OMB No. 0607-0810





# **THE American Community Survey**



ACS 999 029 043 01 111 0901 05 SEQ001-00040

halladdallaladdaalladdalladladlaallaadd TO THE RESIDENT OF: APT 8 2008 CENSUS WAY SUITLAND MD 12345-1234

## Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y Necesita ayuda para completar su cuestionario, lame sin cargo alguno al 1-877-833-5625. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

USCENSUSBUREAU

Month Day Year	
Please print the name and telephone filling out this form. We may contact you Last Name	
First Name	М
Area Code + Number	
How many people are living or staying  INCLUDE everyone who is living or sta  INCLUDE yourself if you are living here  INCLUDE anyone else staying here wh stay, even if they are here for 2 months	lying here for more than 2 me for more than 2 months, o does not have another pla
<ul> <li>DO NOT INCLUDE anyone who is livin 2 months, such as a college student livin</li> </ul>	ng somewhere else for more
Armed Forces on deployment.	

FORM ACS-1(2009)KFI (05-22-2008)

1			

Contract of the last of the la	Person 1			P	erson 2	A DESCRIPTION OF THE PARTY OF T
(Person 1 is the person	on living or staying here	in whose name this house	What is Person Last Name (Please		First Na	ame
person, start with the	name of any adult livir	ng or staying here.)				
			How is this per		Person 1? //	
			☐ Husband or v			Son-in-law or daughter-i
What is Person 1's	nama?		_	n or daughter		Other relative
Last Name (Please prin		Name A	MI Adopted son			
			Stepson or si			Housemate or roommate
			☐ Brother or sis			Unmarried partner
How is this person	related to Person 1?		Grandchild	tner		Foster child Other nonrelative
Person 1			☐ Parent-in-law	es.		Other nonrelative
What is Posson 1's	sex? Mark (X) ONE box		_		ON ONE have	
□ Male □	Female	<b>.</b>	What is Person		(X) UNE DOX.	
——————————————————————————————————————			_ □ Male	☐ Female		
What is Person 1's Please report babies	age and what is Perse as age 0 when the child	on 1's date of birth?				n 2's date of birth? is less than 1 year old.
	Print numbers in box		r rease report bar		imbers in boxe	
Age (in years)	Month Day Yea	or of birth	Age (in years)	Month	Day Year	of birth
NOTE: Di	DOTU O	about Hispanic origin and				bout Hispanic origin an
Question 6 about r Is Person 1 of Hispan  No, not of Hispan	ace. For this survey, H anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano	sh origin?	5 Is Person 2 of H No, not of Hi Yes, Mexican	lispanic, Latir spanic, Latino, o , Mexican Am., (	no, or Spanish r Spanish origin	h origin?
Question 6 about as Person 1 of Hispan  No, not of Hispan  Yes, Mexican, Me  Yes, Puerto Rican  Yes, Cuban  Yes, another Hisp	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or	sh origin?	Is Person 2 of H No, not of Hi Yes, Mexican Yes, Puerto R Yes, Cuban Yes, another	lispanic, Latir spanic, Latino, o , Mexican Am., ( lican Hispanic, Latino, Colombian, Don	no, or Spanish or Spanish origin Chicano or Spanish orig	h origin?
Question 6 about 1 sp. No, not of Hispan Yes, Mexican, Me Yes, Puerto Rican Yes, Cuban Yes, Cuban One, Colorand so on.	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or	ish origin? in rigin – Print origin, for example guan, Salvadoran, Spaniard,	S Person 2 of H   No, not of Hi   Yes, Mexican   Yes, Puerto R   Yes, Cuban   Yes, another   Argentinean, and so on. 7	Ispanic, Latino, o p. Mexican Am., C lican Hispanic, Latino, Colombian, Don	no, or Spanish or Spanish origin Chicano or Spanish origininican, Nicarag	h origin? gin – Print origin, for exam guan, Salvadoran, Spaniard
