Attachment C: Third Mailing Materials

ACS Stateside Outgoing Envelope	Pages 2 and 3
ACS Follow-up letter	Pages 4 and 5
ACS Questionnaire, Version SGA (Mark All Version)	Pages 6 through 53
ACS Questionnaire, Version SGO (Mark One Version)	
ACS Return Envelope	Pages 102 and 103

Attachment C: ACS Stateside Outgoing Envelope



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

U.S. Census Bureau

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

OFFICIAL BUSINESS Penalty for Private Use \$300



The American Community Survey Form Enclosed

YOUR RESPONSE IS REQUIRED BY LAW



Attachment C: ACS Follow-up Letter



U.S. Census BureauWashington, DC 20233
Office of the Director

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

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

Complete the survey using ONLY ONE of the following options:

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

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

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

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

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

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

If you need help completing the survey or have questions, please call 1-888-715-2301.

Thank you for your prompt response.

Sincerely,

Robert L. Santos

Robert & Sut

Nota: Vea al otro lado para responder en español.

ACS-14(LX)ST (02-16-2024) census.gov/acs

Will my response be confidential?

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

Am I required to fill out the survey?

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

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States. We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Para completar la Encuesta sobre la Comunidad Estadounidense en español:

Visite respond.census.gov/acs. Haga clic en "Responder en español". Si necesita ayuda en español, llame al 1–877–833–5625.

您的地址被美国人口普查局随机选中参与美国社区问卷调查。 如果您对强制性的**/**必须填写的问卷调查有任何问题,请致电1-800-638-5945。

Địa chỉ của quý vị đã được Cục Thống Kê Dân Số Hoa Kỳ chọn ngẫu nhiên để tham gia vào cuộc Khảo Sát Cộng Đồng tại Mỹ. Nếu quý vị có thắc mắc về khảo sát bắt buộc này, vui lòng gọi số 1–877–221–9436.

Ваш адрес был выбран случайным образом Бюро переписи населения США для участия в Анкетировании населения США по месту жительства. Если у вас есть вопросы по поводу этого обязательного опроса, позвоните по телефону 1–866–225–2297.

귀하의 주소는 미국 지역사회 조사에 참여할 수 있도록 미국 인구조사국이 무작위로 선택하였습니다. 이 의무적인 설문조사에 대해 질문이 있으시면, 1-800-772-6728로 전화하십시오.



American Community Survey

Attachment C: ACS Questionnaire Version SGA - Mark All

Start Here

You have two ways to respond:



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

OR



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

Your response is required by law.

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



If you need help or have questions about completing this form, please call 1-888-715-2301.

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

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

0	Please print the name and telephone number of person who is filling out this form. We will only contact you if needed for official Census Bureau bust Last Name	
	First Name	MI
	Area Code + Number	

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

Number of people

ī		

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(X)SGA** (02-26-2024)

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



(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 6 about name this house or apartment is owned, being bought, Hispanic origin and Question 7 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? Person 1 Black or African Am. - Print, for example, What is Person 1's age and what is Person 1's African American, Jamaican, Haitian, Nigerian, Ethiopian, date of birth? For babies less than 1 year old, do not Somali, etc. 굹 write the age in months. Write 0 as the age. Print numbers in boxes. Age (in years) Month Day Year of birth American Indian or Alaska Native - Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. 🗸 What sex was Person 1 assigned at birth? Mark (X) ONE box. Male Female Vietnamese Chinese Native Hawaiian What is Person 1's current gender? Filipino Korean Samoan Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question. Asian Indian Chamorro Japanese Male Other Pacific Other Asian -Print, for example, Islander - Print, Female Pakistani, for example, Cambodian, Tongan, Fijian, Transgender Hmong, etc. ₽ Marshallese, etc. ~ Nonbinary



				this survey, Hispanic origins are not races.
		6	is P	erson 2 of Hispanic, Latino, or Spanish origi
First Name	MI		Ц	No, not of Hispanic, Latino, or Spanish origin
			Ц	Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1? <i>Mark (X) ONE box.</i>				Yes, Cuban
Spouse				Yes, another Hispanic, Latino, or Spanish origin – <i>Prinfor example, Salvadoran, Dominican, Colombian,</i>
Unmarried partner				Guatemalan, Spaniard, Ecuadorian, etc. 📈
Biological child				
Adopted child				
Stepchild				at is Person 2's race? k (X) one or more boxes AND print origins.
				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 🙀
Parent				
Grandchild				Black or African Am. – <i>Print, for example,</i>
Parent-in-law			Ш	African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. д
Son-in-law or daughter-in-law				,
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black
Foster child				Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, et
What is Person 2's age and what is Person	on 2's			
date of birth? For babies less than 1 year o write the age in months. Write 0 as the age.	ia, ao riot		П	Chinese Vietnamese Native Hawa
Print numbers in boxes. Age (in years) Month Day Year o	of birth		H	Filipino Korean Samoan
Age (III years) INDITILI Day Tear (or birtin		H	Asian Indian Japanese Chamorro
				Other Asian – Other Pacific
Mille of a course of the free of the first being the first bei			Ш	Print, for example, Islander – Pr Pakistani, for example,
What sex was Person 2 assigned at birth Mark (X) ONE box.	ıf			Cambodian, Tongan, Fijiar
Male Female				Hmong, etc. Marshallese, o
What is Person 2's current gender?				
Mark (X) one or more boxes. If this person is	less than			Some other race – <i>Print race or origin.</i>
15 years old, SKIP to the next question.				Salidi lada Time lada di dilgini g
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	₹			



Last Name (Please print)				panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 3 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child		7		at is Person 3's race? rk (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Black or African Am. – <i>Print, for example,</i>
Parent-in-law			Ш	African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
Son-in-law or daughter-in-law				Johnan, etc. g
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 3's age and what is Person				
date of birth? For babies less than 1 year old, write the age in months. Write 0 as the age.	do not			
Print numbers in boxes.			H	Chinese
Age (in years) Month Day Year of b	oirth		H	Filipino
			Ш	Asian Indian Japanese Chamorro
				Other Asian – Other Pacific Print, for example, Islander – F
What sex was Person 3 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 3's current gender?				
Mark (X) one or more boxes. If this person is le	ss than			Some other race – <i>Print race or origin.</i> ✓
15 years old, SKIP to the next question.				Some other race – rimitace or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify 📈				

Last Name (Please print)			His	TE: Please answer BOTH Question 6 about panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 4 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child		7		at is Person 4's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIAI	White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Plack or African Ara Print for oversale
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. –
Son-in-law or daughter-in-law				Somali, etc. 7
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Blac. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 4's age and what is Perso	on 4's			
date of birth? For babies less than 1 year o write the age in months. Write 0 as the age.				
Print numbers in boxes.				Chinese
Age (in years) Month Day Year o	of birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacific Strint, for example, Islander – P
What sex was Person 4 assigned at birth Mark (X) ONE box.	i?			Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 4's current gender? Mark (X) one or more boxes. If this person is	less than			Compathan man Drint m
15 years old, SKIP to the next question.				Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	₹			



Last Name (Please print)				panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 5 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr. for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	•	7		at is Person 5's race? rk (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Plack or African Am Print for example
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
Son-in-law or daughter-in-law				Johnan, etc. 2
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 5′s age and what is Perso	n 5′s			
date of birth? For babies less than 1 year old write the age in months. Write 0 as the age.	l, do not			
Print numbers in boxes.			H	Chinese
Age (in years) Month Day Year of	birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacific String, for example, Islander – F
What sex was Person 5 assigned at birth? Mark (X) ONE box.	,			Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 5's current gender? Mark (X) one or more boxes. If this person is I	ess than			
15 years old, SKIP to the next question.			Ш	Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify 📈				



If there are more than five potherough Person 12. We may	eople living of call you for m	or staying ore inform	here, prination about	t their names in them. 📈	the spaces	for Person	6
Person 6							
Last Name (Please print)			First Nam	ne			MI
		Month	Day	Year of birth			
Age (in years)	Date of birth				Related to Person 1?	Yes	
Person 7							
_ast Name (Please print)			First Nam	пе			MI
				.,			
		Month	Day	Year of birth	D 1 4 14		
Age (in years)	Date of birth				Related to Person 1?	Yes	
Person 8							
ast Name (Please print)			First Nam	ne			MI
		Month	Day	Year of birth			
					Related to		
Age (in years)	Date of birth				Person 1?	Yes	
Person 9							
			First Nam	20			MI
ast Name (Please print)			FIISL INAII	ie			IVII
		Month	Day	Year of birth			
					Related to		П.
Age (in years)	Date of birth				Person 1?	Yes	r
Person 10							
ast Name (Please print)			First Nam	ne			MI
•							
		Month	Day	Year of birth			
					Related to	Yes	
Age (in years)	Date of birth				Person 1?	163	
Person 11							
ast Name (Please print)			First Nam	ne			MI
		Month	Day	Year of birth			
Age (in years)	Date of birth				Related to Person 1?	Yes	
	ato or birtil				7 013011 Ti		
Person 12							
ast Name (Please print)			First Nam	ne			MI
		D.0	5	V 611.71			
		Month	Day	Year of birth	D.I. t. I.		
Age (in years)	Date of birth				Related to Person 1?	Yes	
age (iii years)	ate of Dirth				Person II		

Housing

 Mhich best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 10 to 19 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2000 to 2009 1990 to 1999 1980 to 1999 1980 to 1969 1950 to 1959 1950 to 1959 1950 to 1959 1940 to 1949 1939 or earlier 4 How many acres is this house or mobile home or more acres In THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? In THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1 to \$9.9 acres 10 or more acres<th></th><th>ress on the mailing label.</th><th></th><th>OBILE HOME; otherwise, SKIP to question 6a.</th>		ress on the mailing label.		OBILE HOME; otherwise, SKIP to question 6a.
A mobile home A one-family house detached from any other houses A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later − Specify year 2020 or later − Specify year 2020 to 2019 2000 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 D. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if th house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print *Number of bedrooms*			A Ho	w many acres is this house or mobile home or
A one-family house attached to one or more houses A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later − Specify year 2020 or later − Specify year 2020 to 2019 2000 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 Count as bedrooms those rooms you would list if th house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print *Number of bedrooms* Number of bedrooms* Number of bedrooms*		A mobile home		
A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. About when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1940 to 1949 D IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None S1 to \$999 S1,000 to \$2,499 S2,500 to \$4,999 S2,500 to \$4,999 S10,000 or more a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. Number of rooms Number of rooms b. 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				
A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2010 to 2019 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 Sales of all agricultural products from this property? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$10,000 or more 3. 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, kirchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print 1 Number of bedrooms		A one-family house attached to one or		
all agricultural products from this property? A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2020 or later - Specify year 2020 to 2019 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 Sales of all agricultural products from this property? None \$1 to \$999 \$1,1,000 to \$2,499 \$2,5,000 to \$4,999 \$1,0,000 or more 3 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print in Number of bedrooms		A building with 2 apartments	5 IN	THE PAST 12 MONTHS, what were the actual
A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. bout when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 None \$1 to \$999 \$10,000 to \$2,499 \$\$1,000 to \$2,499 \$\$5,000 to \$9,999 \$\$10,000 or more a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms		A building with 3 or 4 apartments	sal	es of all agricultural products from this
A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. \$1,000 to \$2,499 \$2,500 to \$4,999 \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more		A building with 5 to 9 apartments		
A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. bout when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more 4. 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 bathrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print. Number of bedrooms		A building with 10 to 19 apartments		
A building with 50 or more apartments Boat, RV, van, etc. \$5,000 to \$9,999 \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$2020 or later – Specify year 2010 to 2019 2010 to 2019 2000 to 2009 \$1990 to 1999 \$1980 to 1999 \$1970 to 1979 \$1960 to 1969 \$1950 to 1959 \$1940 to 1949 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more \$31,000 or more \$410,000 or		A building with 20 to 49 apartments		
\$5,000 to \$9,999		A building with 50 or more apartments		
\$10,000 or more 2020 or later – Specify year a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1950 to 1959 1940 to 1949 \$10,000 or more \$10,000 or more a. How many separate rooms are in this house, apartment, or mobile home, must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms		Boat, RV, van, etc.		
2020 or later – Specify year 6 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 6 a. How many separate rooms are in this house, apartment, or mobile homes? 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 • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 • 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				
a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1950 to 1959 1940 to 1949 A How many separate rooms are in this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms	bo	ut when was this building first built?		\$10,000 or more
hen did PERSON 1 (listed on page 2) move into		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	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 of trent. If this is an efficiency/studio apartment, print
this house, apartment, or mobile home?				
Ionth Year				
onth Year				



Housing (continued)

