

#### **The American Community Survey**

#### Start Here

#### You have two ways to respond:



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



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.

**Text Telephone (TTY):** 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

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	C

Please print the name and telephone number of the erson who is filling out this form. We will only ontact you if needed for official Census Bureau business.

Last Name

Fi	rst	Νa	ame

MI

Area Code	+	Number



#### How many people are living or staying at this address?

- INCLUDE everyone who is living or staying here for more than 2 months.
- INCLUDE yourself if you are living here for more than 2
- INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or
- DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

#### Number of people





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

FORM ACS-1(2021) (05-18-2020)

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



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



					13191036
	Pers	son 2			
		Hisp	E: Please answe panic origin and this survey, His	Question 6	about race.
What is Person 2's name?		5 Is Pe	erson 2 of Hispar	nic, Latino, o	r Spanish origin
Last Name (Please print)			No, not of Hispanic	, Latino, or Spa	nish origin
			Yes, Mexican, Mexi	can Am., Chica	no
First Name	MI		Yes, Puerto Rican		
i ilot ivaliio			Yes, Cuban		
			Yes, another Hispar		
How is this person related to Person 1	?		for example, Salvad Guatemalan, Spania		
Mark (X) ONE box.					
Opposite-sex husband/wife/spouse					
Opposite-sex unmarried partner			t is Person 2's ra		
Same-sex husband/wife/spouse			(X) one or more k		
Same-sex unmarried partner			White – Print, for ex Italian, Lebanese, E	gyptian, etc. 🍞	i, ilisti, Eligiisti,
Biological son or daughter					
Adopted son or daughter					
Stepson or stepdaughter			Black or African Am African American, J	ı. – Print, for ex Iamaican, Haitia	ample, an, Nigerian, Ethiop
Brother or sister			Somali, etc. <sub>▼</sub>		
Father or mother					
Grandchild			American Indian or A	Alacka Nativo –	Print name of enrol
Parent-in-law			or principal tribe(s), Tribe, Mayan, Aztec,	for example, Na	avajo Nation, Blackf
Son-in-law or daughter-in-law			Traditional Governn	nent, Nome Esk	imo Community, etc
Other relative					
Roommate or housemate					
Foster child			Chinese	Vietnamese	Native Hawa
Other nonrelative			Filipino	Korean	Samoan
Mark to Boursey 2/2 and Mark (V) ONE h			Asian Indian	Japanese	Chamorro
What is Person 2's sex? Mark (X) ONE be	OX.		Other Asian – Print, for example,		Other Pacific
Male Female			Pakistani,		for example,
What is Person 2's age and what is Perdate of birth? For babies less than 1 year write the age in months. Write 0 as the age	old, do not		Cambodian, Hmong, etc. ⊋		Tongan, Fijian, Marshallese, et
Write the age in months, write u as the age  Print numbers in boxes					



Month

Day

Age (in years)

Some other race – Print race or origin. 📈

Year of birth

	13191044
Per	rson 3
	→ 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 3's name?	5 Is Person 3 of Hispanic, Latino, or Spanish orig
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 – Profor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 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, Ethic
Brother or sister	Somali, etc. ⊋
Father or mother	
Grandchild	American Indian or Alaska Native – Print name of enr.
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, e
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Haw
Other nonrelative	Filipino Korean Samoan
What is Person 3's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
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	Other Asian – Other Pacifi Islander – Frint, for example, Pakistani, for example, Cambodian, Tongan, Fijia Hmong, etc.
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. $ abla$



