college, home scho
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or	grade 1 – 12 –
name of foreign country, or U.S. Virgin Islands, Guam, etc.	
	College undergraduate years (freshman to sen
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization	NURSERY OR PRESCHOOL THROUGH GRADE 12
0000	Nursery school
No, not a U.S. citizen	Kindergarten
140, 1101 & 0.0. 0112011	Grade 1 through 11 – Specify grade 1 – 11 –
When did this person come to live in Puerto Rico?	grade 1 – 11
this person came to live in Puerto Rico more than ence, print latest year.	
,	101 1 10 010 0110
ear	12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



	A Did this manners live in this house an ensutance
Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartmen 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 16
	No, different house in Puerto Rico or the United States
	b. Where did this person live 1 year ago?
What is this person's ancestry or ethnic origin?	Address Development or condominium name Number and street name
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. count
a. Does this person speak a language other than English at home?	
Yes	Enter Puerto Rico or name of U.S. state ZIP Code
No → SKIP to question 15a	
b. What is this language?	
	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
For example: Korean, Italian, Spanish, Vietnamese	of coverage in items a – h.
c. How well does this person speak English? Very well	a. Insurance through a current or former employer or union (of this person or another family member)
Well	b. Insurance purchased directly from an insurance company (by this
Not well	person or another family member)
Not well Not at all	c. Medicare, for people 65 and older, or people with certain disabilities
	c. Medicare, for people 65 and older,
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



	Person 2 (continued)	
G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
Ð	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	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
	 No → SKIP to question 18a Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	What is this person's marital status? Now married Widowed
18	No a. Is this person deaf or does he/she have serious difficulty hearing?	 Divorced Separated Never married → SKIP to J
	Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing	In the PAST 12 MONTHS did this person get – Yes No a. Married?
	glasses? Yes No	b. Widowed? c. Divorced? How many times has this person been married?
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.	Once Two times Three or more times
19	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
	YesNoDoes this person have serious difficulty	
	walking or climbing stairs? Yes No	
	c. Does this person have difficulty dressing or bathing? Yes	
	No	



ı		•
J	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
25	Hoo this names a given hinth to any shildren in the	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
25	Has this person given birth to any children in the past 12 months?	Now on active duty
	Yes	On active duty in the past, but not now
26	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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
	YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
	b. Is this grandparent currently responsible for	May 1975 to July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or	☐ Vietnam era (August 1964 to April 1975)
	apartment?	February 1955 to July 1964
	Yes	Korean War (July 1950 to January 1955)
	No → SKIP to question 27	January 1947 to June 1950
	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	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected
	longest period of time. Less than 6 months	disability rating?
		Yes (such as 0%, 10%, 20%,, 100%)
	6 to 11 months	No → SKIP to question 30a
	1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
	5 or more years	0 percent
	3 of more years	10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



1			1.0	
30	a. LAST WEEK, did this person w job (or business)?	ork for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
П	Yes → SKIP to question 31			question 34.
	No – Did not work (or retired)			
	b. LAST WEEK, did this person d pay, even for as little as one h	o ANY work for	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
П	Yes			Person(s)
П	No → SKIP to question 36a			
31	At what location did this person WEEK? If this person worked at mo	ore than one		
	location, print where he or she wor week.	ked most last	34	What time did this person usually leave home to go to work LAST WEEK?
	a. Address			Hour Minute —
	Development or condominiur Number and street name	n name		a.m. p.m.
	If the exact address is not known	aive a description	35	How many minutes did it usually take this
	of the location such as the building	ng name or the		person to get from home to work LAST WEEK?
	nearest street or intersection.	££:		Minutes
	b. Name of city, town, or post o	ттісе		
	c. Is the work location inside th city or town?	e limits of that		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limit	·e		
	d. Name of municipio in Puerto		36	a. LAST WEEK, was this person on layoff from
	U.S. county			a job?
				Yes → SKIP to question 36c
				□ No
	e. Enter Puerto Rico or name of foreign country	U.S. state or		b. LAST WEEK, was this person TEMPORARILY
	,			absent from a job or business?
				Yes, on vacation, temporary illness,
	f. ZIP Code			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to
				question 39
П				\square No → SKIP to question 37
32	How did this person usually get			
T	WEEK? If this person usually used a method of transportation during the box of the one used for most of the	e trip, mark (X) the		c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Car, truck, or van	Taxicab		Yes → SKIP to question 38
	Bus	Motorcycle		□ No
	Subway or elevated rail	Bicycle		
	Long-distance train or commuter rail	Walked		
	Carro público	Worked from home → SKIP		
		to question 40a		
	Ferryboat	Other method		



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT
8 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	If this person had more than one job, describe the on 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.
9 When did this person last work, even for a few days?	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.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off 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 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	GOVERNMENT EMPLOYEE Local government (for example: city, county, or municipio) State government (including school districts and state 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 weel 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.)?	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
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	d. Social Security or Railroad Retirement. Yes → \$.00 No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office.
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.	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
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	No TOTAL AMOUNT for past 12 months 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 \$, , , , , , , , , , , , , , , , , ,



SKIP to page 48 for mailing instructions.