Does this house, apartment, or mobile home have – Yes No	Do you or any member of this household have access to the Internet using a –
a. hot and cold running water?	a. cellular data plan for a smartphone or other mobile
b. a bathtub or shower?	device?
c. a sink with a faucet?	b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service
d. a stove or range?	installed in this household?
e. a refrigerator?	c. satellite Internet service installed in this household?
Can you or any member of this household	d. dial-up Internet service installed in this household?
both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.	e. some other service? Specify service
Yes	
□ No	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?	None None
Yes No	
a. Desktop or laptop	2
b. Smartphone	_ 3
c. Tablet or other portable wireless computer	□ 4
d. Some other type of computer Specify □ □	□ 5
	6 or more
	3 Which FUEL is used MOST for heating this
	house, apartment, or mobile home? Mark (X) one box for the fuel used most.
At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?	Gas: Natural gas from underground pipes serving the neighborhood
Yes, by paying a cell phone company or Internet service provider	Gas: Bottled or tank (propane, butane, etc.)
Yes, without paying a cell phone company or Internet service provider → SKIP to question 12	Electricity
No access to the Internet at this house, apartment,	Fuel oil, kerosene, etc.
or mobile home → SKIP to question 12	Coal or coke
	Wood
	Solar energy
	Other fuel
	☐ No fuel used

Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	homeowners association or condominium?
Last IIIOIIII 8 COSt - DOllars	Yes → What is the required monthly homeowners association fee
\$.00	and/or condominium fee? For
1	renters, answer only if you pay the fee in addition to your rent;
OR	otherwise, mark the "None" box.
Included in rent or condominium fee	Monthly amount – Dollars
No charge or electricity not used	\$ 0,000.00
b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR
Last month's cost – Dollars	None
\$ 0.00	□ No
OR	Is this house, apartment, or mobile home –
Included in rent or condominium fee	Mark (X) ONE box.
	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity I</i>
☐ Included in electricity payment entered above☐ No charge or gas not used	Owned by you or someone in this household from and clear (without a mortgage or loan)?
	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	
	B Answer questions 18a and b if this house,
\$,00	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	Otherwise, Juli to question 15.
Included in rent or condominium fee	
☐ No charge	a. What is the monthly rent for this house, apartment, or mobile home?
	-
d. IN THE PAST 12 MONTHS, what was the cost	Monthly amount – <i>Dollars</i>
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.	\$.00
Past 12 months' cost – Dollars	b. Does the monthly rent include any meals?
\$ 0 00 .00	Yes
,	
OR	□ No
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)?	

Housing (continued)

	1
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?
Chiefwide, Okti to L.	Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? 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
\$ _,00	No, insurance paid separately or no insurance
What are the annual real estate taxes on THIS property? Annual amount – Dollars	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
	Yes, home equity loan
\$,	
OR	Yes, second mortgage
None	Yes, second mortgage and home equity loan
	\square No \rightarrow SKIP to \square
What is the annual payment for fire, hazard, and flood insurance on THIS property?	b. How much is the regular monthly payment on all second or junior mortgages and all home
Annual amount – Dollars	equity loans on THIS property?
\$ 000.00	Monthly amount – Dollars
OR	\$ 00,000.00
None	OR
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 Yes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
 No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars 	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars
\$ 00,000.00	\$ 00,000.00
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.



ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads
	to a high school diploma or a college degree. No. has not attended in the last 3
irst Name M	months \rightarrow SKIP to question 12
	Yes, public school, public college
	Yes, private school, private college, home school
/here was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 11a	What is the highest degree or level of school th
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
or naturalization g	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
Then did this person come to live in the	☐ grade 1 – 11 —
nited States? If this person came to live in the nited States more than once, print latest year.	
ear	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	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)



		2				
F	Answer question 13 if this person has a bachelor's	16 a.		this person live in this ho ar ago?	use or apartme	ent
	degree or higher. Otherwise, SKIP to question 14.			Person is under 1 year old →	SKIP to question	17
				Yes, this house → SKIP to qu	estion 17	
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 Print name of foreign country U.S. Virgin Islands, Guam, et to question 17	y, 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)	
7	Milest in this wayson's appositure or otheric arriving					
4	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.)		Nam	ne of U.S. county or munici	pio in Puerto R	ico
Ð	a. Does this person speak a language other			ne of U.S. state or rto Rico	ZIP Code	
	than English at home?					
	No → SKIP to question 16ab. What is this language?	fo	llow	person CURRENTLY covering types of health insurage plans? Mark "Yes" or "Nerage in items a – h.	nce or health	
				rance through a current or	Yes I	No
			form	er employer or union (of this on or another family member)		
	For example: Korean, Italian, Spanish, Vietnamese		Insu	rance purchased directly from		
	c. How well does this person speak English?			surance 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)		
				nn Health Service		
		h.	Any	other type of health insurance ealth coverage plan – <i>Specify</i>		
			J. 110	in the second of plant of poorly		



ı		Answer question 21 if this person is 15 years old
G	Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	or over. Otherwise, SKIP to the questions for Person 2 on page 19.
ŀ		
18	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes
	Yes	□ No
	No → SKIP to question 19a	
	b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	What is this person's marital status? Now married
	Yes	Widowed
ı	No	Divorced
		Separated
19	a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
ı	Yes	23 In the PAST 12 MONTHS did this person get –
ı	☐ No	Yes No
	b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
	Yes	c. Divorced?
	□ No	
		How many times has this person been married?
H	Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	Once Two times
ŀ		Three or more times
20	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
	Yes	
	□ No	
	b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
	Yes	Gay or lesbian
	□ No	Straight, that is not gay or lesbian
	c. Does this person have difficulty dressing or bathing?	□ Bisexual□ This person uses a different term – Specify ∠
	Yes	This person uses a unificial term – Specify
	☐ No	



		20	Uaa	this warrant arrant and an active duty in the
	was female and they are 15-50 years old.		U.S	this person ever served on active duty in the . Armed Forces, Reserves, or National Guard? k (X) ONE box.
	Otherwise, SKIP to question 28a.			Never served in the military → SKIP to question 32a
2	7 In the PAST 12 MONTHS, has this person given			Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
٦	birth to any children?			Now on active duty
	Yes			On active duty in the past, but not now
	□ No		10 //	and the desired of the state of
2	a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?	30	U.S	en did this person serve on active duty in the . Armed Forces? Mark (X) a box for EACH period which this person served, even if just for part of the od.
	Yes			September 2001 or later (Post 9/11)
	No → SKIP to question 29			August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for			June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?			August 1964 through May 1975 (including the Vietnam War)
	Yes			February 1955 through July 1964
	No → SKIP to question 29			June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	e		January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,			December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.			November 1941 or earlier
	Less than 6 months	31		oes this person have a VA service-connected isability rating?
	6 to 11 months			Yes (such as 0%, 10%, 20%,, 100%)
	1 or 2 years			No → SKIP to question 32a
	3 or 4 years		h W	What is this person's service-connected
	5 or more years		d	isability rating?
				0 percent
				10 or 20 percent
				30 or 40 percent
				50 or 60 percent
				70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they 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?
b. Name of city, town, or post office	Minutes
city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
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 Walked Use Worked from home → SKIP to question 42a Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 40 ☐ No



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.	
	No → SKIP to question 41	DESCRIPTION OF EMPLOYMENT	
40	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 of 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	employment in the past five years.	
41)	No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years?	
۳	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 45	Non-profit organization (including tax-exempt and charitable organizations)	
		GOVERNMENT EMPLOYEE	
42	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 43	Active duty U.S. Armed Forces or	
	No	Commissioned Corps	
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee	
	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 without pay in a for-profit family business or farm for 15 hours or more per w	eek
43)	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	∍r,
	Usual hours worked each WEEK	Armed Forces?	
		c. What kind of business or industry was this? Include the main activity, product, or service provat the location where employed. (For example: elementary school, residential construction)	vide
			_
		d. Was this mainly – Mark (X) ONE box.	
		manufacturing?	
		wholesale trade?	
		retail trade?	
		other (agriculture, construction, service, government, etc.)?	



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.

	What was the same of a sam	d. Social Security or Railroad Retirement.
е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Kaliroad Ketirement.
		☐ Yes → \$.00
		□ No TOTAL AMOUNT for past
f.	Describe this person's most important activities	12 months
	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
	today'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
	f 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.
1	For income received jointly, report the appropriate share for each person – or, if that's not possible,	☐ Yes → \$.00
- 1	report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
ŧ	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$, .00	Yes → \$ 00
	No TOTAL AMOUNT for past 12 months	, .00
	o. Self-employment income from own nonfarm	TOTAL AMOUNT for past 12 months
	husinesses or farm husinesses including	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; 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 .00
•	income, or income from estates and trusts. Report even small amounts credited to an account.	None Loss TOTAL AMOUNT for past 12 months
	□ Yes → \$	
	No TOTAL AMOUNT for past Loss	



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 12
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
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	glado / //
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)

		6 a. Did this person live in this house or a	
F	Answer question 13 if this person has a bachelor's	1 year ago?	partment
	degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to o	question 1
		Yes, this house → SKIP to question 17	
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 Pue Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below to question 17	
		No, different house in the United State Puerto Rico	es or
		b. Where did this person live 1 year ago	?
		Address (Number and street name)	
4	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 Pu	uerto Rico
5		Name of U.S. state or	
ك	a. Does this person speak a language other	Puerto Rico ZIP Co	de
	than English at home?	Puerto Rico ZIP Co.	de
	than English at home? ☐ Yes ☐ No → SKIP to question 16a	Is this person CURRENTLY covered by a following types of health insurance or h coverage plans? Mark "Yes" or "No" for EA	nny of the
	than English at home? Yes	Is this person CURRENTLY covered by a following types of health insurance or how coverage plans? Mark "Yes" or "No" for EA of coverage in items a – h.	nny of the nealth ACH type
	than English at home? ☐ Yes ☐ No → SKIP to question 16a	Is this person CURRENTLY covered by a following types of health insurance or health insurance through a current or former employer or union (of this	any of the nealth ACH type
	than English at home? ☐ Yes ☐ No → SKIP to question 16a	Is this person CURRENTLY covered by a following types of health insurance or health insurance or health insurance or health insurance in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)	nny of the nealth ACH type
	than English at home? ☐ Yes ☐ No → SKIP to question 16a b. What is this language?	Is this person CURRENTLY covered by a following types of health insurance or health insurance through a current or former employer or union (of this	any of the nealth ACH type
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Is this person CURRENTLY covered by a following types of health insurance or heaverage plans? Mark "Yes" or "No" for EA of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this	any of the nealth ACH type
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	Is this person CURRENTLY covered by a following types of health insurance or health of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,	any of the nealth ACH type
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	Is this person CURRENTLY covered by a following types of health insurance or h coverage plans? Mark "Yes" or "No" for EA of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes	any of the nealth ACH type Yes No
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	Is this person CURRENTLY covered by a following types of health insurance or health insurance or health insurance or health insurance or health items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	any of the nealth ACH type Yes No
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	Is this person CURRENTLY covered by a following types of health insurance or health of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care	any of the nealth ACH type Yes No
	than English at home? Yes No → SKIP to question 16a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	Is this person CURRENTLY covered by a following types of health insurance or heave coverage plans? Mark "Yes" or "No" for EA of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)	any of the nealth ACH type Yes No



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
	Because of a physical, mental, or emotional
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.	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
Yes	□ No
No → SKIP to question 19a	
b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	What is this person's marital status? Now married
Yes	Widowed
□ No	Divorced
L INO	Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
☐ Yes	In the PAST 12 MONTHS did this person get –
□ No	Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
Yes	c. Divorced?
□ No	
	4 How many times has this person been married?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.	☐ Once☐ Two times
	Three or more times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
Yes	
□ No	
b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
Yes	Gay or lesbian
□ No	Straight, that is not gay or lesbian
	Bisexual
c. Does this person have difficulty dressing or bathing?	☐ This person uses a different term – Specify ∠
Yes	
No	