Question 6 about Is Person 1 of Hispa No, not of Hispa Yes, Mexican, Me Yes, Puerto Rican Yes, Cuban Yes, another Hisp Argentinean, Cole and so on.	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or mbian, Dominican, Nicara race? Mark (X) one or i	ish origin? iin rigin – Print origin, for example aguan, Salvadoran, Spanlard, more boxes.	S Is Person 2 of H No, not of Hi Yes, Mexican Yes, Puerto R Yes, Cuban Yes, another Argentinean, and so on. White Black, African	lispanic, Latino, oo, Mexican Am., Colombian, Don Colombian, Don Am., or Negro	no, or Spanish origin Chicano or Spanish origin ininican, Nicarag	h origin? gin – Print origin, for examp uuan, Salvadoran, Spaniard, tore boxes.
Question 6 about 1 s Person 1 of Hisp.  No, not of Hispan Yes, Mexican, Me Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispan Argentiean, Colo and so on.	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or mbian, Dominican, Nicara race? Mark (X) one or i	ish origin? in rigin – Print origin, for example guan, Salvadoran, Spaniard,	S Is Person 2 of H No, not of Hi Yes, Mexican Yes, Puerto R Yes, Cuban Yes, another Argentinean, and so on. White Black, African	lispanic, Latino, oo, Mexican Am., Colombian, Don Colombian, Don Am., or Negro	no, or Spanish origin Chicano or Spanish origin ininican, Nicarag	h origin? gin – Print origin, for exam guan, Salvadoran, Spaniard
Question 6 about 1 s Person 1 of Hisp.  No, not of Hispan  Yes, Mexican, Me  Yes, Puerto Rican  Yes, Cuban  Yes, Cuban  Yes, another Hispan Argentiean, Colo and so on.	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or mbian, Dominican, Nicara race? Mark (X) one or i	ish origin? iin rigin – Print origin, for example aguan, Salvadoran, Spanlard, more boxes.	S Is Person 2 of H No, not of Hi Yes, Mexican Yes, Puerto R Yes, Cuban Yes, another Argentinean, and so on. White Black, African	lispanic, Latino, oo, Mexican Am., Colombian, Don Colombian, Don Am., or Negro	no, or Spanish origin Chicano or Spanish origin ininican, Nicarag	h origin? gin – Print origin, for examp uuan, Salvadoran, Spaniard, tore boxes.
Question 6 about : s Person 1 of Hispa No, not of Hispan Yes, Mexican, Me Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colcand so on.  What is Person 1's White Black, African Am American Indian of	anic, Latino, or Spani ic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or mbian, Dominican, Nicara race? Mark (X) one or r ., or Negro or Alaska Native — Print n	ish origin?  in  rigin – Print origin, for example aguan, Salvadoran, Spaniard,  more boxes.  ame of enrolled or principal tri	S Person 2 of H	lispanic, Latino, o , Mexican Am., C lican Hispanic, Latino, Colombian, Don 2's race? Mar	no, or Spanish origin Chicano  or Spanish origin or Spanish origin	h origin?  gin – Print origin, for examp  guan, Salvadoran, Spaniard,  sore boxes.  me of enrolled or principal
Serson 1 of Hispa No, not of Hispan Yes, Mexican, Me Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanary Colcand so on. What is Person 1's Black, African Am American Indian	anic, Latino, or Spaniic, Latino, or Spaniic, Latino, or Spanish orig xican Am., Chicano anic, Latino, or Spanish or mbian, Dominican, Nicara race? Mark (X) one or un, or Negro or Alaska Native — Print m	in rigin - Print origin, for example aguan, Salvadoran, Spaniard, more boxes.    Native Hawaiian   Guamanian or Chamor	S Person 2 of H	lispanic, Latino, o , Mexican Am., C lican Hispanic, Latino, Colombian, Don 2's race? Mar	no, or Spanish origin Chicano  Or Spanish origin Chicano  or Spanish origin inican, Nicarage in K (X) one or mustive — Print nar	in – Print origin, for exampuan, Salvadoran, Spaniard, sore boxes.  Mative Hawaiian