Person 3

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	1 What is the highest degree or level of school t
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify grade 1 − 11 →
When did this person come to live in Puerto Rico? f this person came to live in Puerto Rico more than once, print latest year.	
rnce, print latest year.	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	acgree for example. IVID, DDS, DVIVI, LLB, JD)



Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 16
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKII to question 16
	No, different house in Puerto Rico or the United States
	b. Where did this person live 1 year ago?
What is this person's ancestry or ethnic origin?	Address Development or condominium name Number and street name
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,	Name of city, town, or post office
French Canadian, Haitian, Korean, Lebanese, Polish,	
ivigerian, iviexican, Talwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. county
a. Does this person speak a language other	Name of municipio in Puerto Rico or U.S. county
a. Does this person speak a language other than English at home?	Name of municipio in Puerto Rico or U.S. county
a. Does this person speak a language other than English at home? Yes	Name of municipio in Puerto Rico or U.S. county Enter Puerto Rico or name of U.S. state ZIP Code
a. Does this person speak a language other than English at home?	Enter Puerto Rico or
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a	Enter Puerto Rico or
 Yes No → SKIP to question 15a What is this language? 	Enter Puerto Rico or name of U.S. state ZIP Code 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
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	Enter Puerto Rico or name of U.S. state ZIP Code State Sta
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?	Enter Puerto Rico or name of U.S. state ZIP Code 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.
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code State ZIP Code State ZIP Code State ZIP Code State ZIP Code State State ZIP Code State State State ZIP Code State State ZIP Code State State ZIP Code State State State ZIP Code State State State State State ZIP Code State State State ZIP Code State St
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care

	.01.0207
Person 3 (continued)	
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
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	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
 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? 	What is this person's marital status? Now married
Yes No	☐ Widowed ☐ Divorced
a. Is this person deaf or does he/she have serious difficulty hearing?	Separated Never married → SKIP to Never married → SKIP to
☐ Yes☐ No	In the PAST 12 MONTHS did this person get – Yes No
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	a. Married? b. Widowed? c. Divorced?
Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	How many times has this person been married? Once Two times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
☐ Yes ☐ No	
b. Does this person have serious difficulty walking or climbing stairs?Yes	
□ No	



YesNo

c. Does this person have difficulty dressing or bathing?

Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a. Never served in the military → SKIP to question 30		Has this navean aver savved an active duty in th
Never served in the military → SKIP to question 3 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in th U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box.
Has this person given birth to any children in the past 12 months? Yes No No 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 1 or 2 years 3 or 4 years 5 or more years Now on active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the period. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served on the U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH period. September 2001 or later August 1990 to August 2001 (including Persan Gulf War) Nay 1975 to July 1990 Vietnam era (August 1964 to April 1975) Janu		Never served in the military → SKIP to question 30
yes No No 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 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 Now on active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH peric in which this person served, even if just for part of the period. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH peric in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Guif War) Vietnam era (August 1994 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) World War II (December 1941 to December 1946) November 1941 or earlier 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? 1 or 20 percent 1 or 20 percent 5 or 60 percent	Hoo this narrow given high to any shildren in the	
No No No No No No No No	past 12 months?	☐ Now on active duty
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes	Yes	On active duty in the past, but not now
Yes No → SKIP to question 27	a. Does this person have any of his/her own grandchildren under the age of 18 living in	U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the
 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 grandparent is financially responsible for more than one grandchild, answer the question for the grandparent is longest period of time. Less than 6 months 1 or 2 years 3 or 4 years 5 or more years August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier 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 50 or 60 percent 	· _	September 2001 or later
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 grandpalid for whom the grandparent has been responsible for the longest period of time. Less than 6 months 1 or 2 years 3 or 4 years 5 or more years b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 50 or 60 percent		
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 ☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years ☐ Wietnam 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 or earlier ☐ November 1941 or earlier ☐ 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	h le this grandnarent currently resnonsible for	May 1975 to July 1990
apartment? Yes	most of the basic needs of any grandchildren	Vietnam era (August 1964 to April 1975)
 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 January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating? 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 		February 1955 to July 1964
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 3 or 4 years 5 or more years 5 or more years 10 or 20 percent 30 or 40 percent 50 or 60 pe	Yes	Korean War (July 1950 to January 1955)
 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 □ 5 or more years □ November 1941 or earlier □ November 1941 o	No → SKIP to question 27	☐ January 1947 to June 1950
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 1 or 2 years 3 or 4 years 5 or more years Sor more years Opercent 10 or 20 percent 30 or 40 percent 50 or 60 percent	c How long has this grandparent heap responsible	World War II (December 1941 to December 1946)
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 1 or 20 percent 3 or 40 percent 50 or 60 percent	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	November 1941 or earlier
 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years 10 or 20 percent 30 or 40 percent 50 or 60 percent 	the grandparent has been responsible for the	
□ 1 or 2 years □ 3 or 4 years □ 5 or more years □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent	Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
3 or 4 years	6 to 11 months	No → SKIP to question 30a
5 or more years		
10 or 20 percent 30 or 40 percent 50 or 60 percent		
30 or 40 percent 50 or 60 percent	5 or more years	
50 or 60 percent		
		70 percent or higher