1		29 Has this person ever served on active duty in the
J	was female and they are 15-50 years old.	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ŀ	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
2	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
٦	birth to any children?	Now on active duty
۱	Yes	On active duty in the past, but not now
	No	
28	a. Does this person have any of their 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 (Post 9/11)
ı	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
۱	b. Is this grandparent currently responsible for	June 1975 through July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
ı	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
ı	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
ı	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
ı	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
۱		0 percent
۱		10 or 20 percent
۱		30 or 40 percent
۱		50 or 60 percent
		70 percent or higher
		70 percent of migner



ob (or business)?		K	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	35	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
EK? If this person worked tion, print where they work address (Number and stratheters) the exact address is not know the location such as the b	eet name) own, give a description uilding name or the	35	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
lame of county		33	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
IP Code			b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
EK? Mark (X) ONE box for sportation used for most o Car, truck, or van	the method of		 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No
	Yes → SKIP to question. No – Did not work (or re AST WEEK, did this persay, even for as little as of yes. No → SKIP to question 3 What location did this person worked attion, print where they work didners (Number and strate) and the location such as the bearest street or intersection lame of city, town, or positive or town? Yes No, outside the city/town lame of county In Code Yes No, outside the city/town lame of county In Code Yes No with this person usually lame of county Car, truck, or van Bus	Yes → SKIP to question 33 No - Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EK? If this person worked at more than one tion, print where they worked most last week. Independent of the location such as the building name or the earest street or intersection. It he exact address is not known, give a description of the location such as the building name or the earest street or intersection. It has been been been been been been been bee	yes → SKIP to question 33 No – Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EXT if this person worked at more than one tion, print where they worked most last week. Inderess (Number and street name) If the exact address is not known, give a description if the location such as the building name or the earest street or intersection. It work location inside the limits of that ity or town? Yes No, outside the city/town limits Itame of county IP Code If the Work (X) ONE box for the method of sportation used for most of the distance. Car, truck, or van Bus Motorcycle



During the LAST 4 WEEKS, has this person bee	
ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
☐ Yes	
No → SKIP to question 41	44 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a joint 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.	person's employment last week or the most
When did this person last work, even for a few days?	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 45	Non-profit organization (including tax-exempt and charitable organizations)
a During the DACT 12 MONTHS (52 weeks) di	GOVERNMENT EMPLOYEE
 a. During the PAST 12 MONTHS (52 weeks), die this person work EVERY week? Count paid vacation, paid sick leave, and military 	county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43No	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
 During the PAST 12 MONTHS (52 weeks), he 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 without pay in a for-profit family business or farm for 15 hours or more per wee
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
Usual hours worked each WEEK	business, agency, or branch of the 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,



			1			
e.	What was this pers (For example: 4th gra	son's main occupation ade teacher, entry-level p	? d	I. Social Sec	urity or Railroad Retiremer	nt.
		, , ,		Yes→	\$ 0 00 .00	
				☐ No	TOTAL AMOUNT for past	
f.		on's most important ac			12 months	
	and create lesson pla	nple: instruct and evaluate ans, assemble and install p building plans for work de	oipe E	. Supplemer	ntal Security Income (SSI).	
	sections and review t	Junuing plans for work de	etans)	Yes →	\$ 00.00	
				No	TOTAL AMOUNT for past 12 months	
			f		assistance or welfare pay tate or local welfare office.	
) II	NCOME IN THE PAS	ST 12 MONTHS		□ Vaa N	ф ПО 000 aa	
٨	Mark (X) the "Yes" bo	x for each type of incom	e this	☐ Yes →	\$.00	
7 ()	OTAL AMOUNT duri NOTE: The "past 12 r	give your best estimate of ing the PAST 12 MONTH months" is the period fro	S.	No	TOTAL AMOUNT for past 12 months	
	,	ago up through today.)		j. Retirement disability i	t income, pensions, survivence income. Include income from	or or a previous
	Лark (X) the "No" box IOT received.	x to show types of incom	ne	employer or	r union, or any regular withdra s from IRA, Roth IRA, 401(k), 4	awals or
	net income was a logith of the dollar amo	oss, mark the "Loss" box ount.	to the	other accou	nts specifically designed for rude Social Security.	
F	or income received j	ointly, report the approp	riate	Yes →	\$ 000 .00	
r	hare for each person eport the whole amo nark the "No" box for	 or, if that's not possibent ount for only one person the other person. 	ele, and	No	TOTAL AMOUNT for past	
a	. Wages, salary, cor from all jobs. Repo taxes, bonds, dues,	mmissions, bonuses, o ort amount before deduc or other items.	rups	regularly so unemployn alimony. D	sources of income received uch as Veterans' (VA) payn nent compensation, child s to NOT include lump sum pay	nents, support or ments such
	☐ Yes → \$	00.000.00		as money tr	om an inheritance or the sale	of a home.
	No TOT	AL AMOUNT for past		Yes →	\$.00	
h	Self-employment	12 months income from own non	farm	No	TOTAL AMOUNT for past 12 months	
	businesses or farr	m businesses, including nd partnerships. Report	g 🧥 u	Vhat was thi	s person's total income du	ring the
	NET income after be		' F	PAST 12 MOI	NTHS? Add entries in question in guestion in the state of	ons 45a to
	☐ Yes → \$.00 .00	t	he amount an Iollar amount.	d mark (X) the "Loss" box nex	t to the
	No TOT.	AL AMOUNT for past 12 months	Loss	OR \$	JD, DDD, DDD .00	
С	income, or income	s, net rental income, re e from estates and trus amounts credited to an ac	oyalty sts.	one <u> </u>	TOTAL AMOUNT for past 12 months	Loss
	☐ Yes → \$	00.000				
	No TOT	AL AMOUNT for past 12 months	Loss			
				Continue wit	h 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.

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 12
	Yes, public school, public college
	Yes, private school, private college, home scl
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to	program, or medical or law school)
duestion 11a	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
Yes, born abroad of U.S. citizen parent or parents	highest degree received.
	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 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	19th avada 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)



Doctorate degree (for example: PhD, EdD)

		2				
F	Answer question 13 if this person has a bachelor's	16 a.		this person live in this ho ar ago?	use or apartm	ent
	degree or higher. Otherwise, SKIP to question 14.			Person is under 1 year old →	SKIP to question	n 17
				Yes, this house → SKIP to que	estion 17	
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 Print name of foreign country U.S. Virgin Islands, Guam, et to question 17	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)	
4	What is this person's ancestry or ethnic origin?					
	what is this person's ancestry or ethnic origin:		Nan	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.)		Nam	ne of U.S. county or munici	pio in Puerto R	Rico
Б	a. Does this person speak a language other			ne of U.S. state or rto Rico	ZIP Code	
	than English at home?					
	No → SKIP to question 16ab. What is this language?	fo	llow	person CURRENTLY cove ing types of health insura age plans? Mark "Yes" or "N	nce or health	
				erage in items a – h. 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?			surance 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.	TRIC	ARE or other military health c	are	
				enrolled for VA health care)		
		g.	India	n Health Service		
				other type of health insurance ealth coverage plan – <i>Specify</i>		
				<u> </u>		



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
 No → SKIP to question 19a 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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get -
 No b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No 	Yes No a. Married? b. Widowed? c. Divorced?
Answer questions 20a – 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	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	☐ Bisexual ☐ This person uses a different term – Specify



		Has this person ever served on active duty in the
J	was female and they are 15-50 years old.	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
2	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	No	
2	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	I. Malland in the control of the con
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher
- 1		



32	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 33 	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
33	 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) Compared to work in the car, truck, or van LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. 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 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c
	e. Name of U.S. state or foreign country f. ZIP Code	 No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
34	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 Light rail, streetcar, or trolley Ferryboat Other method	 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	∐ Yes	
	No → SKIP to question 41	44 DESCRIPTION OF EMPLOYMENT
0	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	employment in the past five years.
חנ	No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
	few days?	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
	Within the past 12 months	
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)
5	a. During the PAST 12 MONTHS (52 weeks), did	GOVERNMENT EMPLOYEE
٥	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 43	Active duty U.S. Armed Forces or Commissioned Corps
	∐ No	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.	Owner of non-incorporated business, professional practice, or farm
	Weeks	Owner of incorporated business, professional practice, or farm
		Worked without pay in a for-profit family business or farm for 15 hours or more per week
3	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
	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,
		government, etc.)?



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.

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level pl	d. Social Security or Railroad Retirement.
	□ Yes → \$.00
	No TOTAL AMOUNT for past
f. Describe this person's most important ac	
or duties. (For example: instruct and evaluate and create lesson plans, assemble and install p	ipe e. Supplemental Security income (551).
sections and review building plans for work det	Yes → \$.00
	No TOTAL AMOUNT for past
	12 months
	f. Any public assistance or welfare payments from the state or local welfare office.
INCOME IN THE PAST 12 MONTHS	
Mark (X) the "Yes" box for each type of income	e this Yes → \$.00
person received, and give your best estimate of TOTAL AMOUNT during the PAST 12 MONTHS (NOTE: The "past 12 months" is the period from	S. 12 months
today'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.	e 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 in right of the dollar amount.	other accounts specifically designed for retirement
For income received jointly, report the appropriate the second particles and the second particles are the second particles.	riate
share for each person – or, if that's not possible report the whole amount for only one person a mark the "No" box for the other person.	nnd No TOTAL AMOUNT for past 12 months
a. Wages, salary, commissions, bonuses, or	h. Any other sources of income received
from all jobs. Report amount before deduct taxes, bonds, dues, or other items.	unemployment compensation, child support or alimony. Do NOT include lump sum payments such
□ Yes → \$,	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 12 months
b. Self-employment income from own nonf businesses or farm businesses, including	
proprietorships and partnerships. Report NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 45a to 45h; subtract any losses. If net income was a loss, enter
□ Yes → \$.00	the amount and mark (X) the "Loss" box next to the dollar amount.
No TOTAL AMOUNT for past	loss
12 months	OR \$.00
c. Interest, dividends, net rental income, ro	None TOTAL AMOUNT for past 12 months
income, or income from estates and trus Report even small amounts credited to an acc	ts.
☐ Yes → \$,	
No TOTAL AMOUNT for past 12 months	Loss