What is Person 4's name?  Last Name (Please print)  First Name  MI  First Name  MI  No, not of Hispanic, Latino, or Spanish origin   Yes, Mexican, Mexican Am., Chicano   Yes, Puerto Rican   Yes, Cuban   Yes, Cuban   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Alvadorian, Dominican, Colombian, Guatemalian, Spaniard, Ecuadorian, etc.   Yes, Alvadorian, etc.   Yes, Alvadorian, Dominican, Colombian, Guatemalian, Spaniard, Ecuadorian, etc.   Yes, Alvadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Cuban   Yes, Cuban   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, Ecuadorian, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, Ecuadorian, Ecuadorian, Ecuadorian, Ecuadorian, Ecuadorian, Ecuadorian, etc.   Yes, Cuban   Yes, Sundard, Ecuadorian, etc.   Yes, Puerto Rican, Puerto, Puerto, Ecuadorian, Ecuadorian, Ecuador	101	son 4
No, not of Hispanic, Latino, or Spanish origin   Yes, Mexican, Mexican Am., Chicano   Yes, Puerto Rican   Yes, Cuban   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, Cuban   Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Yes, Australian, Spaniard, Ecuadorian, etc.   Yes, Cuban   Yes, another Hispanic, Latino, or Spanish origin   Yes, Mexican, Mexican Am., Chicano   Yes, Puerto Rican   Yes, Cuban   Yes, Cuban   Yes, Cuban   Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Yes, Cuban   Yes, another Hispanic, Latino, or Spanish origin   Yes, Mexican, Mexican Am., Chicano   Yes, Cuban   Yes, Cuban   Yes, Cuban   What is Person 4's paniard, Ecuadorian, etc.   Yes, Mexican, Mexican Am., Chicano   Yes, Quatemalan, Spaniard, Ecuadorian, etc.   Yes, Cuban   What is Person 4's panese   Salvadorian, etc.   Yes, Cuban   Yes, Cub		→ NOTE: Please answer BOTH Question 5 abo Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not race.
Wes, Mexican, Mexican Am., Chicano   Yes, Puerto Rican   Yes, Puerto Rican   Yes, Seaunder Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Yes, Cuban   Yes, Seaunder Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Yes, Cuban   Yes, Seaunder Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Yes, Cuban   Yes, Subadorian, etc.   Yes, Puerto Rican   Yes, Subadorian, etc.   Yes, Cuban   Yes, Subadorian, etc.   Yes, Puerto Rican   Yes, Subadorian, etc.   Yes, P	Vhat is Person 4's name?	5 Is Person 4 of Hispanic, Latino, or Spanish or
Yes, Puerto Rican   Yes, Cuban   Yes, Cuba	ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
Yes, Cuban   Yes, Cuban   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, Caban   Yes, Cuban   Ye		Yes, Mexican, Mexican Am., Chicano
Yes, another Hispanic, Latino, or Spanish origin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   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 Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Hat is Person 4's sex? Mark (X) ONE box. Male Female  What is Person 4's race? Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.  Somall, etc.  Somall, etc.  Formula, etc.  Somall, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Nigerian, Esomall, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Cambodian, Tongan, Asian Indian or Alaska Native - Print name of or principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian, Lebanese, Egyptian, etc.  For principal tribe(s), for example, Navaio Nation, British, English Italian	rst Name MI	Yes, Puerto Rican
ow is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse  Opposite-sex husband/wife/spouse  Opposite-sex husband/wife/spouse  Same-sex husband/wife/spouse  What is Person 4's race?  Mark (X) one or more boxes AND print origins.  White - Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.   African Am Print, for example, Arrican American, Jamaican, Haitian, Nigerian, E.  Somail, etc.   Somail, etc.   Somail, etc.   Tribe, Mayan, Aztec, Native Village of Barrow Inup.  Traditional Government, Nome Eskimo Communit  Traditional Government, Nome Eskimo Communit  Chinese Vietnamese Native    Filipino Korean Samoan  Asian Indian Japanese  Chinese Other Pasian Samoan  Asian Indian Japanese  Chinese Other Pasian Samoan  Asian Indian Japanese  Chamor  Other Asian Japanese  Chamor  Other Asian Japanese  Print for example, Marshalla  Tonggan, Hmong, etc.   Marshalla  Marshalla  Tonggan, Hmong, etc.   Marshalla  Tonggan, Hmong, etc.   What is Person 4's ace?  Mark (X) one or more boxes AND print origins.  White - Print, for example, Print, for example, Arican American, Jamaican, Haitian, Nigerian, E.  Somail, etc.   Somail, etc.   Other Paint, for example, Navio Nation, E.  Tribe, Mayan, Aztec, Native Village of Barrow Inup.  Traditional Government, Nome Eskimo Communit  Chinese Vietnamese Native Print for example, Arican American, Jamaican, Haitian, Nigerian, E.  Somail, etc.   Somail, etc.   Other Paint, for example, Arican American, Jamaican, Haitian, Nigerian, E.  Somail, etc.   Somail, etc.   Other Paint, for example, Areca?  Mark (X) one market.  Chinese Vietnamese Sexample, Navio Nation, E.  Tribe, Mayan, Aztec, Native Village of Ba		Yes, Cuban
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  Mate is Person 4's sex? Mark (X) ONE box.  Male Female  That is Person 4's age and what is Person 4's atte of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.  Print numbers in boxes.  What is Person 4's race?  Mark (X) one or more boxes AND print origins.  White - Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.  Somali, etc.  Somali, etc.  False or African Am Print, for example, Aarican, Jamaican, Haitian, Nigerian, Esomali, etc.  Fosmali, etc.  Fosmali, etc.  Filipino American Indian or Alaska Native - Print name of or principal tribe(s), for example, Navajo Nation, British, English  Tribe, Mayan, Aztec, Native Village of Barrow Inup.  Traditional Government, Nome Eskimo Communit  Chinese Vietnamese Native Filipino Some Samoan  Asian Indian Japanese Chamon  Other Parint, for example, Pakistani, Tongan, Indian Japanese  Chinese Samoan  Asian Indian Japanese  Chinese Samoan  Asian Indian Japanese  Chamon  Other Parint, for example, Pakistani, Tongan, Indian Japanese  Chinese Mark (X) ONE box.  Marshalit  Marshalit  Tongan, Marshalit		Yes, another Hispanic, Latino, or Spanish origin – for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Same-sex husband/wife/spouse   Mark (X) one or more boxes AND print origins.	Opposite-sex husband/wife/spouse	
Same-sex husband/wife/spouse   Mark (X) one or more boxes AND print origins.		6 What is Person 4's race?
Same-sex unmarried partner   Italian, Lebanese, Egyptian, 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  That is Person 4's sex? Mark (X) ONE box.  Wale  Print numbers in boxes.	·	White – Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.
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  hat is Person 4's sex? Mark (X) ONE box.  Male  Print numbers in boxes.  te (in years)  Month  Pather or sister  Black or African Am. – Print, for example, African, Estimate of African Am. – Print, for example, African, Am. – Print, for example, African, Am. – Print, for example, African, Am. – Print, for example, African Am. – Print, name of or principal tribe(s), for example, Navigo Nation, Etc. — Vietnames of or principal tribe(s), for example, Navigo Nation, Etc. — Vietnames of or principal tribe(s), for example, Navigo Nation, Etc. — Vietnames of Native Indicates of Print, for example, Navigo Nation, Etc. — Vietnames of Native Indicates of Print, for example, Pakistani, Cambodian, Tongan, Marshalle, Indicates of Native Indicates o		
Black or African Am Print, for example, African American, Jamaican, Haitian, Nigerian, E Somali, etc.   Father or mother  Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative  hat is Person 4's sex? Mark (X) ONE box.  Male Female  Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.  Print numbers in boxes.  le (in years) Month Day Year of birth  American Am Print, for example, African American, Jamaican, Haitian, Nigerian, E Somali, etc.   Chrical American American, Jamaican, Haitian, Nigerian, E Somali, etc.   Chrical American American, Jamaican, Haitian, Nigerian, E Somali, etc.   Chrical American Indian or Alaska Native - Print name of or principal tribe(s), for example, Navigo Nation, E Tribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit  Chinese  Vietnamese  Native Filipino Korean  Samoan  Asian Indian  Japanese Chamor  Other Parint, for example, Navigo Nation, E Tribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit  Chinese  Vietnamese  Native Filipino Korean  Samoan  Asian Indian  Japanese Chamor  Other Parint, for example, Navigo Nation, E Tribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit  Chinese  Vietnamese  Native Filipino  Morean  Asian Indian  Japanese Chamor  Other Parint, for example, Navigo Nation, E Tribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit		
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     Male   Female     Female     Female     Person 4's sex? Mark (X) ONE box.     Male   Female     Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.     Print numbers in boxes.     Description     Person 4's sex? Mark (X) ONE box     Print numbers in boxes.     Print numbers in boxes.     Print numbers in boxes.     Print numbers in boxes     Print numbers in	Stepson or stepdaughter	
Grandchild  Parent-in-law  Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative  Male  Female  Female  Person 4's sex? Mark (X) ONE box.  Male  Person 4's age and what is Person 4's afte of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.  Print numbers in boxes.  Month  Day  Year of birth  American Indian or Alaska Native – Print name of or principal tribe(s), for example, Navajo Nation, ETIII tribe(s), for example, Nation, ETIII tribe(s), for exampl	Brother or sister	Somali, etc.
American Indian or Alaska Native – Print name of or principal tribe(s), for example, Navajo Nation, B Tribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit  Other relative  Roommate or housemate  Foster child  Other nonrelative  hat is Person 4's sex? Mark (X) ONE box.  Male  Female  Asian Indian  Japanese  Chamor  Other Asian –  Print, for example,  Pakistani,  Cambodian,  Hmong, etc.  Print numbers in boxes.  Ite (in years)  Month  Day  Year of birth	Father or mother	
Parent-in-law  Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative  Other nonrelative  Male  Female  Female  Parent-in-law  or principal tribe(s), for example, Navajo Nation, Etribe, Mayan, Aztec, Native Village of Barrow Inup Traditional Government, Nome Eskimo Communit  Chinese  Vietnamese  Native Filipino  Korean  Samoan  Asian Indian  Japanese  Chamor  Other Parint, for example, Pakistani, Cambodian, Hmong, etc.  Print for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Get (in years)  Month  Day  Year of birth	Grandchild	
Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative  hat is Person 4's sex? Mark (X) ONE box.  Male  Female  Female  Print, for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Ite (in years) Month Day Year of birth  Traditional Government, Nome Eskimo Communit  Chinese  Vietnamese  Native H  Fillipino  Korean  Samoan  Asian Indian  Japanese  Chamor  Other Palislander for example, Pakistani, Cambodian, Hmong, etc.  Marshalle	Parent-in-law	or principal tribe(s), for example, Navajo Nation, B
Roommate or housemate  Foster child  Other nonrelative    Filipino	Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inup. Traditional Government, Nome Eskimo Community
Chinese Vietnamese Native Filipino Korean Samoan Asian Indian Japanese Chamor Other Asian — Print, for example, Pakistani, Cambodian, Hat is Person 4's age and what is Person 4's ate 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.  Ge (in years) Month Day Year of birth	Other relative	
Other nonrelative    Filipino	Roommate or housemate	
Asian Indian Japanese Chamor  Other Asian —  Other Asian —  Print, for example, Pakistani, Cambodian, Hat is Person 4's age and what is Person 4's  ate of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.  Print numbers in boxes.  age (in years) Month Day Year of birth	Foster child	☐ Chinese ☐ Vietnamese ☐ Native H
That is Person 4's sex? Mark (X) ONE box.  Other Asian — Print, for example, Pakistani, Cambodian, Tongan, Ithat is Person 4's age and what is Person 4's ate 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.  Ge (in years) Month Day Year of birth	Other nonrelative	☐ Filipino ☐ Korean ☐ Samoan
Male Female Other Asian − Print, for example, Pakistani, Cambodian, Tongan, Marshalle of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.  Print numbers in boxes.  ge (in years) Month Day Year of birth	hat in Dayson 4/2 agr-2 Marile (V) CNS to	Asian Indian Japanese Chamorr
Pakistani, Cambodian, Tongan, I Marshalle		
Ihat is Person 4's age and what is Person 4's       Hmong, etc.	Iviale	Pakistani, for examp
Print numbers in boxes.  ge (in years) Month Day Year of birth	ate of birth? For babies less than 1 year old, do not	
ge (In years) Month Day Year of birth Some other race – Print race or origin.   ✓	Print numbers in boxes.	
	ge (in years) Month Day Year of birth	Some other race – Print race or origin. $\nearrow$