1			1.0	
30	a. LAST WEEK, did this person w job (or business)?	ork for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
П	Yes → SKIP to question 31			question 34.
	No – Did not work (or retired)			
	b. LAST WEEK, did this person d pay, even for as little as one h	o ANY work for	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
П	Yes			Person(s)
П	No → SKIP to question 36a			
31	At what location did this person WEEK? If this person worked at mo	ore than one		
	location, print where he or she wor week.	ked most last	34	What time did this person usually leave home to go to work LAST WEEK?
	a. Address			Hour Minute —
	Development or condominiur Number and street name	n name		a.m. p.m.
	If the exact address is not known	aive a description	35	How many minutes did it usually take this
	of the location such as the building	ng name or the		person to get from home to work LAST WEEK?
	nearest street or intersection.	££:		Minutes
	b. Name of city, town, or post o	ттісе		
	c. Is the work location inside th city or town?	e limits of that		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limit	·e		
	d. Name of municipio in Puerto		36	a. LAST WEEK, was this person on layoff from
	U.S. county			a job?
				Yes → SKIP to question 36c
				□ No
	e. Enter Puerto Rico or name of foreign country	U.S. state or		b. LAST WEEK, was this person TEMPORARILY
	,			absent from a job or business?
				Yes, on vacation, temporary illness,
	f. ZIP Code			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to
				question 39
П				\square No → SKIP to question 37
32	How did this person usually get			
T	WEEK? If this person usually used a method of transportation during the box of the one used for most of the	e trip, mark (X) the		c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Car, truck, or van	Taxicab		Yes → SKIP to question 38
	Bus	Motorcycle		□ No
	Subway or elevated rail	Bicycle		
	Long-distance train or commuter rail	Walked		
	Carro público	Worked from home → SKIP		
		to question 40a		
	Ferryboat	Other method		



7	During the LAST A WEEVS has this marrow have	_
7	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	and past of years of carriers and years are queen to
	No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
	When did this person last work, even for a few days?	a. Which one of the following best describes thi person's employment last week or the most recent employment in the past 5 years?
	Within the past 12 months	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including
9	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count	tax-exempt and charitable organizations) GOVERNMENT EMPLOYEE
	paid time off as work.	Local government (for example: city, county, or municipio)
	Yes → SKIP to question 41	State government (including school districts and state universities)
	□ No	Active duty U.S. Armed Forces or
	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the	Commissioned Corps Federal government civilian employee
	person only worked for a few hours.	SELF-EMPLOYED OR OTHER
	Weeks	Owner of non-incorporated business, professional practice, or farm
		Owner of incorporated business, professional practice, or farm
)	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Usual hours worked each 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.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
manufacturing?	Report even small amounts credited to an account.
wholesale trade?	
retail trade?	☐ Yes → \$, .00
other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$.00
	No TOTAL AMOUNT for past 12 months
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	☐ 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
INCOME IN THE PAST 12 MONTHS	
Mark (X) the "Yes" box for each type of income this	No TOTAL AMOUNT for past 12 months
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.	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.
If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$.00
Yes → \$, .00 No TOTAL AMOUNT for past	No TOTAL AMOUNT for past
12 months	12 months What was this person's total income during the
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	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.
☐ Yes → \$.00 ☐	□ OR \$.00 □
No TOTAL AMOUNT for past Loss 12 months	None TOTAL AMOUNT for past
12 Hondis	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