Where was this person born? In the United States − Print name of state. Outside the United States − Print name of foreign country, or Puerto Rico, Guam, etc. Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization − Print year of naturalization ▼ When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year When did this person come to live in the United States for each of the United State	Yes, public school, public college Yes, private school, private college, home school. What grade or level was this person attending Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 College undergraduate years (freshman to se Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 Wursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 Grade 1 through 11 Grade 1 through 11 - Specify grade 1 - 11 Grade 1 through 11 - Specify grade 1 - 11 Grade 1 through 11 Grade 1 through 12 Grade 1 through 12 Grade 1 through 12 Grade 1 through 12	ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
Yes, public school, public c Yes, private school, private	Yes, public school, public college Yes, private school, private college, home school. What grade or level was this person attend Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) What is the highest degree or level of school in person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Wursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Grade 1 through 12 – Specify grade 1 – 11 Grade 1 through 12 – Specify grade 1 –	irst Name MI	
Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Sthis person a citizen of the United States? Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization print year of naturalization print latest year. When did this person came to live in the United States? If this person came to live in the United States more than once, print latest year. When did this person came to live in the United States? If this person came to live in the United States more than once, print latest year. Yes of the United States was this Mark (X) ONE box. Nursery school, preschool in Kindergarten Grade 1 through 12 – Specing grade 1 – 12 What is the highest degree or in person has COMPLETED? What if currently enrolled, mark the prehighest degree received. No SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 In the United States? In the United States more to live in the U.S. citizen parent or parents SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 In the United States more than once, print latest year. In the United States are print name of foreign and in the United States are program, or make the prehighest degree or logic and in the U.S. citizen parent or parents College or ecived. No SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 12 – Specing grade 1 – 11 In the United States are print and in the U.S. citizen parent or parents College or ecived. No SCHOOLING COMPLETED No schooling completed Nursery school Kindergarten Grade 1 through 12 – Specing grade 1 – 11 In the United States are program, or make the prehighest degree or logic parents Schooling (1 the United States) In the United States th	b. What grade or level was this person attend Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 12 What is the highest degree or level of school 1 person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed Nursery or PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		Yes, public school, public college
In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. College undergraduate yea Graduate or professional st bachelor's degree (for exam program, or medial or law flux. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen Outside States College undergraduate yea Graduate or professional st bachelor's degree (for exam program, or medial or law bachelor's degree (for exam program, or medial or law bachelor's degree (for exam program, or medial or law bachelor's degree or law	Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 College undergraduate years (freshman to see Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed Nursery or PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 Other ar. 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)		Yes, private school, private college, home sch
In the United States – Print name of state. Nursery school, preschool Kindergarten	Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 College undergraduate years (freshman to see Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed Nursery or PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 In the law of law of the law of the law of law o	Where was this person born?	b. What grade or level was this person attend
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. College undergraduate yea	Grade 1 through 12 – Specify grade 1 – 12 Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) What is the highest degree or level of school of person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 – 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Sthis person a citizen of the United States? Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization Print ye	Grade 1 through 12 – Specify grade 1 – 12 College undergraduate years (freshman to see Sees? Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) What is the highest degree or level of school of person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 – Other or and the 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)	In the States Trine hame of state.	
Outside the United States – <i>Print name of foreign country, or Puerto Rico, Guam, etc.</i> sthis person a citizen of the United States? Yes, born in the United States → <i>SKIP to question 11a</i> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – <i>Print year of naturalization print parenty of naturalization print latest year.</i> When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. When did this person come to live in the United States more than once, print latest year. State of the United States was a constant of the Unite	College undergraduate years (freshman to see Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 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)		
s this person a citizen of the United States? Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization → No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year When did this person come to live in the United States more than once, print latest year. Year All full this person come to live in the United States more than once, print latest year. Yes this person a citizen of the United States was a comparable to person has COMPLETED? Mark the prehighest degree erceived. No schooling completed Nursery or PRESCHOOL THR Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 It have a no DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit. 1 or more years of college cre	College undergraduate years (freshman to see Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 The lithe lar. 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)	Outside the United States – Print name of	
s this person a citizen of the United States? Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Yes are likely and the presentation of the United States are likely and the United States are likely an	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1. Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 Otherar. 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)		
S this person a citizen of the United States? Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12 What is the highest degree or I person has COMPLETED? Mark the prehighest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THR Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 — 12 th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit. 1 or more years of college cre Associate's degree (for example)	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Othe ar. 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)		
Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization ✓ No, not a U.S. citizen No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States more than once, print latest year. Year Yes, U.S. citizen Yes, U.S. citizen by naturalization – Print year of naturalization ✓ Roy chooling Completed Nursery or Preschool Thr Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Ith grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college credit Associate's degree (for example of law program, or medical or law program, or medical program	bachelor's degree (for example: MÅ or PhD program, or medical or law school) What is the highest degree or level of school of person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Othe ar. 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)		College undergraduate years (freshman to se
Yes, born in the United States → SKIP to question 11a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization ✓ No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example in the person has COMPLETED? Mark it is the highest degree or person has COMPLETED? Mark if currently enrolled, mark the prehighest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THR Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 — 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre	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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 – 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	s this person a citizen of the United States?	
yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization — No, not a U.S. citizen When did this person come to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit. 1 or more years of college cre Associate's degree (for example)	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 highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Other 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)		
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit. 1 or more years of college cre Associate's degree (for example)	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 the ar. 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)		
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization — No, not a U.S. citizen No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre	highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		person has COMPLETED? Mark (X) ONE box.
Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen No schooling completed Nursery or preschool THR Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		highest degree received.
No, not a U.S. citizen Nursery or preschool Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Jointed States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit 1 or more years of college cre Associate's degree (for example)	NURSERY OR PRESCHOOL THROUGH GRADE 1 Nursery school		NO SCHOOLING COMPLETED
No, not a U.S. citizen No, not a U.S. citizen Nursery school Kindergarten	Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		No schooling completed
No, not a U.S. citizen No, not a U.S. citizen	Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		NURSERY OR PRESCHOOL THROUGH GRADE 1
When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		Nursery school
When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	No. not a U.S. citizen	Kindergarten
Nhen did this person come to live in the Jnited States? If this person came to live in the Jnited States more than once, print latest year. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	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)		
12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	ar. 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)	When did this person come to live in the	☐ grade 1 – 11 –
12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college credit Associate's degree (for example)	□ 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)	Inited States? If this person came to live in the Inited States more than once, print latest year.	
HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college credit Associate's degree (for example)	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)		
Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	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)		
GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college credit Associate's degree (for example)	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)		
COLLEGE OR SOME COLLEGE Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	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)		
Some college credit, but less to college credit 1 or more years of college cre Associate's degree (for example)	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)		
college credit 1 or more years of college cre Associate's degree (for example)	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)		3311131 311 33111 3
Associate's degree (for examp	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		
	Bachelor's degree (for example: BA, BS)		1 or more years of college credit, no degree
	Bachelor's degree (for example: BA, BS)		Associate's degree (for example: AA, AS)
Dachelor 3 degree (101 examp.			
AFTER BACHELOR'S DEGREE	ALLEI PACHELON O DEGREE		
	Master's degree (for example: MA, MS, MEng,		AFTER BACHELOR'S DEGREE



Doctorate degree (for example: PhD, EdD)

		2				
F	Answer question 13 if this person has a bachelor's	16 a.		this person live in this ho ar ago?	use or apartme	ent
	degree or higher. Otherwise, SKIP to question 14.			Person is under 1 year old →	SKIP to question	า 17
				Yes, this house → SKIP to qu	estion 17	
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 Print name of foreign country U.S. Virgin Islands, Guam, et to question 17	v, 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)	
	Milest in this wayson's appositure or otheric arriving					
	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.)		Nam	ne of U.S. county or munici	pio in Puerto R	lico
Б	a. Does this person speak a language other			ne of U.S. state or rto Rico	ZIP Code	
	than English at home?					
	No → SKIP to question 16ab. What is this language?	fo	llow vera	person CURRENTLY cove ing types of health insura ige plans? Mark "Yes" or "N	nce or health	
				erage in items a – h. rance through a current or	Yes I	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?			surance 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 l plan	icaid, Medical Assistance, or kind of government-assistance for those with low incomes disability	e 	
		e.	TRIC	ARE or other military health c	are	
				enrolled for VA health care)		
		g.	India	n Health Service		
				other type of health insurance ealth coverage plan – <i>Specify</i>		
				3, , , , , , ,		



G Answer question 18a if this person is covered	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for
health insurance. Otherwise, SKIP to question	19a. Person 5 on page 40.
 a. Is there a premium for this plan? A premis a fixed amount of money paid on a regula basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 19a b. Does this person or another family mem 	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	Divorced
□ No	
a. Is this person deaf or do they have serio difficulty hearing?	Separated Never married → SKIP to J on the next page
Yes	23 In the PAST 12 MONTHS did this person get –
No	Yes No
b. Is this person blind or do they have serie difficulty seeing even when wearing gla	
Yes	c. Divorced?
☐ No	How many times has this person been married?
Answer questions 20a – c if this person is 5 ye old or over. Otherwise, SKIP to the questions the Person 5 on page 40.	ars Once
a. Because of a physical, mental, or emotion condition, does this person have serious difficulty concentrating, remembering, making decisions? Yes	in what year did this person last get married?
□ No	
b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
Yes	Gay or lesbian
☐ No	Straight, that is not gay or lesbian
c. Does this person have difficulty dressin	g or Bisexual
bathing?	☐ This person uses a different term – Specify →
Yes	
No	

J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27)	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	b. What is this person's service-connected
	5 or more years	disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they 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.	36 LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. 37 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	Williutes
city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? □ Yes → SKIP to question 38c □ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code How did this person usually get to work LAST	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
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 42a Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 40 ☐ No



9	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	Yes		, , , , , , , , , , , , , , , , , , , ,
	No → SKIP to question 41	44	DESCRIPTION OF EMPLOYMENT
0	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
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
h	No, because of all other reasons (in school, etc.) When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
7	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 45		Non-profit organization (including tax-exempt and charitable organizations)
	·		GOVERNMENT EMPLOYEE
7	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)
			Active duty U.S. Armed Forces or Commissioned Corps
	□ No		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 without pay in a for-profit family business or farm for 15 hours or more per wee
3	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		7.1.1104 1 0.10001
			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.	Wha (For	t was th	nis pei : 4th g	r so r	n's ma	ain c	occu _l entry	patio -leve	n? I plumbe	er)
f.	or du	cribe thi uties. (Fo create les ons and r	or exai	mple ans,	e: inst assei	ruct a mble	and e and	valua instal	ite stude Il pipe	es nts
) II	NCOI	ME IN TI	IE PA	ST	12 M	ONT	HS			
р Т (1	ersor OTAL NOTE	X) the "\ n received . AMOUI : The "pa s date or	d, and NT dui ast 12	giv ring moi	e you the F nths"	r be: PAST is th	st est 12 N e per	imate 10NT iod fi	e of the HS. rom	
		X) the "Neceived.	No" bo	x to	shov	v typ	es o	f inco	me	
		ncome v				k the	"Los	s" bo	x to the	
s	hare : eport	come rec for each the who he "No"	persoi le ami	n – d ount	or, if t	hat's	s not one p	poss perso	ible,	
а	fror	ges, sala n all job es, bonds	s. Rep	ort	amou	ınt b	efore	ises, dedu	or tips uctions f	or
		Yes →	\$.00		
		No	TO		AMO					
b	bus pro	f-employ inesses prietors income	or far hips a	m b ind	usin partr	esse iersl	s, in nips.	cludi	ng	(
		Yes →	\$.00		
		No	TO ⁻	TAL	AMO 12 mo			ast	Loss	i
С	inco	erest, div ome, or ort even	incon	ne fi	rom e	stat	es a	nd tr	usts.	
		Yes →	\$.00		
		No	Т	TAL	AMO 12 mo			ast	Loss	i

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 45a to 45h; 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.



ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
rirst Name MI	No, has not attended in the last 3 months → SKIP to question 12
irst Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person 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 11a	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 Jnited States? If this person came to live in the	grade 1 – 11 –
Inited States: If this person carne 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)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)



a. Did this person live in this house or apartmen 1 year ago?
i your ago:
Person is under 1 year old → SKIP to question 1
Yes, this house → SKIP to question 17
No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SK to question 17
No, different house in the United States or Puerto Rico
b. Where did this person live 1 year ago?
Address (Number and street name)
Name of city, town, or post office
Name of U.S. county or municipio in Puerto Ric
Name of U.S. state or Puerto Rico ZIP Code
Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
of coverage in items a – h.
a. Insurance through a current or former employer or union (of this
person or another family member) b. Insurance purchased directly from
an insurance company (by this person or another family member)
14 15 6 1 25 1 11
c. Medicare, for people 65 and older, or people with certain disabilities
or people with certain disabilities d. Medicaid, Medical Assistance, or
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)



G	Answer question 18a if this person is covered by	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing
	health insurance. Otherwise, SKIP to question 19a.	instructions on page 48.
18	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 19a 	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? 	Now married
	Yes	Widowed
	No	Divorced
		Separated
19	a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
	Yes	23 In the PAST 12 MONTHS did this person get –
	No	Yes No
	b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
	Yes	c. Divorced?
	No	
		How many times has this person been married?
H	Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.	Once Two times
		Three or more times
20	condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes	In what year did this person last get married? Year
	Nob. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
	Yes	Gay or lesbian
	No	Straight, that is not gay or lesbian
		Bisexual
	c. Does this person have difficulty dressing or bathing?	
	Yes	☐ This person uses a different term – Specify →
	No	



		6 11 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	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
c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code 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. Taxi or ride-hailing	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work?
Car, truck, or van services Bus Motorcycle Subway or elevated rail Bicycle Long-distance train or commuter rail Walked Light rail, streetcar, or trolley Ferryboat Other method	Yes → SKIP to question 40 No



9 During the LAST 4 WEEKS, has this perso	on boon
ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
YesNo → SKIP to question 41	
	DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have start if offered one, or returned to work if reca	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 illness	employment in the past five years.
No, because of all other reasons (in scho	person's employment last week or the most
When did this person last work, even for 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 → SKII question 45	Non-profit organization (including tax-exempt and charitable organizations)
4	GOVERNMENT EMPLOYEE
 a. During the PAST 12 MONTHS (52 weel this person work EVERY week? Count paid vacation, paid sick leave, and mili 	county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43	Active duty U.S. Armed Forces or
No	Commissioned Corps
b. During the PAST 12 MONTHS (52 weel	Federal government civilian employee ks), how
many WEEKS did this person work? Inc paid time off and include weeks when	clude SELF-EMPLOYED OR OTHER
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 without pay in a for-profit family business or farm for 15 hours or more per week
During the PAST 12 MONTHS, in the WEE WORKED, how many hours did this perso	
usually work each WEEK?	business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Affiled Forces:
	c. What kind of business or industry was this? Include the main activity, product, or service provice 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,



			i i			
	e.	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d.	Soc	ial Sec	curity or Railroad Retirement.
		por orient processing states and processing states are processed, and processing states are processed as a processing state or processin			Yes →	\$ 00 000 .00
					No	TOTAL AMOUNT for past
	f.	Describe this person's most important activities				12 months
		or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	e.	Sup	pleme	ental Security Income (SSI).
		sections and review building plans for work details)			Yes →	\$ 00 000.00
					No	TOTAL AMOUNT for past 12 months
			f.			c assistance or welfare payments state or local welfare office.
45	ı	NCOME IN THE PAST 12 MONTHS			V >	ф ПП ПП 20
T	Λ	Mark (X) the "Yes" box for each type of income this			Yes →	,
	7	person received, and give your best estimate of the FOTAL AMOUNT during the PAST 12 MONTHS. NOTE: The "past 12 months" is the period from		Ш	No	TOTAL AMOUNT for past 12 months
		roday's date one year ago up through today.)	g.	Reti disa	remer bility	nt income, pensions, survivor or income. Include income from a previous
		Mark (X) the "No" box to show types of income NOT received.		emp distr	loyer c	or union, or any regular withdrawals or ns from IRA, Roth IRA, 401(k), 403(b), or
		f net income was a loss, mark the "Loss" box to the ight of the dollar amount.		othe	r accou	unts specifically designed for retirement. ude Social Security.
		For income received jointly, report the appropriate			Yes →	\$ 000 000 .00
	r	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.			No	TOTAL AMOUNT for past
		Warran I am a san a	h.	Anv	other	sources of income received
	ä	A. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		regu une alim	ilarly s mploy iony. <i>l</i>	such as Veterans' (VA) payments, ment compensation, child support or Do NOT include lump sum payments such
		☐ Yes → \$		as m	ioney f	from an inheritance or the sale of a home.
		No TOTAL AMOUNT for past			Yes →	\$.00
		12 months			No	TOTAL AMOUNT for past 12 months
	b	b. Self-employment income from own nonfarm businesses or farm businesses, including				
		proprietorships and partnerships. Report NET income after business expenses.	T P.	AST	12 MC	is person's total income during the DNTHS? Add entries in questions 45a to
			th	ie am	ount a	any losses. If net income was a loss, ente nd mark (X) the "Loss" box next to the
		☐ Yes → \$,	a	ollar a	amoun	t.
		No TOTAL AMOUNT for past Loss 12 months	No	O one	R \$, .00 Loss
	C	. Interest, dividends, net rental income, royalty				TOTAL AMOUNT for past 12 months
		income, or income from estates and trusts. Report even small amounts credited to an account.				
		☐ Yes → \$,,				
		No TOTAL AMOUNT for past Loss 12 months				



on page 48.