				13191069	
		Pers	on 5		
			His	TE: Please answer BOTH Question 5 abo panic origin and Question 6 about race. this survey, Hispanic origins are not ra	
What i	is Person 5's name?	•	ls P	erson 5 of Hispanic, Latino, or Spanish o	rigin
Last Na	me (Please print)			No, not of Hispanic, Latino, or Spanish origin	
				Yes, Mexican, Mexican Am., Chicano	
First Na	ıme	MI		Yes, Puerto Rican	
				Yes, Cuban	
	s this person related to Person 1?  X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin- for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 7	- Print,
□ O <sub>I</sub>	pposite-sex husband/wife/spouse				
□ O <sub>I</sub>	pposite-sex unmarried partner		Wha	at is Person 5's race?	
Sa	ame-sex husband/wife/spouse		Mar	k (X) one or more boxes <b>AND</b> print origins.	
Sa	ame-sex unmarried partner			White – Print, for example, German, Irish, English Italian, Lebanese, Egyptian, etc.	h,
Ві	iological son or daughter				
Ad	dopted son or daughter				
St	tepson or stepdaughter			Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, E	thiopi
Br	rother or sister			Somali, etc. ⊋	
Fa	ather or mother				
Gı	randchild			American Indian or Alaska Native – <i>Print name of</i>	oprolle
Pa	arent-in-law			or principal tribe(s), for example, Navajo Nation, E	Blackfe
So	on-in-law or daughter-in-law			Tribe, Mayan, Aztec, Native Village of Barrow Inu Traditional Government, Nome Eskimo Communi	
O1	ther relative				
Ro	oommate or housemate				
Fo	oster child			Chinese	ławaii
O1	ther nonrelative			Filipino	1
What i	in Person E's say? Mark (V) ONE hav			Asian Indian	ro
	is Person 5's sex? Mark (X) ONE box.			Other Asian – Other P. Islander P. Asiatani, for example, for example, for example,	– Prin ple,
date o	is Person 5's age and what is Person 5's if birth? For babies less than 1 year old, do he age in months. Write 0 as the age.			Cambodian, Tongan, Hmong, etc.    Marshall	
Agg /in	Print numbers in boxes.				
Age (in	years) Month Day Year of birth			Some other race – Print race or origin.	



erson 6		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 7		
st Name (Please print)	First Name	MI
Age (in	years)	
erson 8		
st Name (Please print)	First Name	MI
Age (in	years)	
erson 9		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 10		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 11	F' N	
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 12		
st Name (Please print)	First Name	MI



# Housing

	ess on the mailing label.		
	th best describes this building? de all apartments, flats, etc., even if vacant.	A Ho	w many acres is this house or mobile home or
	A mobile home		Less than 1 acre → SKIP to question 6a
	A one-family house detached from any 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	5 IN	THE PAST 12 MONTHS, what were the actual
	A building with 3 or 4 apartments	sal	les of all agricultural products from this operty?
] .	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		
	Boat, RV, van, etc.		\$2,500 to \$4,999
			\$5,000 to \$9,999
bou	ut when was this building first built?		\$10,000 or more
	2020 or later – Specify year  2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier	b. I	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  How many of these rooms are bedrooms?  Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms
	n did PERSON 1 (listed on page 2) move into house, apartment, or mobile home?		
/lont	h Year		



## Housing (continued)

Does this house, apartment, or mobile ho			you or any member of this less to the Internet using a		old h
Yes No			_	Yes	No
a. hot and cold running water?		sr	ellular data plan for a martphone or other mobile		
a bathtub or shower?			evice? roadband (high speed)		
a sink with a faucet?		In	ternet service such as cable, ber optic, or DSL service		
a stove or range?		in	stalled in this household?		Ш
. a refrigerator?		in	atellite Internet service stalled in this household?		
Can you or any member of this household			ial-up Internet service stalled in this household?		
both make and receive phone calls when his house, apartment, or mobile home? nclude calls using cell phones, land lines, or other phone devices.	at		ome other service? pecify service 🙀		
Yes					
No	12	Ηον	v many automobiles, vans,	and tri	ıcke
		one	-ton capacity or less are ke	pt at h	
At this house, apartment, or mobile home to you or any member of this household	,	use	by members of this housel	1010?	
or use any of the following types of comp		Ш	None		
Yes No		Ш	1		
Desktop or laptop			2		
Smartphone			3		
Tablet or other portable wireless computer			4		
. Some other type of computer			5		
Specify <sub>₹</sub>			6 or more		
	13	Whi	ch FUEL is used MOST for	heating	g this
Addition to the second		hou	se, apartment, or mobile h	ome?	-
At this house, apartment, or mobile home do you or any member of this household access to the Internet?			Gas: from underground pipes neighborhood	serving	the
Yes, by paying a cell phone company or			Gas: bottled, tank, or LP		
Internet service provider			Electricity		
Yes, without paying a cell phone company Internet service provider → SKIP to question	or n 12		Fuel oil, kerosene, etc.		
No access to the Internet at this house, ap-	irtment,		Coal or coke		
or mobile home → SKIP to question 12			Wood		
			Solar energy		
			Other fuel		
			No fuel used		
		Ш	NO luei useu		

## Housing (continued)

for this house, apartment, or mobile home?  Last month's cost – Dollars	
	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	¢ 00
No charge or electricity not used	\$ 0,000
b. LAST MONTH, what was the cost of gas for	OR None
this house, apartment, or mobile home?	□ No
Last month's cost – Dollars	
\$ .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 I</i>
Included in electricity payment entered above	Owned by you or someone in this household from 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 on the next page
Past 12 months' cost – Dollars	Answer questions 18a and b if this house,
\$ 0,000 .00	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,
included in tent of condominant fee	apartment, or mobile home?
<ul><li>Included in rent or condominium fee</li><li>No charge</li></ul>	
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	apartment, or mobile home?
Do charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have	apartment, or mobile home?  Monthly amount – Dollars  \$ .00
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	apartment, or mobile home?  Monthly amount – Dollars  \$ 10,00  b. Does the monthly rent include any meals?
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars	apartment, or mobile home?  Monthly amount – Dollars  \$ .00
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	apartment, or mobile home?  Monthly amount – Dollars  \$ 10,00  b. Does the monthly rent include any meals?
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars	apartment, or mobile home?  Monthly amount – Dollars  \$ .00  b. Does the monthly rent include any meals?  Yes
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  \$ 1.00	apartment, or mobile home?  Monthly amount – Dollars  \$ .00  b. Does the monthly rent include any meals?  Yes
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  OR	apartment, or mobile home?  Monthly amount – Dollars  \$ .00  b. Does the monthly rent include any meals?  Yes
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  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 Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?  Do 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
No charge  d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  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 Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?	apartment, or mobile home?  Monthly amount – Dollars  \$ .00  b. Does the monthly rent include any meals?  Yes

## Housing (continued)

		I.
C	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage payment
Г		No, taxes paid separately or taxes not required
Œ	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?  Yes, insurance included in mortgage payment
	\$	No, insurance paid separately or no insurance
20	property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
ı	Annual amount – <i>Dollars</i>	
ı	\$ .00	Yes, home equity loan
ı	OR	Yes, second mortgage
ı	None	Yes, second mortgage and home equity loan
ı	None	No → SKIP to <b>D</b>
2	What is the annual payment for fire, hazard, and	
T	flood insurance on THIS property?	b. How much is the regular monthly payment on all second or junior mortgages and all home
ı	Annual amount – <i>Dollars</i>	equity loans on THIS property?
ı	\$ 0.00	Monthly amount – Dollars
ı	OR	\$ 00 00 .00
ı	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 <b>E</b> .
ı	Yes, contract to purchase	
ı	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.
ı	Monthly amount – Dollars	Annual costs – <i>Dollars</i>
	\$ 00,000.00	\$ .00
	OR	
	No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.