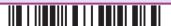
ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	1 What is the highest degree or level of school t
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization ⊋	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
No, not a 0.5. Gitzen	Grade 1 through 11 − Specify grade 1 − 11 →
When did this person come to live in Puerto Rico? f this person came to live in Puerto Rico more than once, print latest year.	
rnce, print latest year.	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's
	degree (for example: MD, DDS, DVM, LLB, JD)



	a. Did this person live in this house or apartmen
Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	1 year ago?
	Person is under 1 year old → SKIP to question 10
	Yes, this house → SKIP to question 16
is question focuses on this person's CHELOR'S DEGREE. Please print below the ecific major(s) of any BACHELOR'S DEGREES s person has received. (For example: chemical gineering, elementary teacher education, ganizational psychology)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 16
	No, different house in Puerto Rico or the United States
	b. Where did this person live 1 year ago?
at is this person's ancestry or ethnic origin?	Address Development or condominium name Number and street name
or example: Italian, Jamaican, African Am., ambodian, Cape Verdean, Norwegian, Dominican, rench Canadian, Haitian, Korean, Lebanese, Polish,	Name of city, town, or post office
igerian, Mexican, Taiwanese, Ukrainian, and so on.)	
ngonan, mexican, ramanese, ekraman, and se em,	Name of manifolds in December Discount II Comment
	Name of municipio in Puerto Rico or U.S. count
	Name of municipio in Puerto Rico or U.S. count
Does this person speak a language other than English at home? Yes	Name of municipio in Puerto Rico or U.S. count Enter Puerto Rico or name of U.S. state ZIP Code
Does this person speak a language other than English at home?	Enter Puerto Rico or
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a 	Enter Puerto Rico or
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? 	Enter Puerto Rico or name of U.S. state ZIP Code State ZIP Code
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? 	Enter Puerto Rico or name of U.S. state ZIP Code 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
Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or
Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code State Sta
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? ☐ Very well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member)
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Ooes this person speak a language other han English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Ooes this person speak a language other han English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Ooes this person speak a language other han English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Ooes this person speak a language other han English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Ooes this person speak a language other han English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
Ooes this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)



	Person 4 (continued)	
G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
Œ	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	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
	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	What is this person's marital status? Now married Widowed Divorced
18	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	 Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get -
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Yes No a. Married? b. Widowed? c. Divorced?
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.	How many times has this person been married? Once Two times Three or more times
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?	In what year did this person last get married? Year
	□ Vec	



No

Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
Has this person given birth to any children in the past 12 months?	Now on active duty
Yes	On active duty in the past, but not now
 No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? 	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
YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h ladis and a set of a set of the	May 1975 to July 1990
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	☐ Vietnam era (August 1964 to April 1975)
under the age of 18 who live in this house or apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
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	☐ World War II (December 1941 to December 1946)☐ November 1941 or earlier
the grandparent has been responsible for the longest period of time.	a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years	b. What is this person's service-connected disability rating?
3 or 4 years	0 percent
5 or more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



1			1.0	
30	a. LAST WEEK, did this person w job (or business)?	ork for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
П	Yes → SKIP to question 31			question 34.
	No – Did not work (or retired)			
	b. LAST WEEK, did this person d pay, even for as little as one h	o ANY work for	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
П	Yes			Person(s)
П	No → SKIP to question 36a			
31	At what location did this person WEEK? If this person worked at mo	ore than one		
	location, print where he or she wor week.	ked most last	34	What time did this person usually leave home to go to work LAST WEEK?
	a. Address			Hour Minute —
	Development or condominiur Number and street name	n name		a.m. p.m.
	If the exact address is not known	aive a description	35	How many minutes did it usually take this
	of the location such as the building	ng name or the		person to get from home to work LAST WEEK?
	nearest street or intersection.	££:		Minutes
	b. Name of city, town, or post o	ттісе		
	c. Is the work location inside th city or town?	e limits of that		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	No, outside the city/town limit	·e		
	d. Name of municipio in Puerto		36	a. LAST WEEK, was this person on layoff from
	U.S. county			a job?
				Yes → SKIP to question 36c
				□ No
	e. Enter Puerto Rico or name of foreign country	U.S. state or		b. LAST WEEK, was this person TEMPORARILY
	,			absent from a job or business?
				Yes, on vacation, temporary illness,
	f. ZIP Code			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to
				question 39
П				\square No → SKIP to question 37
32	How did this person usually get			
T	WEEK? If this person usually used a method of transportation during the box of the one used for most of the	e trip, mark (X) the		c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Car, truck, or van	Taxicab		Yes → SKIP to question 38
	Bus	Motorcycle		□ No
	Subway or elevated rail	Bicycle		
	Long-distance train or commuter rail	Walked		
	Carro público	Worked from home → SKIP		
		to question 40a		
	Ferryboat	Other method		