Now continue with the mailing instructions

Page 47 is intentionally left blank	



Mailing Instructions

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

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

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

Thank you for participating in the American Community Survey.

For C	ensus B	ureau Use		
POP	EDIT	PHONE	JIC1	JIC2
EDIT CLE	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(X)SGA (02-26-2024)





American Community Survey

Attachment C: Questionnaire Version SGO: Mark One

Start Here

You have two ways to respond:



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

OR



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

Your response is required by law.

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



If you need help or have questions about completing this form, please call 1-888-715-2301.

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

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

0	Please print the name and telephone number of person who is filling out this form. We will only contact you if needed for official Census Bureau bust Last Name	
	First Name	MI
	Area Code + Number	

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

N	um	ber	of	peo	ple



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(X)SGO**

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



(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 6 about name this house or apartment is owned, being bought, Hispanic origin and Question 7 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? Person 1 Black or African Am. - Print, for example, What is Person 1's age and what is Person 1's African American, Jamaican, Haitian, Nigerian, Ethiopian, date of birth? For babies less than 1 year old, do not Somali, etc. 굹 write the age in months. Write 0 as the age. Print numbers in boxes. Age (in years) Month Day Year of birth American Indian or Alaska Native - Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. 🗸 What sex was Person 1 assigned at birth? Mark (X) ONE box. Male Female Vietnamese Chinese Native Hawaiian What is Person 1's current gender? Filipino Korean Samoan Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question. Asian Indian Chamorro Japanese Male Other Pacific Other Asian -Print, for example, Islander - Print, Female Pakistani, for example, Cambodian, Tongan, Fijian, Transgender Hmong, etc. ₽ Marshallese, etc. ~ Nonbinary



Last Name (Please print)				panic origin and Question 7 about race. · this survey, Hispanic origins are not races
		6	Is P	erson 2 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Profor example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	•	7		at is Person 2's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIAI	White – Print, for example, German, Irish, English,
Sibling			ш	Italian, Lebanese, Egyptian, etc. 🗸
Parent				
Grandchild				Disch on African Area Driet for according
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic
Son-in-law or daughter-in-law				Somali, etc. 📈
Other relative				
Roommate or housemate				American Indian or Alaska Native – <i>Print name of enri</i>
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 2's age and what is Perso	n 2's			
date of birth? For babies less than 1 year old write the age in months. Write 0 as the age.				
Print numbers in boxes.			Ш	Chinese
Age (in years) Month Day Year of	birth		Ш	Filipino
			Ш	Asian Indian
				Other Asian – Other Pacific String, for example, Islander – F
What sex was Person 2 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 2's current gender? Mark (X) ONE box. If this person is less than 1	5 years			
old, SKIP to the next question.			Ш	Some other race – Print race or origin. $\overline{\not}$
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify ✓				



Last Name (Please print)				panic origin and Question 7 about race. · this survey, Hispanic origins are not races
		6	ls P	erson 3 of Hispanic, Latino, or Spanish origi
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Prifor example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	•	7		at is Person 3's race? ck (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Black or African Am. – <i>Print, for example,</i>
Parent-in-law			Ш	African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. ∡
Son-in-law or daughter-in-law				Somali, etc. g
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 3's age and what is Person				
date of birth? For babies less than 1 year old, write the age in months. Write 0 as the age.	, do not			
Print numbers in boxes.			H	Chinese Vietnamese Native Haw
Age (in years) Month Day Year of	birth		H	Filipino
			Ш	Asian Indian Japanese Chamorro
				Other Asian – Other Pacific Stander – Print, for example,
What sex was Person 3 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc.
What is Parean 2's aureant gandar?				
What is Person 3's current gender? Mark (X) ONE box. If this person is less than 15	ō years			Some other race - Print race or oxidin -
old, SKIP to the next question.			Ш	Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
\square This person uses a different term – Specify $_{\not\!$				



Last Name (Please print)				panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 4 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1? Mark (X) ONE box.				Yes, Cuban
				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Écuadorian, etc. 🗸
Unmarried partner				
Biological child				
Adopted child		7		at is Person 4's race? rk (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
☐ Sibling				Italian, Lebanese, Egyptian, etc. 🖟
Parent				
Grandchild				Black or African Am. – Print, for example,
Parent-in-law			Ш	African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. ⊋
Son-in-law or daughter-in-law				•
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enn
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 4's age and what is Person 4 date of birth? For babies less than 1 year old, o				
write the age in months. Write 0 as the age.	10 1101			Chinese Vietnamese Native Haw
Print numbers in boxes. Age (in years) Month Day Year of bi	rth			Filipino Korean Samoan
				Asian Indian Japanese Chamorro
				Other Asian – Other Pacific
What sex was Person 4 assigned at birth?				Print, for example, Islander – Pakistani, for example,
Mark (X) ONE box.				Cambodian, Tongan, Fijia Hmong, etc. Marshallese,
☐ Male ☐ Female				
What is Person 4's current gender?				
Mark (X) ONE box. If this person is less than 15 yold, SKIP to the next question.	/ears			Some other race – <i>Print race or origin.</i> ✓
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify $_{\not \!$				

. , ,				this survey, Hispanic origins are not races.
		6 Is	Pe	erson 5 of Hispanic, Latino, or Spanish origi
First Name	MI		4	No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1? <i>Mark (X) ONE box.</i>				Yes, Cuban
Spouse				Yes, another Hispanic, Latino, or Spanish origin – <i>Pri for example, Salvadoran, Dominican, Colombian,</i>
				Guatemalan, Spaniard, Écuadorian, etc. 🔀
Unmarried partner				
Biological child				
Adopted child				at is Person 5's race? k (X) one or more boxes AND print origins.
Stepchild		l	7	White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. д
Parent				
Grandchild		١,		Black or African Am. – Print, for example,
Parent-in-law			4	African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. ⊋
Son-in-law or daughter-in-law				
Other relative				
Roommate or housemate		l	7	American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 5's age and what is Perso date of birth? For babies less than 1 year o write the age in months. Write 0 as the age.	on 5's ld, do not			
Print numbers in boxes.			4	Chinese
Age (in years) Month Day Year o	of birth			Filipino Korean Samoan
				Asian Indian Japanese Chamorro
				Other Asian – Other Pacific Islander – Print, for example,
What sex was Person 5 assigned at birth Mark (X) ONE box.	1?			Pakistani, for example, Cambodian, Tongan, Fijiai
Male Female				Hmong, etc. Marshallese,
What is Person 5's current gender? Mark (X) ONE box. If this person is less than old, SKIP to the next question.	15 years			Some other race – Print race or origin. $ agreent$
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	7			



If there are more than five people living through Person 12. We may call you for m	or staying ore inform	here, prin	t their names in	the spaces	for Person	6
Person 6 Last Name (Please print)		First Nam	ne			MI
	Month	 Day	Year of birth			
Age (in years) Date of birth				Related to Person 1?	Yes	No
Person 7 Last Name (Please print)		First Nam	ne			MI
	Month	Dov	Year of birth			
Age (in years) Date of birth	Month	Day	rear of birth	Related to Person 1?	Yes	☐ No
Person 8 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	No
Person 9 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	☐ No
Person 10 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	☐ No
Person 11 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No
Person 12 Last Name (Please print)		First Nam	ne.			MI
Last Ivallie (1 lease plill)		i iist ivdii				IVII
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No

Housing

 Mhich best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 10 to 19 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2000 to 2009 1990 to 1999 1980 to 1999 1980 to 1969 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier 4 How many acres is this house or mobile home or more acres In THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? In THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1 to \$9.9 acres 10 or more acres<th></th><th>ress on the mailing label.</th><th></th><th>OBILE HOME; otherwise, SKIP to question 6a.</th>		ress on the mailing label.		OBILE HOME; otherwise, SKIP to question 6a.
A mobile home A one-family house detached from any other houses A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later − Specify year 2020 or later − Specify year 2020 to 2019 2000 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 D. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if th house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print *Number of bedrooms*			A Ho	w many acres is this house or mobile home or
A one-family house attached to one or more houses A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later − Specify year 2020 or later − Specify year 2020 to 2019 2000 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 Count as bedrooms those rooms you would list if th house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print *Number of bedrooms* Number of bedrooms* Number of bedrooms*		A mobile home		
A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. About when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1940 to 1949 D IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None S1 to \$999 S1,000 to \$2,499 S2,500 to \$4,999 S2,500 to \$4,999 S10,000 or more a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. Number of rooms Number of rooms b. 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				
A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2010 to 2019 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 Sales of all agricultural products from this property? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$10,000 or more 3. 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, kirchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print 1 Number of bedrooms		A one-family house attached to one or		
all agricultural products from this property? A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 2020 or later - Specify year 2020 or later - Specify year 2020 to 2019 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 Sales of all agricultural products from this property? None \$1 to \$999 \$1,1,000 to \$2,499 \$2,5,000 to \$4,999 \$1,0,000 or more 3a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print in Number of bedrooms		A building with 2 apartments	5 IN	THE PAST 12 MONTHS, what were the actual
A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. bout when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 None \$1 to \$999 \$10,000 to \$2,499 \$\$1,000 to \$2,499 \$\$5,000 to \$9,999 \$\$10,000 or more a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms		A building with 3 or 4 apartments	sal	es of all agricultural products from this
A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. \$1,000 to \$2,499 \$2,500 to \$4,999 \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more		A building with 5 to 9 apartments		
A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc. bout when was this building first built? 2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more 4. 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 bathrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print. Number of bedrooms		A building with 10 to 19 apartments		
A building with 50 or more apartments Boat, RV, van, etc. \$5,000 to \$9,999 \$10,000 or more \$10,000 or more \$10,000 or more \$10,000 or more \$2020 or later – Specify year 2010 to 2019 2010 to 2019 2000 to 2009 \$1990 to 1999 \$1980 to 1999 \$1970 to 1979 \$1960 to 1969 \$1950 to 1959 \$1940 to 1949 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more \$31,000 or more \$410,000 or		A building with 20 to 49 apartments		
\$5,000 to \$9,999		A building with 50 or more apartments		
\$10,000 or more 2020 or later – Specify year a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1950 to 1959 1940 to 1949 \$10,000 or more \$10,000 or more a. How many separate rooms are in this house, apartment, or mobile home, must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. • INCLUDE bedrooms, kitchens, etc. • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms		Boat, RV, van, etc.		
2020 or later – Specify year 6 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 6 a. How many separate rooms are in this house, apartment, or mobile homes? 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 • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms • EXCLUDE bathrooms, porches, balconies, foyers halls, or unfinished basements. Number of rooms 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 • 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				
a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1950 to 1959 1940 to 1949 A How many separate rooms are in this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms	bo	ut when was this building first built?		\$10,000 or more
hen did PERSON 1 (listed on page 2) move into		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	apartment, or mobile home? Rooms must be separated by built-in archways or walls that extendent 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 of trent. If this is an efficiency/studio apartment, print
this house, apartment, or mobile home?				
Ionth Year				
onth Year				



Housing (continued)