#### Person 1

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead 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
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
In the Officed States – This flame of state.	
	☐ Kindergarten ☐ Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 – Specify
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a
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 1
Yes, born in Puerto Rico, Guam, 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 parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	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 –
<b>Jnited States?</b> If this person came to live in the Jnited States more than once, print latest year.	
ear	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)



Doctorate degree (for example: PhD, EdD)

F	Answer question 12 if this person has a bachelor's	<b>5</b> ) a.	<ul><li>a. Did this person live in this house or apartmen 1 year ago?</li></ul>
	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
2	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 SKI to question 16
			No, different house in the United States or Puerto Rico
		b.	b. Where did this person live 1 year ago?
			Address (Number and street name)
13	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Ric
14	a. Does this person speak a language other		Name of U.S. state or Puerto Rico ZIP Code
	than English at home?		
	No → SKIP to question 15a	6 Is	ls this person CURRENTLY covered by any of th following types of health insurance or health
	b. What is this language?	CO	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
		a.	a. Insurance through a current or Yes No
	Far annual of Kanaan Italian Caaniah Vistananaa		former employer or union (of this person or another family member)
	For example: Korean, Italian, Spanish, Vietnamese	b.	b. Insurance purchased directly from an insurance company (by this
	c. How well does this person speak English?		person or another family member)
	<ul><li>Very well</li><li>Well</li></ul>		c. Medicare, for people 65 and older, or people with certain disabilities
	Not well	d.	d. Medicaid, Medical Assistance, or
	Not at all		any kind of government-assistance plan for those with low incomes or a disability
		e.	e. TRICARE or other military health care
		f.	f. VA (enrolled for VA health care)
		g.	g. Indian Health Service
			h. Any other type of health insurance or health coverage plan – Specify ₽



_	
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.
	<ul> <li>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.</li> <li>Yes</li> <li>No → SKIP to question 18a</li> <li>b. Does this person or another family member</li> </ul>	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?
	receive a tax credit or subsidy based on family income to help pay the premium?  Yes	Now married Widowed
3	No     a. Is this person deaf or does he/she have	Divorced Separated
	serious difficulty hearing?  Yes No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	Never married → SKIP to J on the next page  22 In the PAST 12 MONTHS did this person get –  Yes No  a. Married?  b. Widowed?
	Yes No	c. Divorced?
	Answer questions $19a - c$ 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
)	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes	In what year did this person last get married?  Year
	No	
	b. Does this person have serious difficulty	
	b. Does this person have serious difficulty walking or climbing stairs?  Yes No	
	walking or climbing stairs?	

Answer question 25 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
In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
birth to any children?	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
No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
	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,	November 1941 or earlier
answer the question for the grandchild for whom 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
or more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



30	<ul> <li>a. LAST WEEK, did this person work for pay at a job (or business)?</li> <li>Yes → SKIP to question 31</li> </ul>	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
31	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 36a</li> </ul>	Hour Minute a.m.  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.  b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.  36 a. LAST WEEK, was this person on layoff from a job?  Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country  f. ZIP Code	<ul> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39</li> <li>No → SKIP to question 37</li> </ul>
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.  Car, truck, or van Taxicab Bus Motorcycle Subway or elevated rail Bicycle Long-distance train or commuter rail Worked from home → SKIP to question 40a Ferryboat Other method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 38 ☐ No



37)	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes	M	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39	42	DESCRIPTION OF EMPLOYMENT
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent
	No, because of own temporary illness  No, because of all other reasons (in school, etc.)		employment in the past five years.
39	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)
10	Province the DACT 12 MONTHS (F2 months) did		GOVERNMENT EMPLOYEE
	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.		Local government (for example: city or county school district)  State government (including state
			colleges/universities)
	<ul><li>Yes → SKIP to question 41</li><li>No</li></ul>		Active duty U.S. Armed Forces or Commissioned Corps
			Federal government civilian employee
	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.		SELF-EMPLOYED OR OTHER  Owner of non-incorporated business,
	Weeks		professional practice, or farm  Owner of incorporated business,
			professional practice, or farm
D	During the PAST 12 MONTHS, in the WEEKS		Worked <b>without pay</b> in a <b>for-profit</b> family business or farm for 15 hours or more per week
	WORKED, how many hours did this person usually work each WEEK?		<ul> <li>b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?</li> </ul>
	Usual hours worked each WEEK		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.	Wha	t was th	nis per : 4th gr	<b>'soi</b> rade	<b>1's m</b> e tead	ain d cher,	occup entry-	oation level p	? olumber
f.	or du	cribe thi uties. (Fo create les ons and r	or exar	nple ans,	e: ins . asse	truct emble	and e and i	valuate install į	e studen pipe
П	исог	ME IN TI	HE PA	ST	12 N	ION	гнѕ		
p T (I	ersor OTAL NOTE	X) the "\n received AMOUI The "pass date or	d, and NT dur ast 12	giv ring mo	re you the i nths'	ur be PAST ' is th	st est 12 M e per	imate IONTH iod fro	of the IS.
		X) the "Neceived.	No" bo	x to	sho	w typ	es of	incom	ie
It ri	net i ight o	ncome v	vas a l llar am	oss, ioui	, mai nt.	rk the	"Los	s" box	to the
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.					ole,				
а	fror	ges, sala n all job	s. Rep	ort	amo	unt b	efore	i <b>ses, o</b> deduc	r tips tions fo
		Yes →	\$					.00	
		No	тот	ΓAL		UNT onth	for pa	ast	
b	bus pro	f-employ inesses prietors income	or far hips a	m k ınd	ousin part	iesse ners	es, inc hips.	cludin	g
		Yes →	\$					.00	
		No	ТОТ	ΓAL		UNT onth	for pa	ast	Loss
С	inco	erest, div ome, or i ort even	incom	ie f	rom	esta	tes ar	าd trus	sts.
		Yes →	\$					.00	
		No	TOT	ΓAL		UNT onth	for pa	ast	Loss

d. Social Security or Railroad Retirement.

Yes →	\$ .00
No	TOTAL AMOUNT for pas

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00
No	TOTAL AMOUNT for pas

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

Yes →	\$ 00,000.00
No -	TOTAL AMOUNT for pas

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 →	\$ 000,000.00
No	TOTAL AMOUNT for past

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 →	\$ 000,000.00
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	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 48 for mailing instructions.