7	During the LAST A WEEVS has this marrow have	_
7	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a –f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	and past of years of carriers and years are
	No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	did not work last week, describe the most recent employment in the past five years.
	When did this person last work, even for a few days?	a. Which one of the following best describes thi person's employment last week or the most recent employment in the past 5 years?
	Within the past 12 months	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including
9	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count	tax-exempt and charitable organizations) GOVERNMENT EMPLOYEE
	paid time off as work.	Local government (for example: city, county, or municipio)
	Yes → SKIP to question 41	State government (including school districts and state universities)
	□ No	Active duty U.S. Armed Forces or
	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the	Commissioned Corps Federal government civilian employee
	person only worked for a few hours.	SELF-EMPLOYED OR OTHER
	Weeks	Owner of non-incorporated business, professional practice, or farm
		Owner of incorporated business, professional practice, or farm
)	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Usual hours worked each 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 (V) ONE have	a ladamada dinidan da madusudal imaanna manaldu
d. Was this mainly – Mark (X) ONE box.	 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
manufacturing?	Report even small amounts credited to an account.
wholesale trade?	☐ Yes → \$.00 ☐
retail trade?	No TOTAL AMOUNT for past Loss
other (agriculture, construction, service, government, etc.)?	12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	☐ Yes → \$.00
	No TOTAL AMOUNT for past 12 months
f. Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
and create lesson plans, assemble and install pipe sections and review building plans for work details)	☐ Yes → \$ 00
sections and review building plans for work details)	Ţ,
	No TOTAL AMOUNT for past 12 months
	 Any public assistance or welfare payments from the state or local welfare office.
	Yes → \$ 00
INCOME IN THE PAST 12 MONTHS	
Mark (X) the "Yes" box for each type of income this	No TOTAL AMOUNT for past 12 months
person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	g. Retirement income, pensions, survivor or
(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	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
Mark (X) the "No" box to show types of income NOT received.	other accounts specifically designed for retirement. Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the	De No i molade declar decarity.
right of the dollar amount.	☐ Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
	regularly such as Veterans' (VA) payments, unemployment compensation, child support or
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for	alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
taxes, bonds, dues, or other items.	as money were an immeritance of the sale of a nome.
☐ Yes → \$.00	☐ Yes → \$.00
No TOTAL AMOUNT for past	No TOTAL AMOUNT for past 12 months
· · · · · · · · · · · · · · · · · · ·	4 What was this person's total income during the
b. Self-employment income from own nonfarm businesses or farm businesses, including	PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter
proprietorships and partnerships. Report	the amount and mark (X) the "Loss" box next to the dollar amount.
NET income after business expenses.	donar amount.
□ Yes → \$,	□ OR \$.00 □
No TOTAL AMOUNT for past Loss 12 months	None TOTAL AMOUNT for past 12 months
	Continue with the questions for Person 5 on the
	next page. If no one is listed as Person 5 on page 6,



SKIP to page 48 for mailing instructions.

Person 5

then continue answering questions below. Last Name	person attended school or college? Include or nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
riist Name	Yes, public school, public college
	Yes, private school, private college, home scho
Where was this person born?	b. What grade or level was this person attendin <i>Mark (X) ONE box.</i>
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to seni
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – Print year	No schooling completed
□ of naturalization _▼	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − <i>Specify</i> grade 1 − 11 →
When did this person come to live in Puerto Rico? f this person came to live in Puerto Rico more than once, print latest year.	
/ear	12th grade – NO DIPLOMA
0000	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