Does this house, apartment, or mobile home have -	Do you or any member of this household have access to the Internet using a –
a. hot and cold running water?	a. cellular data plan for a Yes No
b. a bathtub or shower?	smartphone or other mobile device?
c. a sink with a faucet?	b. broadband (high speed) Internet service such as cable,
d. a stove or range?	fiber optic, or DSL service installed in this household?
e. a refrigerator?	c. satellite Internet service installed in this household?
Can you or any member of this household	d. dial-up Internet service installed in this household?
both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.	e. some other service? Specify service □ □
Yes	
□ No	12 How many automobiles, vans, and trucks of
	one-ton capacity or less are kept at home for use by members of this household?
At this house, apartment, or mobile home – do you or any member of this household own	None
or use any of the following types of computers? Yes No	
a. Desktop or laptop	_ 2
o. Smartphone	_ 3
c. Tablet or other portable wireless computer	_ 4
d. Some other type of computer	□ 5
Specify Z	6 or more
At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?	Which FUEL is used MOST for heating this house, apartment, or mobile home? Mark (X) one box for the fuel used most. Gas: Natural gas from underground pipes servin the neighborhood
Yes, by paying a cell phone company or Internet service provider	Gas: Bottled or tank (propane, butane, etc.)
Yes, without paying a cell phone company or	☐ Electricity
Internet service provider → SKIP to question 12	Fuel oil, kerosene, etc.
No access to the Internet at this house, apartment, or mobile home → SKIP to question 12	Coal or coke
	Wood
	☐ Solar energy
	Other fuel
	No fuel used

Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	homeowners association or condominium?
Last IIIOIIII 8 COSt - DOllars	Yes → What is the required monthly homeowners association fee
\$.00	and/or condominium fee? For
1	renters, answer only if you pay the fee in addition to your rent;
OR	otherwise, mark the "None" box.
Included in rent or condominium fee	Monthly amount – Dollars
No charge or electricity not used	\$ 0,000.00
b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR
Last month's cost – <i>Dollars</i>	None
\$ 0.00	□ No
OR	Is this house, apartment, or mobile home –
Included in rent or condominium fee	Mark (X) ONE box.
	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity I</i>
☐ Included in electricity payment entered above☐ No charge or gas not used	Owned by you or someone in this household from and clear (without a mortgage or loan)?
	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	
	B Answer questions 18a and b if this house,
\$,00	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	Otherwise, Juli to question 15.
Included in rent or condominium fee	
☐ No charge	a. What is the monthly rent for this house, apartment, or mobile home?
	-
d. IN THE PAST 12 MONTHS, what was the cost	Monthly amount – <i>Dollars</i>
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.	\$.00
Past 12 months' cost – Dollars	b. Does the monthly rent include any meals?
\$ 0 00 .00	Yes
,	
OR	□ No
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)?	

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
19	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment
	\$ 0,000,000	No, insurance paid separately or no insurance
20	What are the annual real estate taxes on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
	Annual amount – Dollars	Yes, home equity loan
ı	\$ 10,00	Yes, second mortgage
ı	OR	Yes, second mortgage and home equity loan
ı	None	$\square No \to SKIP \text{ to } \square$
21	What is the annual payment for fire, hazard, and	INO YORM TO D
4	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 – Dollars	equity loans on THIS property?
ı	\$ 0 00 .00	Monthly amount – Dollars
	OR	\$ 00.000 .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
	Tes, mortgage, deed of trust, of similar dept	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
	Yes, contract to purchase	
	 No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. 	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 – <i>Dollars</i>	Annual costs – <i>Dollars</i>
	\$ 00,000.00	\$.00
ı	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.



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 12
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	★
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
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 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 Jnited States? If this person came to live in the	glado / //
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)

E	Answer question 13 if this person has a bachelor's	a. Did this person live in this house 1 year ago?	or apartment
	degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKII	P to question 17
		Yes, this house → SKIP to question	on 17
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 Print name of foreign country, or U.S. Virgin Islands, Guam, etc., but o question 17	
		No, different house in the United Puerto Rico	States or
		b. Where did this person live 1 year	ago?
		Address (Number and street name)	
4	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 Rico
Б	a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZII	P Code
T	than English at home?		
	YesNo → SKIP to question 16a	Is this person CURRENTLY covered	hy any of the
	b. What is this language?	following types of health insurance coverage plans? Mark "Yes" or "No" fo of coverage in items a – h.	or health
		a. Insurance through a current or	Yes No
		former employer or union (of this person or another family member)	
	For example: Korean, Italian, Spanish, Vietnamese	b. Insurance purchased directly from	
	c. How well does this person speak English?	an insurance company (by this person or another family member)	
	Very well Well	c. Medicare, for people 65 and older, or people with certain disabilities	
	Not well	d. Medicaid, Medical Assistance, or	
	Not at all	any kind of government-assistance plan for those with low incomes or a disability	
		e. TRICARE or other military health care	
		f. VA (enrolled for VA health care)	
		g. Indian Health Service	
		h. Any other type of health insurance or health coverage plan – Specify	
		ŕ	



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office
copays, deductibles, or other expenses such as prescription costs. Yes	or shopping? Yes No
No → SKIP to question 19a	2 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?	Now married
Yes	Widowed Divorced
□ No	Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
☐ Yes ☐ No	c. Divorced?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	How many times has this person been married? Once Two times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	Three or more times In what year did this person last get married? Year
Yes	
b. Does this person have serious difficulty walking or climbing stairs?	6 Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
☐ Yes ☐ No	Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing?	Bisexual This person uses a different term – <i>Specify</i> ✓
☐ Yes ☐ No	



J	was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
L	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
T	birth to any children?	Now on active duty
ı	Yes	On active duty in the past, but not now
ı	□ No	
28	a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
ı		September 2001 or later (Post 9/11)
	YesNo → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
ı	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
ı		February 1955 through July 1964
	YesNo → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
ı	. Have been been this arrandones at heart was a sixtle	January 1947 through May 1950
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
ı	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
ı	1 or 2 years	No → SKIP to question 32a
ı	3 or 4 years	b. What is this person's service-connected
ı	5 or more years	disability rating?
ı		0 percent
ı		10 or 20 percent
ı		30 or 40 percent
ı		50 or 60 percent
ı		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they 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?
b. Name of city, town, or post office	Minutes
city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
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 Walked Worked from home → SKIP to question 42a Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 40 ☐ No



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.	
	No → SKIP to question 41	DESCRIPTION OF EMPLOYMENT	
40	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 of 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	employment in the past five years.	
41)	No, because of all other reasons (in school, etc.)When did this person last work, even for a	a. Which one of the following best describes the person's employment last week or the most recent employment in the past 5 years?	
۳	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 45	Non-profit organization (including tax-exempt and charitable organizations)	
		GOVERNMENT EMPLOYEE	
42	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 43	Active duty U.S. Armed Forces or	
	No	Commissioned Corps	
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee	
	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 without pay in a for-profit family business or farm for 15 hours or more per w	eek
43)	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	∍r,
	Usual hours worked each WEEK	Armed Forces?	
		c. What kind of business or industry was this? Include the main activity, product, or service provat the location where employed. (For example: elementary school, residential construction)	vide
			_
		d. Was this mainly – Mark (X) ONE box.	
		manufacturing?	
		wholesale trade?	
		retail trade?	
		other (agriculture, construction, service, government, etc.)?	



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.

e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plum)	
	, · · · · · · · · · · · · · · · · · · ·
f. Describe this person's most important activi	12 months
or duties. (For example: instruct and evaluate student 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.
INCOME IN THE PAST 12 MONTHS	Yes → \$ 00
Mark (X) the "Yes" box for each type of income thi person received, and give your best estimate of th	is ,
TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	e No TOTAL AMOUNT for past 12 months
today'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
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,	☐ Yes → \$.00
report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
a. Wages, salary, commissions, bonuses, or tip from all jobs. Report amount before deductions taxes, bonds, dues, or other items.	
☐ Yes → \$.00	
No TOTAL AMOUNT for past 12 months	Yes → \$.00 No TOTAL AMOUNT for past
b. Self-employment income from own nonfarm	12 months
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 45a to 45h; 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 Lo	OR \$
c. Interest, dividends, net rental income, royal income, or income from estates and trusts. Report even small amounts credited to an account	12 monus
□ Yes → \$,	
No TOTAL AMOUNT for past Lo	SS



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 12
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
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	glado / //
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)

B if this person has a bachelor's	16 a.		this person live in this ho	ouse or apartme
		1 ye	ar ago?	
therwise, SKIP to question 14.			Person is under 1 year old =	SKIP to question
			Yes, this house → SKIP to qu	uestion 17
uses on this person's GREE. Please print below the of any BACHELOR'S DEGREES ceived. (For example: chemical ntary teacher education, hology)			Print name of foreign counti	v, or
				nited States or
	b.	Whe	ere did this person live 1 v	year ago?
		Addı	ress (Number and street n	ame)
n's ancestry or ethnic origin?				
		Nam	e of city, town, or post of	fice
n, Jamaican, African Am., Yerdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish, Taiwanese, Ukrainian, and so on.		Nam	e of U.S. county or munic	ipio in Puerto Ri
n speak a language other				ZIP Code
home?				
o question 16a	1 ls	this	person CURRENTLY cov	ered by any of t
guage?	CO	vera	ige plans? Mark "Yes" or "I	No" for EACH type
	a.	Insur	rance through a current or	Yes N
// // O . / / // /				
·	b.			n
this person speak English?				-)
				·, 🔲 [
		plan	for those with low incomes	e 🔲 [
	e.	TRIC	ARE or other military health	care
	g.	India	n Health Service	
	h.	Any	n Health Service other type of health insurance ealth coverage plan – <i>Specify</i>	
	increase print below the of any BACHELOR'S DEGREES ceived. (For example: chemical ntary teacher education, hology) in's ancestry or ethnic origin? In, Jamaican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish, Taiwanese, Ukrainian, and so on. In speak a language other home? In question 16a In guage?	transpace print below the of any BACHELOR'S DEGREES ceived. (For example: chemical nary teacher education, hology) b. n's ancestry or ethnic origin? n, Jamaican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish, Taiwanese, Ukrainian, and so on.) n speak a language other home? a question 16a guage? c. d. this person speak English? c. d.	b. When Addition is ancestry or ethnic origin? In a paraican, African Am., erdean, Norwegian, Dominican, aitian, Korean, Lebanese, Polish, Taiwanese, Ukrainian, and so on.) In speak a language other home? In a paraican, Spanish, Vietnamese is this person speak English? In Medican, Spanish, Vietnamese is this person speak English? In Medican, Spanish, Vietnamese is this person speak English?	Yes, this house → SKIP to question 16a States on this person's interest of the print below the state of the print pame of foreign country teacher education, thology) No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 No, different house in the United State Print name of foreign country U.S. Virgin Islands, Guam, et to question 17 Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico Name of U.S. country or munical print is question 19 Name of U.S. country or munical print is question 19 Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico Name of U.S. state or Puerto Rico Name of U.S. state or



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
 No → SKIP to question 19a 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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes No	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get – Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	a. Married? b. Widowed? c. Divorced?
Answer questions 20a – 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	In what year did this person last get married? Year
 No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	☐ Bisexual ☐ This person uses a different term – Specify



1		29 Has this person ever served on active duty in the
J	was female and they are 15-50 years old.	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ŀ	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
2	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
٦	birth to any children?	Now on active duty
۱	Yes	On active duty in the past, but not now
	No	
28	a. Does this person have any of their 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 (Post 9/11)
ı	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
۱	b. Is this grandparent currently responsible for	June 1975 through July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
ı	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
ı	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
ı	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
ı	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher
		70 percent of migner



ob (or business)?		K	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	35	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
EK? If this person worked tion, print where they work address (Number and stratheters) the exact address is not know the location such as the b	eet name) own, give a description uilding name or the	35	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
lame of county		33	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
IP Code			b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
EK? Mark (X) ONE box for sportation used for most o Car, truck, or van	the method of		 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No
	Yes → SKIP to question. No – Did not work (or re AST WEEK, did this persay, even for as little as of yes. No → SKIP to question 3 What location did this person worked attion, print where they work didners (Number and strate) and the location such as the bearest street or intersection lame of city, town, or positive or town? Yes No, outside the city/town lame of County IP Code Yes Verify to question 3 What location did this person worked attion, print where they work lame of the location such as the bearest street or intersection lame of city, town, or positive or town? Yes No, outside the city/town lame of County IP Code Yes Car, truck, or van Bus	Yes → SKIP to question 33 No - Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EK? If this person worked at more than one tion, print where they worked most last week. Independent of the location such as the building name or the earest street or intersection. It he exact address is not known, give a description of the location such as the building name or the earest street or intersection. It has been been been been been been been bee	yes → SKIP to question 33 No – Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EXT if this person worked at more than one tion, print where they worked most last week. Inderess (Number and street name) If the exact address is not known, give a description if the location such as the building name or the earest street or intersection. It work location inside the limits of that ity or town? Yes No, outside the city/town limits Itame of county IP Code If the Work (X) ONE box for the method of sportation used for most of the distance. Car, truck, or van Bus Motorcycle