### Person 2

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead 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
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a
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 t
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
	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> of naturalization	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	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? If this person came to live in the Jnited States more than once, print latest year.	
/ear	
	☐ 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)



Doctorate degree (for example: PhD, EdD)

s house or apartment  Id → SKIP to question  To question 16  States and Puerto Rico duntry, or  In, etc., below; then SK  The United States or  The 1 year ago?  The tame of the partment of
o question 16 States and Puerto Rico untry, or m, etc., below; then SK e United States or
itates and Puerto Rico untry, or m, etc., below; then Sk
untry, or m, etc., below; then SK e United States or 1 year ago?
e 1 year ago?
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covered by any of th surance or health or "No" for EACH type
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Person	conti	401

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.
<ul> <li>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.</li> <li>Yes</li> <li>No → SKIP to question 18a</li> </ul>	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
a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No	Never married → SKIP to <b>J</b> on the next page  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?
Answer questions 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
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes  No	In what year did this person last get married? Year
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 25 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
L. (L. DACT 40 MONTHO L (L.	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
In the PAST 12 MONTHS, has this person given birth to any children?	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?	8 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH perio 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)
	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 the grandparent has been responsible for the longest period of time.	<ul> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> <li>a. Does this person have a VA service-connecte disability rating?</li> </ul>
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	<ul> <li>a. LAST WEEK, did this person work for pay at a job (or business)?</li> <li>Yes → SKIP to question 31</li> </ul>	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 36a</li> </ul>	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  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.  a. Address (Number and street name)  If the exact address is not known, give a description	LAST WEEK, what time did this person's trip to work usually begin?  Hour Minute a.m. p.m.  How many minutes did it usually take this
	of the location such as the building name or the nearest street or intersection.  b. Name of city, town, or post office	person to get from home to work LAST WEEK?  Minutes
	c. Is the work location inside the limits of that city or town?  Yes  No, outside the city/town limits  d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.  36 a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country  f. ZIP Code	<ul> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39</li> </ul>
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.  Car, truck, or van Taxicab  Bus Motorcycle  Subway or elevated rail Bicycle	<ul> <li>No → SKIP to question 37</li> <li>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?</li> <li>Yes → SKIP to question 38</li> <li>No</li> </ul>
	Long-distance train or commuter rail  Light rail, streetcar, or trolley  Walked  Worked from home → 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	and past of years. Canoning of the telegraphs.
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	did not work last week, describe the most recent employment in the past five years.
No, because of all other reasons (in school, etc.)	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
When did this person last work, even for a few days?	Mark (X) ONE box.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → 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)
	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city or county school district)
service as work.	State government (including state colleges/universities)
<ul><li>Yes → SKIP to question 41</li><li>No</li></ul>	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
	Worked <b>without pay</b> in a <b>for-profit</b> family business or farm for 15 hours or more per we
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service,



6	What was this person's main occupation?	d. Social Security or Railroad Retirement.
e.	(For example: 4th grade teacher, entry-level plumber)	
		Ψ, , , , , , , , , , , , , , , , , , ,
	Describe this manual and income and addition	No TOTAL AMOUNT for past 12 months
т.	Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	e. Supplemental Security Income (SSI).
	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.
) [	NCOME IN THE PAST 12 MONTHS	
/	Mark (X) the "Yes" box for each type of income this	Yes → \$ .00
(	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	No TOTAL AMOUNT for past 12 months
t	oday's date one year ago up through today.)	g. Retirement income, pensions, survivor or disability income. Include income from a previous
	Mark (X) the "No" box to show types of income NOT received.	employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or
I	f net income was a loss, mark the "Loss" box to the	other accounts specifically designed for retirement.
	ight of the dollar amount.	Do not include Social Security.
	for income received jointly, report the appropriate	☐ Yes → \$ .00
r	hare for each person – or, if that's not possible, eport the whole amount for only one person and nark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
а	. 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
	□ Yes → \$ 0.00	as money from an inheritance or the sale of a home.
	No TOTAL AMOUNT for past	☐ Yes → \$ .00
ŀ	12 months  5. Self-employment income from own nonfarm	No TOTAL AMOUNT for past 12 months
	businesses or farm businesses, including	What was this person's total income during the
	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
	□ Yes → \$	the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	□ OR \$ 0,000 □
C	income, or income from estates and trusts.  Report even small amounts credited to an account.	None TOTAL AMOUNT for past 12 months
	□ Yes → \$ .00 □	
	No TOTAL AMOUNT for past Loss 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

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
ist Nume	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 attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
In the Officed States – This hame of state.	
	☐ Kindergarten ☐ Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 – Spechy
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	11 What is the highest degree or level of school t
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 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> of naturalization   ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	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 —
Inited States? If this person came to live in the Inited States more than once, print latest year.	
ear ,	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)



Doctorate degree (for example: PhD, EdD)

		15	. Did this person live in this house or apartmen
F	Answer question 12 if this person has a bachelor's	a.	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
3	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 SKI 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)
3	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Rice
4			Name of U.S. state or
	a. Does this person speak a language other		Puerto Rico ZIP Code
	than English at home?		Puerto Rico ZIP Code
	than English at home?  ☐ Yes ☐ No → SKIP to question 15a	fo	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
	than English at home?  Yes	fo co	s this person CURRENTLY covered by any of the ollowing 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	fo co	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this
	than English at home?  ☐ Yes ☐ No → SKIP to question 15a	fo co or a.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  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  b. What is this language?	fo co or a.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  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	a.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this
	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	b.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this person or another family member)  Medicare, for people 65 and older,
	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	b.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this person or another family member)  Medicare, for people 65 and older, or people with certain disabilities  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	b.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this person or another family member)  Medicare, for people 65 and older, or people with certain disabilities  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  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?  Very well  Well  Not well	b. c. d.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this person or another family member)  Medicare, for people 65 and older, or people with certain disabilities  Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  TRICARE or other military 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	b. c. d.	s this person CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Insurance through a current or former employer or union (of this person or another family member)  Insurance purchased directly from an insurance company (by this person or another family member)  Medicare, for people 65 and older, or people with certain disabilities  Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  TRICARE or other military health care



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.
<ul> <li>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.</li> <li>Yes</li> <li>No → SKIP to question 18a</li> </ul>	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  What is this person's marital status?
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	Now married Widowed Divorced
8 a. Is this person deaf or does he/she have serious difficulty hearing?	<ul><li>Separated</li><li>Never married → SKIP to <b>J</b> on the next page</li></ul>
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?
Answer questions 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
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes  No	In what year did this person last get married?  Year
b. Does this person have serious difficulty walking or climbing stairs?  Yes No	
c. Does this person have difficulty dressing or bathing?  Yes No	