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		1	erson 3	Miles				100		14.00		
Vha	t is Person 3's na	ame?					at is Person 4's n	ame?				
ast I	Name (Please print)		First Na	ime	MI	Last	Name (Please print)		First N	ame		1
low	v is this person re	lated to	Person 1? M	lark (X) ONE	box.	Hov	v is this person re	elated to	Person 1? A	Иark (	(X) ONE box.	
7	Husband or wife				or daughter-in-law		Husband or wife			So	n-in-law or dau	ghter-in
ī	Biological son or da	ughter	П	Other relati			Biological son or da	ughter		Ott	her relative	100
	Adopted son or dau			Roomer or	boarder		Adopted son or dau			Ro	omer or boarde	er
$\exists$	Stepson or stepdau	-		Housemate	or roommate		Stepson or stepdau	ghter		] Ho	usemate or roc	mmate
	Brother or sister			Unmarried	partner		Brother or sister			Un	married partne	r
	Father or mother			Foster child	d		Father or mother			For	ster child	
	Grandchild			Other nonr	elative		Grandchild			Oti	her nonrelative	
	Parent-in-law						Parent-in-law					
Nha	at is Person 3's se	x? Mark	(X) ONE box.			Wha	at is Person 4's se	ex? Mark	(X) ONE box.	3		
	Male	Female			2	Τ□	Male	Female				
Vha	at is Person 3's ag	ge and w	hat is Person	n 3's date o	of birth?	What Plea	at is Person 4's a	ge and w	hat is Perso	n 4's	s date of birt	h? old.
,,,,		Print nu	mbers in boxe	es.		W1000		Print nui	mbers in box	es.		
lge (	(in years)	Month	Day Year	of birth		Age	(in years)	Month	Day Year	of bir	rth	
s P	OTE: Please answ lestion 6 about ra- erson 3 of Hispar No, not of Hispanic	ce. For th nic, Latin	is survey, His o, or Spanis	spanic origi h origin?	ns are not races.		vestion 6 about ra verson 4 of Hispan No, not of Hispanio	n <b>ic, Latin</b> :, Latino, or	o, or Spanis Spanish origi	sh ori		not ra
s P	estion 6 about ra erson 3 of Hispar	ce. For the	is survey, His o, or Spanis Spanish origin chicano or Spanish origin	spanic origi h origin?	ins are not races.	Q	uestion 6 about ra Person 4 of Hispa	nic, Latino, or can Am., C	o, or Spanis Spanish origin hicano or Spanish ori	sh ori	igin?  Print origin, for	· examp
Ques Pe	restion 6 about ra- erson 3 of Hispari No, not of Hispari Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispari Argentinean, Colon and so on.  White Black, African Am.,	ce. For the hic, Latino, or can Am., Conic, Latino, or Negro	is survey, His o, or Spanisi o Spanish origin thicano or Spanish origin inican, Nicarag	spanic origin?  gin – Print originan, Salvado	ins are not races.	5 Is P	version 6 about ra verson 4 of Hispanion, not of Hispanion, Mexican, Mexican, Mexican, Mexican, Cuban Yes, Cuban Yes, Cuban Yes, another Hispan, Colon	nic, Latino, or can Am., Conic, Latino, or Negro	o, or Spanish original hicano or Spanish original or Spanish original or Spanish original ori	sh ori n igin – guan,	igin?  Print origin, for Salvadoran, Sy	examp paniard,
S Pi	aestion 6 about ra- erson 3 of Hispanic No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispar Argentinean, Colon and so on.  White Black, African Am., American Indian or	ce. For the hic, Latino, or can Am., Conic, Latino, or Negro	is survey, His o, or Spanish o, Spanish origin chicano  or Spanish origin can, Nicarag k (X) one or m	spanic origin?  gin – Print original, Salvado nore boxes.	igin, for example, tran, Spaniard,	5 Is P	version 6 about ra verson 4 of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  White Black, African Am., American Indian or	nic, Latino, or can Am., Conic, Latino, or Negro	o, or Spanish original hicano  or Spanish original origin	sh ori n igin – guan,	igin?  Print origin, for Salvadoran, Syboxes.  f enrolled or pro-	examp paniard, incipal t