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	Yes		, , , , , , , , , , , , , , , , , , , ,
	No → SKIP to question 41	44	DESCRIPTION OF EMPLOYMENT
0	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
	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?
IJ	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 45		Non-profit organization (including tax-exempt and charitable organizations)
			GOVERNMENT EMPLOYEE
2	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 43		Active duty U.S. Armed Forces or Commissioned Corps
	No		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 without pay in a for-profit family business or farm for 15 hours or more per week
3	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
	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.	What was this person's main occupation?	d. Social Security or Railroad Retirement.
٥.	(For example: 4th grade teacher, entry-level plumber)	
		Yes → \$.00
	Describe this nevern/s most immediate activities	No TOTAL AMOUNT for past 12 months
т.	Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
	and create lesson plans, assemble and install pipe sections and review building plans for work details)	No. 2 de la constantina della
		Yes → \$.00
		No TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments from the state or local welfare office.
) III	NCOME IN THE PAST 12 MONTHS	from the state of local wentare office.
Λ	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$.00
7	erson received, and give your best estimate of the OTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 months
	NOTE: The "past 12 months" is the period from oday's date one year ago up through today.)	g. Retirement income, pensions, survivor or
	Mark (X) the "No" box to show types of income	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.
	finet income was a loss, mark the "Loss" box to the ight of the dollar amount.	Do not include Social Security.
F	or income received jointly, report the appropriate hare for each person – or, if that's not possible,	☐ Yes → \$.00
r	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	h. Any other sources of income received
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or
		alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	Yes → \$, .00	□ Yes → \$ 10000000000000000000000000000000000
	TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past
b	. Self-employment income from own nonfarm	12 months
	proprietorships and partnerships. heport	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to
	NET income after business expenses.	45h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	☐ Yes → \$,	dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	OR \$
C	. Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for past
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	, , , , , , , , , , , , , , , , , , ,	
	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 12
	Yes, public school, public college
	Yes, private school, private college, home scl
Where was this person born?	b. What grade or level was this person attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to	program, or medical or law school)
duestion 11a	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
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 \vec{\vec{\vec{\vec{\vec{\vec{\vec{	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	19th avada 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)



Doctorate degree (for example: PhD, EdD)

a. Did this person live in this house 1 year ago? Person is under 1 year old → SKIF Yes, this house → SKIP to questio No, outside the United States and Print name of foreign country, or U.S. Virgin Islands, Guam, etc., be to question 17 No, different house in the United 5	on 17 I Puerto Rico
Yes, this house → SKIP to question No, outside the United States and Print name of foreign country, or U.S. Virgin Islands, Guam, etc., be to question 17	n 17 I Puerto Rico
No, outside the United States and Print name of foreign country, or U.S. Virgin Islands, Guam, etc., be to question 17	I Puerto Rico
Print name of foreign country, or U.S. Virgin Islands, Guam, etc., be to question 17	
No different house in the United	
Puerto Rico	States or
b. Where did this person live 1 year	ago?
Address (Number and street name)	
N 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	
Name of city, town, or post office	
Name of U.S. county or municipio i	in Puerto Ri
Name of U.S. state or Puerto Rico ZIF	P Code
following types of health insurance coverage plans? Mark "Yes" or "No" for	or health
	Yes N
former employer or union (of this	
· · · · · · · · · · · · · · · · · · ·	
an insurance company (by this person or another family member)	
c. Medicare, for people 65 and older, or people with certain disabilities	
d. Medicaid, Medical Assistance, or any kind of government-assistance	
plan for those with low incomes or a disability	
e. TRICARE or other military health care	
f. VA (enrolled for VA health care)	
g. Indian Health Service	
	Is this person CURRENTLY covered following types of health insurance coverage plans? Mark "Yes" or "No" for of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
meatur insurance. Otherwise, SKII to question 15a.	
is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
No → SKIP to question 19a	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 Divorced
□ No	Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
Yes	In the PAST 12 MONTHS did this person get –
□ No	Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
Yes	c. Divorced?
□ No	How many times has this person been married?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	Once Two times Three or more times
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
Yes	
□ No	Which of the following best represents how this
b. Does this person have serious difficulty walking or climbing stairs?	person thinks of themselves? Mark (X) ONE box.
Yes	Gay or lesbian
□ No	Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing?	Bisexual This person uses a different term – Specify ✓
Yes	
□ No	



1		29 Has this person ever served on active duty in the
J	was female and they are 15-50 years old.	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ŀ	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
2	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
٦	birth to any children?	Now on active duty
۱	Yes	On active duty in the past, but not now
	No	
28	a. Does this person have any of their 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 (Post 9/11)
ı	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
۱	b. Is this grandparent currently responsible for	June 1975 through July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
ı	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
ı	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
ı	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
ı	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher
		70 percent of migner



ob (or business)?		K	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	35	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
EK? If this person worked tion, print where they work address (Number and stratheters) the exact address is not know the location such as the b	eet name) own, give a description uilding name or the	35	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
lame of county		33	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
IP Code			b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
EK? Mark (X) ONE box for sportation used for most o Car, truck, or van	the method of		 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No
	Yes → SKIP to question. No – Did not work (or re AST WEEK, did this persay, even for as little as of yes. No → SKIP to question 3 What location did this person worked attion, print where they work didners (Number and strate) and the location such as the bearest street or intersection lame of city, town, or positive or town? Yes No, outside the city/town lame of County IP Code Yes Verify to question 3 What location did this person worked attion, print where they work lame of the location such as the bearest street or intersection lame of city, town, or positive or town? Yes No, outside the city/town lame of County IP Code Yes Car, truck, or van Bus	Yes → SKIP to question 33 No - Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EK? If this person worked at more than one tion, print where they worked most last week. Independent of the location such as the building name or the earest street or intersection. It he exact address is not known, give a description of the location such as the building name or the earest street or intersection. It has been been been been been been been bee	yes → SKIP to question 33 No – Did not work (or retired) AST WEEK, did this person do ANY work for ay, even for as little as one hour? Yes No → SKIP to question 38a What location did this person work LAST EXT if this person worked at more than one tion, print where they worked most last week. Inderess (Number and street name) If the exact address is not known, give a description if the location such as the building name or the earest street or intersection. It work location inside the limits of that ity or town? Yes No, outside the city/town limits Itame of county IP Code If the Work (X) ONE box for the method of sportation used for most of the distance. Car, truck, or van Bus Motorcycle



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
		-	
	No → SKIP to question 41	44	DESCRIPTION OF EMPLOYMENT
D	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		employment in the past five years.
Ð	No, because of all other reasons (in school, etc.) When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
	few days?		PRIVATE SECTOR EMPLOYEE
	Within the past 12 months		
	1 to 5 years ago → SKIP to M		For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 45		Non-profit organization (including tax-exempt and charitable organizations)
2	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count		Local government (for example: city or county school district)
	paid vacation, paid sick leave, and military service as work.		State government (including state colleges/universities)
	Yes → SKIP to question 43No		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
3	During the PAST 12 MONTHS, in the WEEKS		Worked without pay in a for-profit family business or farm for 15 hours or more per week
	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
	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, government, etc.)?



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.

		l
е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
	(i.e. example: itingrade teacher) entry level plantzer)	☐ Yes → \$
		No TOTAL AMOUNT for past
f	Describe this person's most important activities	12 months
	or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).
	sections and review building plans for work details)	☐ Yes → \$
		No TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments
		from the state or local welfare office.
)	INCOME IN THE PAST 12 MONTHS	□ Yes → \$.00
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 months
	(NOTE: The "past 12 months" is the period from 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 → \$	as money from an inheritance or the sale of a home.
	No TOTAL AMOUNT for past	☐ Yes → \$.00
	12 months	No TOTAL AMOUNT for past 12 months
ı	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	6 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; subtract any losses. If net income was a loss, enter
	□ Yes → \$.00	the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for past Loss	□ OR \$ 00 □
	12 months	None
(c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	TOTAL AMOUNT for past 12 months
	□ Yes → \$.00 □	
	No TOTAL AMOUNT for past Loss 12 months	



Person 4

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 12
First Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
In the Chited States Trime hame of state.	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school t person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received. NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 📈	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	Kindergarten
No, not a 0.3. ditizen	Grade 1 through 11 – Specify
When did this person come to live in the	grade 1 – 11 7
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)
	Professional degree beyond a bachelor's
	degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



F	Answer question 13 if this person has a bachelor's	16 a.		this person live in this ho ar ago?	use or apartm	ent
	degree or higher. Otherwise, SKIP to question 14.			Person is under 1 year old →	SKIP to question	n 17
				Yes, this house → SKIP to qu	estion 17	
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 Print name of foreign country U.S. Virgin Islands, Guam, et to question 17	, 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)	
	Milest in this wayson's appositure or otheric avining					
4	What is this person's ancestry or ethnic origin?		Nam	e 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.)		Nam	e of U.S. county or munici	pio in Puerto R	Rica
B	a. Does this person speak a language other			e of U.S. state or to Rico	ZIP Code	
T	than English at home?					
	No → SKIP to question 16ab. What is this language?	fo	llow vera	person CURRENTLY cove ing types of health insura ge plans? Mark "Yes" or "N erage 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?			surance company (by this on or another family member)		
	✓ Very well✓ Well			icare, for people 65 and older, cople with certain disabilities		
	Not well Not at all		any l plan	icaid, Medical Assistance, or kind of government-assistance for those with low incomes disability	·	
		e.	TRIC	ARE or other military health c	are	
				enrolled for VA health care)		
		g.	India	n Health Service		
		h.	Any	other type of health insurance ealth coverage plan – <i>Specify</i>		
				2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
 No → SKIP to question 19a 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 Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get –
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	Yes No a. Married? b. Widowed? c. Divorced?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	How many times has this person been married? Once Two times Three or more times
difficulty concentrating, remembering, or making decisions? Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No	In what year did this person last get married? Year Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	☐ Bisexual ☐ This person uses a different term – Specify ☐



J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27)	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	b. What is this person's service-connected
	5 or more years	disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)?	or van" in question 34. Otherwise, SKIP to
Yes → SKIP to question 33	question 36.
No – Did not work (or retired)	
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Person(s)
☐ Yes	
No → SKIP to question 38a	
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week.	LAST WEEK, what time did this person's trip to work usually begin?
location, print where they worked most last week.	Hour Minute
a. Address (Number and street name)	a.m.
If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
b. Name of city, town, or post office	
c. Is the work location inside the limits of that city or town?	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP
Yes	to question 42a.
No, outside the city/town limits	
d. Name of county	a. LAST WEEK, was this person on layoff from a job?
·	
	Yes → SKIP to question 38c
e. Name of U.S. state or foreign country	No
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
f. ZIP Code	Yes, on vacation, temporary illness,
I. Zii Godd	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to
	question 41
	No → SKIP to question 39
How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that they will b recalled to work within the next 6 months OR
Car truck or you	harm of the data to material to the 12
Pue	Yes → SKIP to question 40
Motorcycle	□ No
Subway or elevated rail Bicycle	
Long-distance train or commuter rail Walked	
Light rail, streetcar, or trolley Worked from home → SKIP to question 42a	
Ferryboat Other method	