In the PAST 12 MONTHS, has this person given birth to any children?  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 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  Or National Guard → SKIP to question 29a  Now on active duty in the past, but not now  When did this person serve on active duty in the past, but not now  When did this person served, even if just for part of period.  September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  Vietnam era (August 1964 to April 1975)  February 1995 to July 1990  Vietnam era (August 1964 to April 1975)  World War II (December 1941 to December 1941 no Person the grandparent has been responsible for the longest period of time.  Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 30a  b. What is this person's service-connected disability rating?  O percent  10 or 20 percent  30 or 40 percent  50 or 60 percent	in the PAST 12 MONTHS, has this person given birth to any children?  Yes  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 Js. Armed Forces? Mark (X) a box for EACH perion in which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion which this person served, even if just for part of the Js. Armed Forces? Mark (X) a box for EACH perion.  Noyember 1990 to August 2001 (including Persian Gulf War)  Nay 1975 to July 1990  Vietnam era (August 1990 to August 2001 (including Persian Gulf War)  Noyember 1941 to December 1946  November 1941 or earlier  November 19	Answer question 25 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
Now on active duty	Now on active duty   Now on active duty   On active duty in the past, but not now   Now on active duty in the past, but not now   On active duty in the past, but not now     On active duty in the past, laterally     On active duty in the pas		
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes  No → SKIP to question 27  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes  No → SKIP to question 27  c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years  When did this person serve on active duty in 1 U.S. Armed Forces? Mark (X) a box for EACH pe in which this person served, even if just for part of 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)  January 1947 to June 1950  World War II (December 1941 to December 1942 in November 1941 or earlier  November 1941 or earlier  November 1941 or earlier  September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  Wall 1975 to July 1990  Vietnam era (August 1964 to April 1975)  January 1947 to June 1950  World War II (December 1941 to December 1942 in November 1941 or earlier  On December 1942 or earlier  November 1941 or earlier  November 1941 or earlier  On December 1942 or earlier  November 1941 or earlier  November 1941 or earlier  On December 1942 or earlier  November 1941 or earlier  November 1941 or earlier  On December 1942 or earlier  November 1941 or earlier  On December 1942 or earlier  November 1942 or earlier  November 1943 or earlier  November 1944 or earlier  November 1942 or earlier  November 1945 or earlier  November 1945 or earlier  November 1945 or earlier	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  23 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH peri in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH peri in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH peri in which this person served, even if just for part of the U.S. Armed Forces? Mark (X) a box for EACH peri 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)  Way 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?  O percent  10 or 20 percent  30 or 40 percent  50 or 60 percent	In the PAST 12 MONTHS, has this person given birth to any children?	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	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 methan 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  Nend There age of 18 living in this house or apartment?  September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  Neresian Gulf War)  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  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?  O percent  10 or 20 percent  50 or 60 percent	Yes	On active duty in the past, but not now
<ul> <li>Yes</li> <li>No → SKIP to question 27</li> <li>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?</li> <li>Yes</li> <li>No → SKIP to question 27</li> <li>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.</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>September 2001 or later</li> <li>August 1990 to August 2001 (including Persian Gulf War)</li> <li>May 1975 to July 1990</li> <li>Vietnam era (August 1964 to April 1975)</li> <li>January 1955 to July 1964</li> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1941</li> <li>November 1941 or earlier</li> <li>a. Does this person have a VA service-connection disability rating?</li> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 30a</li> <li>b. What is this person's service-connected disability rating?</li> <li>O percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	Yes	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 perio in which this person served, even if just for part of th period.
<ul> <li>No → SKIP to question 27</li> <li>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?</li> <li>Yes</li> <li>No → SKIP to question 27</li> <li>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.</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>August 1990 to August 2001 (including Persian Gulf War)</li> <li>May 1975 to July 1990</li> <li>Vietnam era (August 1964 to April 1975)</li> <li>January 1955 to July 1964</li> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1941</li> <li>November 1941 or earlier</li> <li>a. Does this person have a VA service-connection disability rating?</li> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 30a</li> <li>b. What is this person's service-connected disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>50 or 60 percent</li> </ul>	<ul> <li>No → SKIP to question 27</li> <li>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?</li> <li>Yes</li> <li>No → SKIP to question 27</li> <li>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 longest period of time.</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>August 1990 to January 1975 to July 1964</li> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> <li>disability rating?</li> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 30a</li> <li>b. What is this person's service-connected disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>50 or 60 percent</li> </ul>		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  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  Vietnam era (August 1964 to April 1975)  World War II (December 1941 to December 1944)  November 1941 or earlier  November 1941 or earlier  a. Does this person have a VA service-connection 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	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  5 or more years  Description:  Wietnam era (August 1964 to April 1975)  Vietnam era (August 1964 to April 1975)  Nowmber 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?  O 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)  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1944)  November 1941 or earlier  a. Does this person have a VA service-connection 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 o percent  3 or 40 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 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)  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 or earlier  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  30 or 40 percent  50 or 60 percent	h le thie grandnaront currently reenoneible for	May 1975 to July 1990
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  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-connection disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 30a  b. What is this person's service-connected disability rating?  O percent  10 or 20 percent  30 or 40 percent	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  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  a. Does this person have a VA service-connect 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	most of the basic needs of any grandchildren	Vietnam era (August 1964 to April 1975)
<ul> <li>No → SKIP to question 27</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1944 to December 1944 to December 1944 or earlier</li> <li>November 1941 or earlier</li> <l< td=""><td><ul> <li>No → SKIP to question 27</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> <li>November 1941</li></ul></td><td>apartment?</td><td>February 1955 to July 1964</td></l<></ul>	<ul> <li>No → SKIP to question 27</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> <li>November 1941</li></ul>	apartment?	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   Yes (such as 0%, 10%, 20%,, 100%)   No → SKIP to question 30a     1 or 2 years   5 or more years   D. What is this person's service-connected disability rating?   0 percent   10 or 20 percent   30 or 40 percent   50 or 60 percent	<ul> <li>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.</li> <li>Less than 6 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> <li>November 1941 or earlier</li> <li>a. Does this person have a VA service-connected disability rating?</li> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 30a</li> <li>What is this person's service-connected disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	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	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 □ 3 or 4 years □ 5 or more years □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent		January 1947 to June 1950
<ul> <li>6 to 11 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	<ul> <li>6 to 11 months</li> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	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	November 1941 or earlier  a. Does this person have a VA service-connecte
<ul> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	<ul> <li>1 or 2 years</li> <li>3 or 4 years</li> <li>5 or more years</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> </ul>	Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
3 or 4 years  5 or more years  10 or 20 percent 30 or 40 percent 50 or 60 percent	3 or 4 years  5 or more years  0 percent  10 or 20 percent  30 or 40 percent  50 or 60 percent	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	5 or more years  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent		
□ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent	□ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent		0 percent
50 or 60 percent	50 or 60 percent	_ ,	10 or 20 percent
			30 or 40 percent
70 percent or higher	70 percent or higher		50 or 60 percent
70 percent of higher			70 percent or higher



30	<ul> <li>a. LAST WEEK, did this person work for pay at a job (or business)?</li> <li>Yes → SKIP to question 31</li> </ul>	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 36a</li> </ul>	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
31	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address (Number and street name)  If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	LAST WEEK, what time did this person's trip to work usually begin?  Hour Minute a.m. p.m.  How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	b. Name of city, town, or post office  c. Is the work location inside the limits of that city or town?  Yes  No, outside the city/town limits	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.
	d. Name of county  e. Name of U.S. state or foreign country	a. LAST WEEK, was this person on layoff from a job?  Yes → SKIP to question 36c  No  b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39  No → SKIP to question 37
	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.  Car, truck, or van  Bus  Motorcycle  Subway or elevated rail  Long-distance train or commuter rail  Worked from home → SKIP to question 40a  Ferryboat  Other method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 38 ☐ No