Answer question 12 if this person has a bachelor's legree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
uestion focuses on this person's IELOR'S DEGREE. Please print below the fic major(s) of any BACHELOR'S DEGREES erson has received. (For example: chemical eering, elementary teacher education, izational psychology)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 16
	No, different house in Puerto Rico or the United States
	b. Where did this person live 1 year ago?
this person's ancestry or ethnic origin?	Address Development or condominium name Number and street name
example: Italian, Jamaican, African Am., bodian, Cape Verdean, Norwegian, Dominican, ch Canadian, Haitian, Korean, Lebanese, Polish, rian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. count
Does this person speak a language other	Name of municipio in Fuerto rico of 0.3. count
Does this person speak a language other than English at home? Yes	Enter Puerto Rico or
than English at home?	
than English at home? Yes No → SKIP to question 15a	Enter Puerto Rico or
	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of the
than English at home? ☐ Yes ☐ No → SKIP to question 15a	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
han English at home? Yes No → SKIP to question 15a What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health
Yes No → SKIP to question 15a That is this language? Or example: Korean, Italian, Spanish, Vietnamese ow well does this person speak English?	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH types of coverage in items a – h. a. Insurance through a current or former employer or union (of this
Yes No → SKIP to question 15a nat is this language? rexample: Korean, Italian, Spanish, Vietnamese w well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
yes No → SKIP to question 15a That is this language? In example: Korean, Italian, Spanish, Vietnamese ow well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH types of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Yes No → SKIP to question 15a nat is this language? rexample: Korean, Italian, Spanish, Vietnamese wwwell does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Statis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Yes No → SKIP to question 15a nat is this language? rexample: Korean, Italian, Spanish, Vietnamese wwwell does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code State ZIP Code State ZIP Code State State ZIP Code State ZIP Code State ZIP Code State State ZIP Code State ZIP Code State State State ZIP Code State State ZIP Code State State State ZIP Code State State State State State ZIP Code State State State State State State ZIP Code State State State State State State State ZIP Code State State State State State State State ZIP Code State
Yes No → SKIP to question 15a In t is this language? Example: Korean, Italian, Spanish, Vietnamese If well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Statis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability



Person 5 (continued)	
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.
 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 	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
receive a tax credit or subsidy based on family income to help pay the premium? Yes	What is this person's marital status? Now married Widowed Divorced
a. Is this person deaf or does he/she have serious difficulty hearing? Yes	 Separated Never married → SKIP to J
 No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No 	Yes No a. Married? b. Widowed? c. Divorced?
Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.	How many times has this person been married? Once Two times Three or more times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	4 In what year did this person last get married? Year
☐ 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	



	3 H. att
Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
Has this names given high to any shildren in the	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
Has this person given birth to any children in the past 12 months?	Now on active duty
Yes	On active duty in the past, but not now
 No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? 	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
Yes No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h le this grandparent ourrently responsible for	May 1975 to July 1990
 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 	☐ Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	☐ January 1947 to June 1950
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	World War II (December 1941 to December 1946) November 1941 or earlier
answer the question for the grandchild for whom	a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years	b. What is this person's service-connected
3 or 4 years	disability rating?
5 or more years	0 percent
	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



1			1.0		
30	a. LAST WEEK, did this person w job (or business)?	ork for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to	
П	Yes → SKIP to question 31 No – Did not work (or retired)			question 34.	
	b. LAST WEEK, did this person d pay, even for as little as one h	o ANY work for	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	
П	Yes			Person(s)	
П	No → SKIP to question 36a				
31	At what location did this person WEEK? If this person worked at mo	ore than one			
	location, print where he or she wor week.	ked most last	34	What time did this person usually leave home to go to work LAST WEEK?	
	a. Address			Hour Minute —	
	Development or condominium name Number and street name			a.m. p.m.	
	If the exact address is not known	aive a description	35	How many minutes did it usually take this	
	of the location such as the building	ng name or the		person to get from home to work LAST WEEK?	
	nearest street or intersection.	££:		Minutes	
	b. Name of city, town, or post o	ттісе			
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39a.		
	d. Name of municipio in Puerto		36	a. LAST WEEK, was this person on layoff from	
	U.S. county			a job?	
				Yes → SKIP to question 36c	
				□ No	
	e. Enter Puerto Rico or name of foreign country	U.S. state or		b. LAST WEEK, was this person TEMPORARILY	
	,			absent from a job or business?	
				Yes, on vacation, temporary illness,	
	f. ZIP Code			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	
				question 39	
П				\square No → SKIP to question 37	
32	How did this person usually get				
T	WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.			c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	
	Car, truck, or van	Taxicab		Yes → SKIP to question 38	
	Bus	Motorcycle		□ No	
	Subway or elevated rail	Bicycle			
	Long-distance train or commuter rail	Walked			
	Carro público	Worked from home → SKIP			
		to question 40a			
	Ferryboat	Other method			



