

This form contains confidential information, including Title 13 and Personally Identifiable Information (PII), the release of which is prohibited by the Privacy Act of 1974.



ADDRESS REGISTER COVER PAGE Special Census

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

SCID:

AA:

1. ASSIGNMENT INFORMATION

	Name (1)	Employee ID (2)	Telephone Number (3)	Date (month/day) (4)		Certification statement – I certify that the information is true to the best of my knowledge and the work completed according to Census procedures. Signature – The FR/Reassigned FR and DQC FS must sign when the assignment is completed.
				Assigned To	Accepted From	
(a) FS						
(b) FR						
(c) Reassigned FR						
(d) DQC FS						

2. DAILY PROGRESS RECORD

(a) Date (month/day)										
Number of Questionnaires Completed	(b) Today									
	(c) To Date									
(d) Callbacks Outstanding										

3. Remarks

FS Certification statement – I certify that I have reviewed the Address Register and all accompanying documents and that the work has been completed satisfactorily.

Signature – FS must sign when the Address Register is accepted from the FR/Reassigned FR.

4. OFFICE USE ONLY

Date of Office Review

Initials

The contents of this Address Register are confidential by law (Title 13, U.S. Code). It may be seen only by sworn persons with a need to know and used solely for statistical purposes.

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OMB No. xxx-xxxx



U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

ADDRESS LIST PAGE Special Census

SCID: _____ State: _____

Print Date/Time _____

AA: _____ County: _____

Page ____ of ____

Line No. (1)	Barcode ID (2)	Do Not Interview (3)	Action Code (4)	Date Listed (month/day) (5)	Address Status (7)	Address Type (8)	Block No. (9)	Map Spot No. (10)	Location Address or Physical Location Description			FS Use Only (17)
				Date SC-Q Completed (month/day) (6)					Address No. (11)	Street Name and Type (12) Physical Location Description (13) GQ or TL Name/Facility Name (14)	Apt/Unit No. (15) Zip Code (16)	
1				-----						-----		
2				-----						-----		
3				-----						-----		
4				-----						-----		
5				-----						-----		
6				-----						-----		
7				-----						-----		

DRAFT

Action Codes - For entry in column (4):

- | | | |
|--------------------------|---|-------------------------|
| V – Verified | N – Nonresidential | CW – Cannot Work |
| C – Correction | E – Empty Mobile Home/Trailer Site | D2 – Duplicate |
| U – Uninhabitable | DCL – Unable to Locate | |

Action Codes - Do Not Interview:

- Z** – Group Quarters (GQ)
T – Transitory Location (TL)
X – Questionnaire Previously Completed

Address Type:

- S** – Single Unit **T** – Trailer/Mobile Home
M – Multi Unit **O** – Other

Address Status:

- HU** – Housing Unit
GQ – Group Quarters
TL – Transitory Location

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ADD PAGE Special Census

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

SCID: _____

AA: _____

Address Status:

- HU** – Housing Unit
- GQ** – Group Quarters
- TL** – Transitory Location

Line No.	Case ID <i>(from Form SC-Q)</i>	Date Listed	Address Status	Location Address or Physical Location Description			GQ or TL Name/Facility Name	FS Use Only
				Address No.	Street or Road Name	Apt/Unit No.		
(1)	(2) Block No.	(4) Date SC-Q Completed	(6)	(7)	(8) Physical Location Description	(10) ZIP Code	(12) GQ or TL Contact Telephone Number	(15)

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