During the LAST 4 WEEKS, has this	s 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
B LAST WEEK, could this person have if offered one, or returned to work	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 did not work last week, describe the most recent
No, because of own temporary illn  No, because of all other reasons (i	employment in the past five years.
9 When did this person last work, every	person's employment last week or the most
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 question 43	→ SKIP to  Non-profit organization (including tax-exempt and charitable organizations)
,	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52) this person work EVERY week? ( paid vacation, paid sick leave, ar	county school district)
service as work.	State government (including state colleges/universities)
<ul><li>Yes → SKIP to question 41</li><li>No</li></ul>	Active duty U.S. Armed Forces or Commissioned Corps
b Daving the DACT 12 MONTHS /5	Federal government civilian employee
b. During the PAST 12 MONTHS (5 many WEEKS did this person wo paid time off and include weeks	rk? Include SELF-EMPLOYED OR OTHER when the
person only worked for a few ho Weeks	professional practice, or farm
VVGGRS	Owner of incorporated business, professional practice, or farm
During the PAST 12 MONTHS, in the	Worked without pay in a for-profit family business or farm for 15 hours or more per week
WORKED, how many hours did this usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Aillied Follows.
	c. What kind of business or industry was this? Include the main activity, product, or service provic 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.		his person's main occupation? e: 4th grade teacher, entry-level plumber)	d. Social Secu
	(i or oxidiriyare	in an grade teacher, each premier,	☐ Yes →
			□ No T
f.	or duties. (F	is person's most important activities For example: instruct and evaluate students sson plans, assemble and install pipe review building plans for work details)	e. Supplement  ☐ Yes →
			□ No To
			f. Any public a from the sta
) II	NCOME IN T	HE PAST 12 MONTHS	
р 7 (1	erson receive OTAL AMOU NOTE: The "p	Yes" box for each type of income this ed, and give your best estimate of the INT during the PAST 12 MONTHS. east 12 months" is the period from	☐ Yes → ☐
t	oday's date o	ne year ago up through today.)	g. Retirement i disability ind
	Mark (X) the " NOT received.	No" box to show types of income	employer or u distributions i
	f net income ight of the do	was a loss, mark the "Loss" box to the ollar amount.	other account Do not includ
S	hare for each	ceived jointly, report the appropriate person – or, if that's not possible, ole amount for only one person and	☐ Yes → ☐ No
n	nark the "No"	box for the other person.	
а	from all jol	ary, commissions, bonuses, or tips os. Report amount before deductions for s, dues, or other items.	h. Any other so regularly suc unemploymo alimony. <i>Do</i>
	Yes →	\$ 0.000.000.00	as money froi
	No	TOTAL AMOUNT for past 12 months	Yes → No
b	businesses proprietors	syment income from own nonfarm or farm businesses, including ships and partnerships. Report e after business expenses.	What was this PAST 12 MON 43h; subtract an
	☐ Yes →	\$ 0,000,000.00	the amount and dollar amount.
	No	TOTAL AMOUNT for past Loss 12 months	OR \$
	last a mark of		None TO
C	income, or	ividends, net rental income, royalty income from estates and trusts. In small amounts credited to an account.	
	☐ Yes →	\$ 0,000,000.00	
	No	TOTAL AMOUNT for past 12 months Loss	

d. Social Security or Railroad Retirement.

Yes → \$ .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$ .00

No TOTAL AMOUNT for past 12 months

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

Yes → \$ .00

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.

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

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → \$ .00NoTOTAL 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

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.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
iist valie	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 name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?  Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school to 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.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify
When did this person come to live in the Jnited States? If this person came to live in the	grade 1 – 11
United States: If this person came to live in the United States more than once, print latest year.	
/ear	13th grade NO DIDLOMA
	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	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)
	10g. 00 [10. Oxampior mb, bbo, b vivi, LLD, 0b]



		<b>D</b>				
F	Answer question 12 if this person has a bachelor's	Б а.		this person live in this ho ear ago?	use or apartm	ent
	degree or higher. Otherwise, SKIP to question 13.			Person is under 1 year old →	SKIP to question	n 16
Н				Yes, this house → SKIP to qu	estion 16	
2	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 Print name of foreign country U.S. Virgin Islands, Guam, et to question 16	ı, or	
				No, different house in the Un Puerto Rico	ited States or	
		b.	Whe	ere did this person live 1 y	ear ago?	
			Add	ress (Number and street na	me)	
	10/hot is this warran's amountment of their activity?					
13)	What is this person's ancestry or ethnic origin?		Nam	ne of city, town, or post off	ice	
				,,		
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		Nan	ne of U.S. county or munici	pio in Puerto F	Rico
14	a. Does this person speak a language other			ne of U.S. state or rto Rico	ZIP Code	
	than English at home?					
		fo	llow vera	person CURRENTLY covering types of health insura age plans? Mark "Yes" or "Nerage in items a – h.	nce or health	
				rance through a current or	Yes	No
			form	er employer or union (of this on or another family member)		
	For example: Korean, Italian, Spanish, Vietnamese	b.	•	rance purchased directly from		
	c. How well does this person speak English?			nsurance company (by this on or another family member)		
	Very well Well			icare, for people 65 and older, eople with certain disabilities		
	Not well Not at all		any plan	icaid, Medical Assistance, or kind of government-assistance for those with low incomes disability		
		e.		ARE or other military health c	are	
				enrolled for VA health care)		
				an Health Service		
		h.	Any	other type of health insurance ealth coverage plan – Specify		
				0 - 1		



Person 4	continued
I CIOUII T	CONTINUCA

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.
<ul> <li>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.</li> <li>Yes</li> <li>No → SKIP to question 18a</li> </ul>	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  What is this person's marital status?
b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?  Yes	Now married Widowed
No	☐ Divorced ☐ Separated
<ul> <li>a. Is this person deaf or does he/she have serious difficulty hearing?</li> <li>Yes</li> <li>No</li> <li>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</li> </ul>	Never married → SKIP to J on the next page  22 In the PAST 12 MONTHS did this person get –  Yes No  a. Married?  b. Widowed?
Yes No	c. Divorced?  How many times has this person been married?
Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	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	In what year did this person last get married?  Year
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 25 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
5 In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
birth to any children?	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.
Yes	September 2001 or later
No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h le this grandparent currently recognible 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
. Harriann haa shia maanda arans haan maanaribia	World War II (December 1941 to December 1946)
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	November 1941 or earlier
answer the question for the grandchild for whom 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
_ 3 of more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher
	70 persont of higher



30	<ul> <li>a. LAST WEEK, did this person work for pay at a job (or business)?</li> <li>Yes → SKIP to question 31</li> </ul>	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
31	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 36a</li> </ul>	Hour Minute a.m.  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.  b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.  36 a. LAST WEEK, was this person on layoff from a job?  Yes → SKIP to question 36c
	e. Name of U.S. state or foreign country  f. ZIP Code	<ul> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39</li> <li>No → SKIP to question 37</li> </ul>
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.  Car, truck, or van Taxicab Bus Motorcycle Subway or elevated rail Bicycle Long-distance train or commuter rail Worked from home → SKIP to question 40a Ferryboat Other method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 38 ☐ No



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, our to question for
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 or at which the most hours were worked. If this person
No, because of own temporary illness	did not work last week, describe the most recent employment in the past five years.
<ul><li>No, because of all other reasons (in school, etc.)</li><li>When did this person last work, even for a</li></ul>	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years?
few days?	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)
- quotion to	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city or county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 41  No	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
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.	SELF-EMPLOYED OR OTHER
	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
	Worked <b>without pay</b> in a <b>for-profit</b> family business or farm for 15 hours or more per we
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employed business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Aillied Forocs.
	c. What kind of business or industry was this? Include the main activity, product, or service proviat the location where employed. (For example: elementary school, residential construction)
	d Mosthis mainly, Mark (V) ONE have
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service,



e.	<b>Wha</b> (For	i <b>t was th</b> example	nis person's main occupation: 4 : 4th grade teacher, entry-leve	on? I plumber)			
f.	or do	u <mark>ties.</mark> (Fe create les	is person's most important or example: instruct and evalua ison plans, assemble and insta review building plans for work	ate students Il pipe			
			HE PAST 12 MONTHS				
p T (I	ersoi OTAI NOTE	n receive L AMOUI :: The "pa	'es" box for each type of inco d, and give your best estimat NT during the PAST 12 MONT ast 12 months" is the period f ne year ago up through today	e of the THS. rom			
		(X) the "I eceived.	No" box to show types of inco	ome			
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.						
s re n	hare eport nark t . Wag froi	for each the who the "No" ges, sala m all iob	reived jointly, report the approperson – or, if that's not possile amount for only one persobox for the other person.  Ary, commissions, bonuses, s. Report amount before deductions.	ible, n and or tips			
	taxe	es, bonds	s, dues, or other items.	]			
		Yes →	\$ _,,00				
		No	TOTAL AMOUNT for past 12 months				
b	bus pro	inesses prietors	yment income from own no or farm businesses, includi hips and partnerships. Rep after business expenses.	ing ,			
		Yes →	\$ 0,000,000.00				
		No	TOTAL AMOUNT for past 12 months	Loss			
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.  Report even small amounts credited to an account.							
		Yes →	\$ 0,000,000.00				
		No	TOTAL AMOUNT for past	Loss			

d. Social Security or Railroad Retirement.