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 on
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 thi 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, county, or municipio) State government (including school districts and state 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.	c. Interest, dividends, net rental income, royalty
manufacturing?	income, or income from estates and trusts. Report even small amounts credited to an account.
wholesale trade?	□ V ₂₂
retail trade?	Yes → \$,
other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months
e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumber)	□ Yes → \$.00
	No TOTAL AMOUNT for past 12 months
f. Describe this person's most important activities	e. Supplemental Security Income (SSI).
or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	
sections and review building plans for work details)	Yes → \$.00
	No TOTAL AMOUNT for past 12 months
	f. Any public assistance or welfare payments
	from the state or local welfare office.
INICOME IN THE DACT 12 MONTHS	☐ Yes → \$.00
Mark (X) the "Yes" box for each type of income this	No TOTAL AMOUNT for past
person received, and give your best estimate of the	12 months
TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	g. Retirement income, pensions, survivor or disability income. Include income from a previous
today's date one year ago up through today.)	employer or union, or any regular withdrawals or
Mark (X) the "No" box to show types of income NOT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.
	Do NOT include Social Security.
If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
For income received jointly, report the appropriate share for each person – or, if that's not possible,	□ No TOTAL AMOUNT for past
report the whole amount for only one person and	12 months h. Any other sources of income received
mark the "No" box for the other person.	regularly such as Veterans' (VA) payments,
a. Wages, salary, commissions, bonuses, or tips	unemployment compensation, child support or alimony. Do NOT include lump sum payments such
from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance or the sale of a home.
□ Yes → \$.00	□ Yes → \$.00
Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No TOTAL AMOUNT for past
TOTAL AMOUNT for past 12 months	12 months
b. Self-employment income from own nonfarm	PAST 12 MONTHS? Add entries in questions 43a to
businesses or farm businesses, including proprietorships and partnerships. Report	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
NET income after business expenses.	dollar amount.
□ Yes → \$ 0.00 □	□ OR \$.00 □
No TOTAL AMOUNT for past Loss 12 months	None TOTAL AMOUNT for past 12 months
12 monuis	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, 3, 4, 5, 6, and 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 Puerto Rico Community Survey.

For Census Bureau Use					
POP	EDIT	PHONE	JIC1	JIC2	
EDIT CLEF	RK TE	LEPHONE CLERK	JIC3	JIC4	

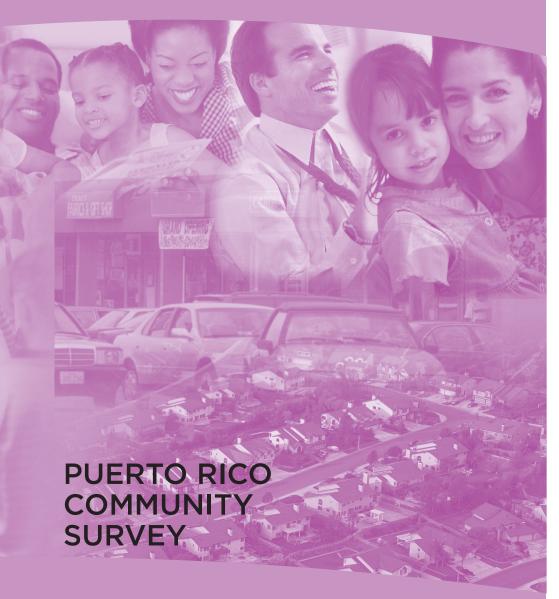
The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1PR(2020) (03-18-2019)



Frequently Asked Questions





Issued 02-19-2019 ACS-10SMPR(2020)

Connect with us @uscensusbureau

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the U.S. Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

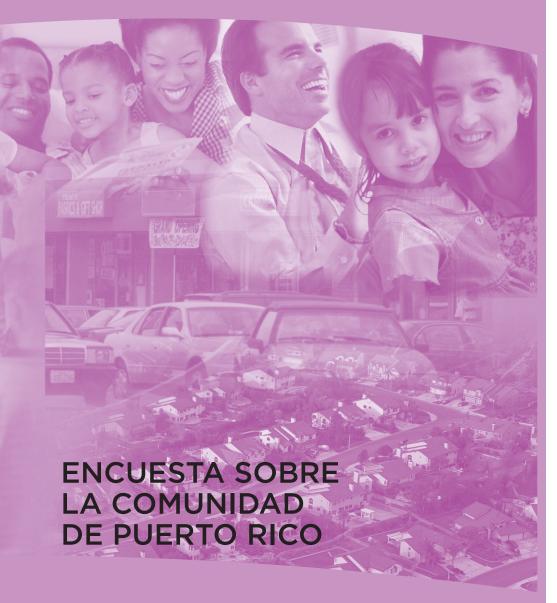
Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at *census.gov/acs* or call 1-800-354-7271, if you need assistance or more information.