9	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	Yes		, , , , , , , , , , , , , , , , , , , ,
	No → SKIP to question 41	44	DESCRIPTION OF EMPLOYMENT
0	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
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
h	No, because of all other reasons (in school, etc.) When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
7	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 45		Non-profit organization (including tax-exempt and charitable organizations)
—	·		GOVERNMENT EMPLOYEE
7	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)
			Active duty U.S. Armed Forces or Commissioned Corps
	□ No		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 without pay in a for-profit family business or farm for 15 hours or more per wee
3	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		7.1.1104 1 0.10001
			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.	Wha (For	t was th	is person's ma 4th grade teac	ain occupation her, entry-leve	on? I plumber)	
f.	or du	uties. (Fo create les	s person's mo or example: inst son plans, asse eview building _l	ruct and evalua mble and insta	ate students Il pipe	
· II	NCOI	ME IN TI	IE PAST 12 M	ONTHS		
р Т ()	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)					
		X) the "l eceived.	lo" box to shov	v types of inco	ome	
			vas a loss, marl lar amount.	the "Loss" bo	ox 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.					sible,	
а	fror	n all job	ry, commissions. Report amou dues, or other	int before dedi	, or tips uctions for	
		Yes →	\$ 000	.00		
		No	TOTAL AMO]	
b	bus pro	inesses prietors	ment income or farm busin hips and partr after business o	esses, includ erships. Rep	ing	
		Yes →	\$.00		
		No	TOTAL AMO		Loss	
C	inco	ome, or	ridends, net re ncome from e small amounts	estates and tr	usts.	
		Yes →	\$ 000	.00		
		No	TOTAL AMO		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 45a to 45h; 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. No, has not attended in the last 3
irst Name MI	months → SKIP to question 12
	Yes, public school, public college
	Yes, private school, private college, home school
/here was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 11a	What is the highest degree or level of school th
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 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
hen did this person come to live in the	grade 1 – 11 –
nited States? If this person came to live in the nited States more than once, print latest year.	
ear	
	12th grade - NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14. 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, difference puerto Rice What is this person's ancestry or ethnic origin? Name of city, (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. Puerto Rico Name of U.S. Puerto Rico Sa. Does this person speak a language other than English at home? Yes No → SKIP to question 16a b. What is this language? I year ago? Person is 1 Yes, this his year ago? No, outsid Print nam U.S. Virgin to question question of coverage in ite a. Insurance throughout the print nam U.S. Virgin to question in the print nam U.S. Virgin to question or coverage in ite a. Insurance throughout the print nam U.S. Virgin to question in the print nam U.S. Virgin to question or coverage in ite a. Insurance throughout the print nam U.S. Virgin to question in the print nam U.S. Virgin to question or coverage in ite a. Insurance throughout the print nam U.S. Virgin to question is a print na	nt house in the United States or
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, difference puerto Rice What is this person's ancestry or ethnic origin? Name of city, Name of city, Name of U.S. Person is Yes, this has No, outside print name U.S. Virging to question to questio	ouse → SKIP to question 17 e the United States and Puerto Rico – of foreign country, or Islands, Guam, etc., below; then SKIF of 17 ont house in the United States or of sperson live 1 year ago? ber and street name)
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, difference of the print name of	e the United States and Puerto Rico – e of foreign country, or Islands, Guam, etc., below; then SKIF in 17 Int house in the United States or is person live 1 year ago? ber and street name)
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, difference puerto Rice No, difference puer	e of foreign country, or Islands, Guam, etc., below; then SKIF in 17 Int house in the United States or its person live 1 year ago? Seer and street name)
What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) Name of U.S. Puerto Rico Name of U.S. Puerto Rico Is this person C following types coverage plans of coverage in ite a. Insurance throughout the coverage in the coverage of a c	s person live 1 year ago? ber and street name)
Address (Num What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) Name of U.S. Puerto Rico Name of U.S. Puerto Rico Is this person C following types coverage plansi of coverage in ite a. Insurance throu former employe person or anoth	ber and street name)
Address (Num What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) Name of U.S. Puerto Rico Name of U.S. Puerto Rico Is this person C following types coverage plansi of coverage in ite a. Insurance throu former employe person or anoth	ber and street name)
Name of city, (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. Puerto Rico Name of U.S. Puerto Rico Is this person C following types coverage plans of coverage in ite a. Insurance througeness of a linear through the person or another through the person or an	own, 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. Name of U.S. Puerto Rico Yes No → SKIP to question 16a What is this language? Is this person C following types coverage plans of coverage in ite a. Insurance through former employed person or another. 	own, 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. Name of U.S. Puerto Rico Yes No → SKIP to question 16a b. What is this language? 	own, or post office
Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) Name of U.S. Puerto Rico a. Does this person speak a language other than English at home? Yes No → SKIP to question 16a b. What is this language? Is this person C following types coverage plans of coverage in ite	•
Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) Name of U.S. Puerto Rico a. Does this person speak a language other than English at home? Yes No → SKIP to question 16a b. What is this language? Is this person C following types coverage plans of coverage in ite a. Insurance throughout the person or another person person or another person pers	
a. Does this person speak a language other than English at home? Yes No → SKIP to question 16a b. What is this language? Is this person C following types coverage plans of coverage in ite a. Insurance througe person or another.	county or municipio in Puerto Rico
Yes No → SKIP to question 16a Is this person C following types coverage plans of coverage in ite a. Insurance through person or another.	ztate or ZIP Code
 No → SKIP to question 16a Is this person C following types coverage plans of coverage in ite a. Insurance through former employed person or another. 	
b. What is this language? of coverage in ite a. Insurance through former employed person or another.	JRRENTLY covered by any of the of health insurance or health
former employed	Mark "Yes" or "No" for EACH type
	r or union (of this
For example: Korean, Italian, Spanish, Vietnamese b. Insurance purch	
c. How well does this person speak English? an insurance co	
Very well c. Medicare, for p or people with	ertain disabilities
Not at all plan for those v	
Of a disability	cal Assistance, or ernment-assistance ith low incomes
	ernment-assistance ith low incomes
f. VA (enrolled for	ernment-assistance ith low incomes
g. Indian Health S	ernment-assistance ith low incomes er military health care VA health care)
h. Any other type or health covers	ernment-assistance ith low incomes



		_
G	Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.
18	is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
	 No → SKIP to question 19a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	What is this person's marital status? Now married
	Yes No	☐ Widowed ☐ Divorced ☐ Separated
19	difficulty hearing?	Never married → SKIP to J on the next page
	☐ Yes ☐ No	Yes No a. Married?
	b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	b. Widowed?
H	Answer questions 20a – 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
20	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes	Three or more times In what year did this person last get married? Year
	Nob. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
	Yes No	Gay or lesbian Straight, that is not gay or lesbian
	c. Does this person have difficulty dressing or bathing?Yes	☐ Bisexual ☐ This person uses a different term – Specify ☐
	□ No	

Answer question 27 if this person's sex at birth was female and they are 15-50 years old. Otherwise, SKIP to question 28a.	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 32a
In the PAST 12 MONTHS, has this person given birth to any children?	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a Now on active duty
☐ Yes ☐ No	On active duty in the past, but not now
8 a. Does this person have any of their 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 (Post 9/11)
No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
b. Is this grandparent currently responsible for	June 1975 through July 1990
most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
Yes	February 1955 through July 1964
No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
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.	January 1947 through May 1950 December 1941 through December 1946 (including World War II) November 1941 or earlier
Less than 6 months	a. Does this person have a VA service-connected disability rating?
6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
1 or 2 years	No → SKIP to question 32a
3 or 4 years 5 or more years	b. What is this person's service-connected disability rating?
	0 percent
	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



3	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 33 	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
	 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	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 they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	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
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No
34	f. ZIP Code DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	 b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No
	Ferryboat Other method	



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.			
	No → SKIP to question 41	DESCRIPTION OF EMPLOYMENT			
40	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 th at which the most hours were worked. If this per did not work last week, describe the most recent	rson		
	No, because of own temporary illness	employment in the past five years.			
41)	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?			
Ψ	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 45	Non-profit organization (including tax-exempt and charitable organizations)			
	'	GOVERNMENT EMPLOYEE			
42	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 43	Active duty U.S. Armed Forces or			
	No	Commissioned Corps			
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee			
	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 without pay in a for-profit fami business or farm for 15 hours or more per	ily r week		
13	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 emplo business, agency, or branch of the	oyer,		
	Usual hours worked each WEEK	Armed Forces?			
		c. What kind of business or industry was this Include the main activity, product, or service at the location where employed. (For example: elementary school, residential construction)	rovide		
		d. Was this mainly – Mark (X) ONE box.			
		manufacturing?			
		wholesale trade?			
		retail trade?			
		other (agriculture, construction, service, government, etc.)?			

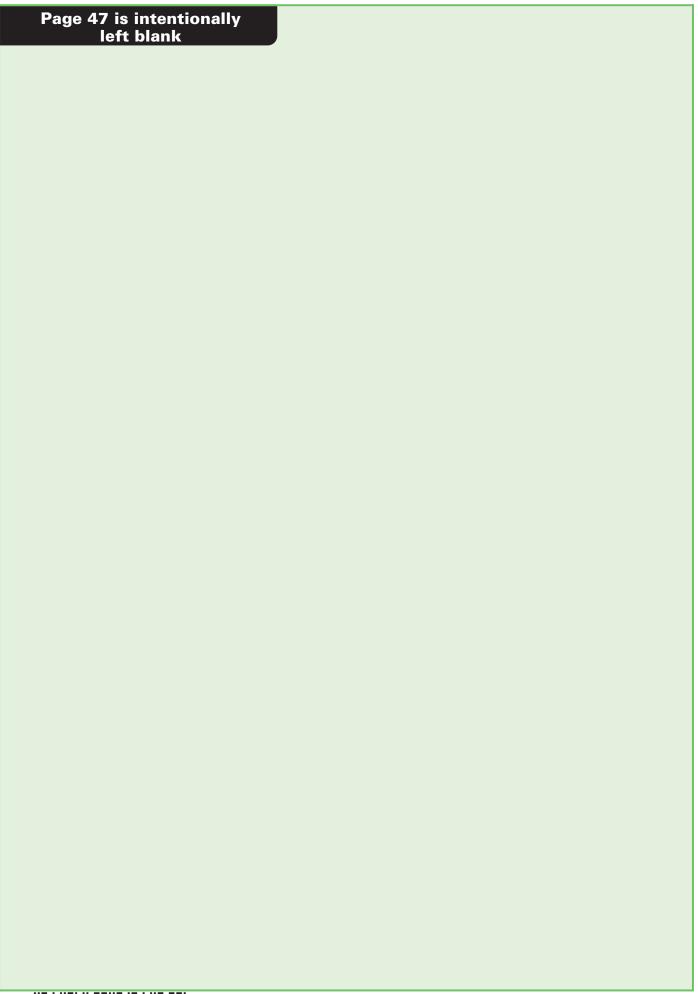


		1		
e. What was this (For example: 4	s person's main occupation? Ith grade teacher, entry-level plui	mber)	I. Social Se	curity or Railroad Retirement.
,			☐ Yes →	· \$ 00 00 .00
			☐ No	TOTAL AMOUNT for past
	person's most important acti			12 months
and create lesso	example: instruct and evaluate stop plans, assemble and install pip	ne '	. Suppleme	ental Security Income (SSI).
sections and re	view building plans for work detail	IIS)	Yes →	· \$ 0 0 .00
			No	TOTAL AMOUNT for past 12 months
		f		ic assistance or welfare payments state or local welfare office.
5 INCOME IN THE	E PAST 12 MONTHS			
Mark (X) the "Ye	s" box for each type of income t	this	Yes →	\$.00
TOTAL AMOUNT (NOTE: The "pas	and give your best estimate of I during the PAST 12 MONTHS. t 12 months" is the period from	the	No	TOTAL AMOUNT for past 12 months
,	year ago up through today.)	ē		nt income, pensions, survivor or income. Include income from a previ
Mark (X) the "No NOT received.	" box to show types of income		employer o	or union, or any regular withdrawals on ns from IRA, Roth IRA, 401(k), 403(b), c
If net income wa right of the dolla	es a loss, mark the "Loss" box to or amount.	the	other acco	unts specifically designed for retireme lude Social Security.
	ived jointly, report the appropria		Yes →	\$ 000 000 .00
report the whole	erson – or, if that's not possible, amount for only one person an ox for the other person.	, nd	☐ No	TOTAL AMOUNT for past
			λην other	r sources of income received
from all jobs.	y, commissions, bonuses, or t . Report amount before deductio dues, or other items.	ups	regularly unemploy alimony.	such as Veterans' (VA) payments, ment compensation, child support Do NOT include lump sum payments s
☐ Yes →	00.00		as money	from an inheritance or the sale of a hol
☐ No	TOTAL AMOUNT for past		Yes →	\$.00
	12 months		No	TOTAL AMOUNT for past
	nent income from own nonfa r farm businesses, including			12 months
proprietorshi	fter business expenses.	F	PAST 12 MC 15h; subtract	nis person's total income during the DNTHS? Add entries in questions 45a any losses. If net income was a loss, e
☐ Yes →	\$ 0,000,000.00		he amount a dollar amour	nd mark (X) the "Loss" box next to the at.
No	TOTAL AMOUNT for past 12 months	Loss	OR \$	00,000,000 .00
c. Interest, divi	dends, net rental income, roy	alty	one	TOTAL AMOUNT for past 12 months
income, or in	come from estates and trusts mall amounts credited to an acco	S		12 monus
☐ Yes →	\$ 0,000,000.00			
☐ No	TOTAL AMOUNT for past 12 months	Loss		



on page 48.

Now continue with the mailing instructions





Mailing Instructions

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

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

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

Thank you for participating in the American Community Survey.

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

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

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

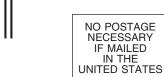
Form ACS-1(X)SGO (02-26-2024)



Attachment C: Return Envelope



OFFICIAL BUSINESS Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DO

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

U.S. CENSUS BUREAU NATIONAL PROCESSING CENTER PO BOX 5240 JEFFERSONVILLE IN 47199-5240