Yes → \$ .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

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

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

Yes → \$ .00

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.

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

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

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

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

OR \$ , .00 Loss

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

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 11
iist ivallie	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 name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?  Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school to 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 <del>\vec{\vec{\vec{\vec{\vec{\vec{\vec{</del>	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	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 –
<b>Jnited States?</b> If this person came to live in the Jnited States more than once, print latest year.	
'ear	1011 I NO DIDI OMA
	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)



F	Answer question 12 if this person has a bachelor's	<b>5</b> ) a.	<ul><li>a. Did this person live in this house or apartmen 1 year ago?</li></ul>
	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
2	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 SKI to question 16
			No, different house in the United States or Puerto Rico
		b.	b. Where did this person live 1 year ago?
			Address (Number and street name)
13	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Ric
14	a. Does this person speak a language other		Name of U.S. state or Puerto Rico ZIP Code
	than English at home?		
	No → SKIP to question 15a	6 Is	ls this person CURRENTLY covered by any of th following types of health insurance or health
	b. What is this language?	CO	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
		a.	a. Insurance through a current or Yes No
	Far annual of Kanaan Italian Canadah Vistananaa		former employer or union (of this person or another family member)
	For example: Korean, Italian, Spanish, Vietnamese	b.	b. Insurance purchased directly from an insurance company (by this
	c. How well does this person speak English?		person or another family member)
	<ul><li>Very well</li><li>Well</li></ul>		c. Medicare, for people 65 and older, or people with certain disabilities
	Not well	d.	d. Medicaid, Medical Assistance, or
	Not at all		any kind of government-assistance plan for those with low incomes or a disability
		e.	e. TRICARE or other military health care
		f.	f. VA (enrolled for VA health care)
		g.	g. Indian Health Service
			h. Any other type of health insurance or health coverage plan – Specify ₽



Person 5 (continued)
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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.
<ul> <li>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.</li> <li>Yes</li> <li>No → SKIP to question 18a</li> </ul>	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
8 a. Is this person deaf or does he/she have serious difficulty hearing?	<ul><li>Separated</li><li>Never married → SKIP to <b>J</b> on the next page</li></ul>
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 questions 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?  Yes  No	In what year did this person last get married?  Year
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 25 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
5 In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
birth to any children?	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.
Yes	September 2001 or later
No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h la this avandus vant avancutly vasuancible for	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
	World War II (December 1941 to December 1946)
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	November 1941 or earlier
answer the question for the grandchild for whom 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
_ 3 of more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher
	70 percent of higher



30	<ul> <li>a. LAST WEEK, did this person work for pay at a job (or business)?</li> <li>Yes → SKIP to question 31</li> </ul>	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.		
31	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 36a</li> <li>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.</li> <li>a. Address (Number and street name)</li> </ul>	Hour Minute a.m.  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.  b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes		
	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.  36 a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 36c		
	e. Name of U.S. state or foreign country  f. ZIP Code	<ul> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39</li> </ul>		
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.  Car, truck, or van Taxicab  Bus Motorcycle  Subway or elevated rail Bicycle  Long-distance train or commuter rail Worked from home → SKIP to question 40a  Ferryboat Other method	<ul> <li>No → SKIP to question 37</li> <li>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?</li> <li>Yes → SKIP to question 38</li> <li>No</li> </ul>		



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. Canoning of the telegraphs.
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	did not work last week, describe the most recent employment in the past five years.
No, because of all other reasons (in school, etc.)	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
When did this person last work, even for a few days?	Mark (X) ONE box.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → 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)
	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city or county school district)
service as work.	State government (including state colleges/universities)
<ul><li>Yes → SKIP to question 41</li><li>No</li></ul>	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
	Worked <b>without pay</b> in a <b>for-profit</b> family business or farm for 15 hours or more per we
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service,

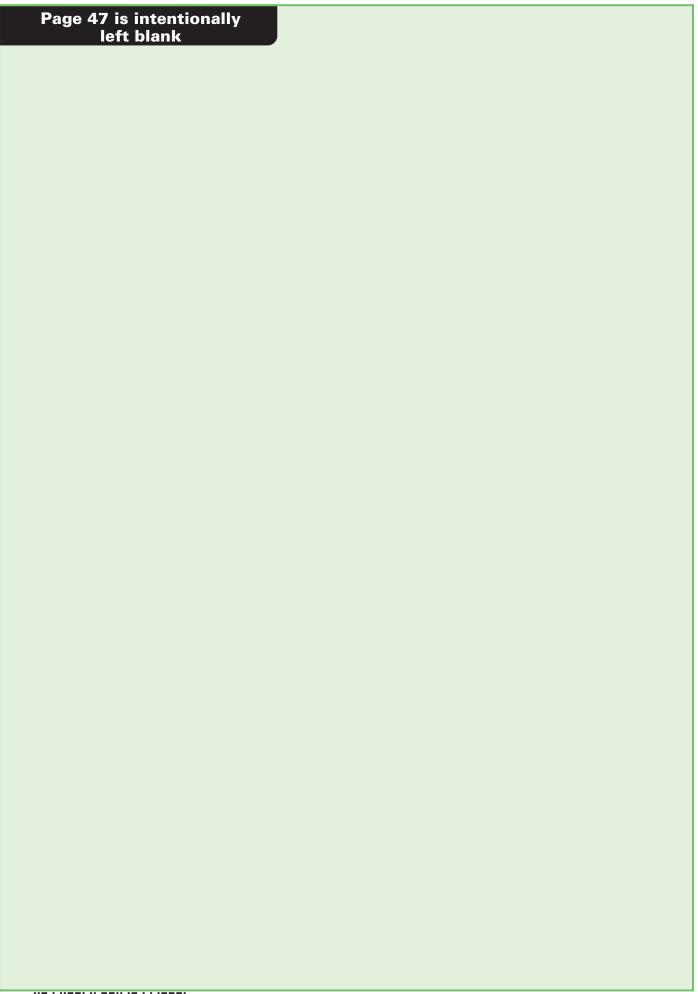


	e	e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.			
			☐ Yes → \$ .00			
			No TOTAL AMOUNT for past 12 months			
	1	f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	e. Supplemental Security Income (SSI).			
		sections and review building plans for work details)	☐ Yes → \$ .00			
			No TOTAL AMOUNT for past			
			f. Any public assistance or welfare payments			
			from the state or local welfare office.			
4		INCOME IN THE PAST 12 MONTHS	☐ Yes → \$ .00			
		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	No TOTAL AMOUNT for past 12 months			
		today's date one year ago up through today.)	g. Retirement income, pensions, survivor or			
		Mark (X) the "No" box to show types of income NOT received.	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			
		If net income was a loss, mark the "Loss" box to the right of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.			
		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	Yes → \$ .00			
		mark the "No" box for the other person.	NO TOTAL AMOUNT for past 12 months			
		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			
		☐ Yes → \$ .00	as money from an inheritance or the sale of a home.			
		No TOTAL AMOUNT for past 12 months	☐ Yes → \$ .00			
			No TOTAL AMOUNT for past			
		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to			
		☐ Yes → \$ .00	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.			
		, , , , , , , , , , , , , , , , , , ,				
		TOTAL AMOUNT for past Loss 12 months	OR \$ , .00 Loss			
		c. Interest, dividends, net rental income, royalty	TOTAL AMOUNT for past			
		income, or income from estates and trusts.  Report even small amounts credited to an account.	12 HOHUIS			
		☐ Yes → \$ ,				
		No TOTAL AMOUNT for past Loss 12 months				



on page 48.

Now continue with the mailing instructions





# Mailing Instructions

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

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use					
POP	EDIT	PHONE	JIC1	JIC2	
EDIT 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, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(2021) (05-18-2020)