Preguntas Frecuentes





Oficina del[®]
INSO
Estados Unidos

Puerto Rico

Publicado 02-19-2019 ACS-10SMPR(2020)

Conecta con nosotros @uscensusbureau

Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este 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 trasmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet *census.gov/acs* o llame al 1-800-814-8385 si necesita asistencia o más información.



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 recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

When you respond to the Puerto Rico Community Survey, you are representing your community and helping with future decision-making. Your response can help your local leaders and organizations know the needs of your community, such as services for children and the elderly, and emergency services.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1–800–717–7381).

Thank you in advance for your cooperation.

Sincerely,

Steven D. Dillingham

Enclosures



U.S. Census BureauWashington, DC 20233
Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envií una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrarÜ un cuestionario e informacií n sobre la encuesta. Por favor, llene el cuestionario y envælo en el sobre con franqueo pagado que se incluye lo mÜs pronto posible.

Cuando usted responde a la Encuesta sobre la Comunidad de Puerto Rico, estÜ representando a su comunidad y ayudando a la toma de decisiones en el futuro. Su respuesta puede ayudar a que Içderes y organizaciones locales sepan las necesidades de su comunidad, tales como servicios para nièos y personas de la tercera edad, y servicios de emergencia.

La Oficina del Censo de los EE. UU. escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted estÜ obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacií n. El folleto que acompaèa esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro nômero de teläfono (1–800–814–8385).

Le agradecemos de antemano por su ayuda.

Atentamente,

Steven D. Dillingham

Steven V. Villeyham

Documentos adjuntos



U.S. Census Bureau

Washington, DC 20233 Office of the Director

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

About three weeks ago, the U.S. Census Bureau sent a Puerto Rico Community Survey questionnaire to your address. We asked you to help us with this very important survey by completing it and mailing it back. But, we have not received it yet.

If you have already mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. We have included another questionnaire with this letter. This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire.

We need you to be the voice for your community. Every year, the Puerto Rico Community Survey provides the public, local leaders, businesses, and nonprofit organizations with useful information about your community. This is not possible unless all households respond—including yours.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1–800–717–7381).

Sincerely,

Steven D. Dillingham

Enclosures



U.S. Census BureauWashington, DC 20233
Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace unas tres semanas, la Oficina del Censo de los EE. UU. envií un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico a su direccií n. Le pedimos que nos ayudara con esta importantçsima encuesta, completÜndola y enviÜndola por correo. Sin embargo, hasta el momento no hemos recibido su cuestionario.

Si usted ya ha enviado su cuestionario, le damos las gracias. Si todavça no lo ha enviado, por favor, hÜgalo lo mÜs pronto posible. Hemos incluido otro cuestionario con esta carta. Esta encuesta es de tanta importancia que, si no recibimos su cuestionario, es posible que un representante de la Oficina del Censo se comunique con usted por teläfono o lo visite en su hogar.

Necesitamos que usted sea la voz de su comunidad. Todos los aèos, la Encuesta sobre la Comunidad de Puerto Rico proporciona al pôblico, Igderes locales, empresas y organizaciones sin fines de lucro informacií n ôtil sobre su comunidad. Esto no es posible a menos que todos los hogares respondan, incluido el suyo.

La Oficina del Censo escogií su direccií n, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernätica Federal del 2015, sus datos estÜn protegidos contra los riesgos de seguridad cibernätica mediante los controles aplicados a los sistemas que trasmiten su informacion. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda en llenar el cuestionario, por favor, llame sin cargo a nuestro nômero de teläfono (1–800–814–8385).

Muchas gracias.

Atentamente.

Steven D. Dillingham

Documentos adjuntos



U.S. Census Bureau

National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

Encuesta sobre la Comunidad de Puerto Rico

SU RESPUESTA ES REQUERIDA POR LEY

The Puerto Rico Community Survey

YOUR RESPONSE IS REQUIRED BY LAW



9"





U.S. Census Bureau

National Processing Center 1201 E. 10th Street Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300 2-3/16"

PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

	2-1/2"
6-1/4"	
0-1/4	

Encuesta sobre la Comunidad de Puerto Rico

SU RESPUESTA ES REQUERIDA POR LEY The Puerto Rico Community Survey

YOUR RESPONSE IS REQUIRED BY LAW

11-5/8"