Ques Pe	estion 6 about ra- erson 3 of Hispanic No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  White Black, African Am., American Indian or	ce. For the hic, Latino, or can Am., Conic, Latino, or Negro	is survey, His o, or Spanish or Spanish origin chicano  or Spanish origin chicano  or Spanish origin chican, Nicarag k (X) one or m tive — Print nat	spanic origin?  gin – Print original  gin – Print original  salvado  ore boxes.	igin, for example, tran, Spaniard,  d or principal tribe.	5 Is P	version 6 about ra verson 4 of Hispani No, not of Hispani Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispani Argentinean, Colon and so on.  White Black, African Am., American Indian	nic, Latino, or can Am., Conic, Latino, or Negro	o, or Spanish original hicano or Spanish original origina	sh ori n igin – guan,	igin?  Print origin, for Salvadoran, Sylvadoran, Sylva	examp paniard, incipal t
S P	nestion 6 about raverson 3 of Hispari No., not of Hisparic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispara Argentinean, Colon and so on.	ce. For the hic, Latino, or can Am., Conic, Latino, or Negro	is survey, His o, or Spanish or Spanish origin chicano  or Spanish origin chicano  or Spanish origin chican, Nicarag  k (X) one or m tive — Print nati	panic origin?  gin - Print original, Salvado  nore boxes.  me of enrolle  Native	igin, for example, oran, Spaniard,  d or principal tribe.	5 Is P	vestion 6 about ra verson 4 of Hispanic No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispania Argentinean, Colon and so on.  White Black, African Am., American Indian or Asian Indian Chinese	nic, Latino, or can Am., Conic, Latino, nbian, Dom	o, or Spanish originicano  or Spanish originican, Nicara  ox (X) one or n  tive — Print na  Japanese Korean	sh ori n igin – guan,	Print origin, for Salvadoran, Si boxes.  If enrolled or print or p	examp paniard, incipal t
S Pi	nestion 6 about ra- erson 3 of Hispari No, not of Hispari Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispari Argentinean, Colon and so on.  White Black, African Am., American Indian or Asian Indian Chinese Filipino	ce. For the nic, Latino, or can Am., Conic, Latino, or Negro or Negro Alaska Na	is survey, His o, or Spanish or Spanish origin chicano  or Spanish origin chicano  or Spanish origin chican, Nicarag k (X) one or m tive — Print nat	panic origin?  h origin?  gin - Print originan, Salvado  nore boxes.  me of enrolle  Native  Guama Samoa	igin, for example, oran, Spaniard,  d or principal tribe.	5 Is P	vestion 6 about ra verson 4 of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispania Argentinean, Colon and so on.  at is Person 4's ra White Black, African Am., American Indian or Asian Indian Chinese Filipino	nic, Latino, or can Am., C	o, or Spanish original hicano or Spanish original origina	sh ori n igin – guan,	Print origin, for Salvadoran, Sylboxes.  In the salvadoran of the	exampoaniard, incipal t ian r Chame
Ques Pe	nestion 6 about raverson 3 of Hispari No., not of Hisparic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispara Argentinean, Colon and so on.	ce. For thic, Latino, or can Am., C can Am.,	is survey, His o, or Spanish or Spanish origin chicano  or Spanish origin chicano  or Spanish origin chican, Nicarag  k (X) one or m tive — Print nati	panic origin h origin?  gin – Print originar, Salvado nore boxes.  Mative Guama Samoa Other In Print originary	igin, for example, tran, Spaniard,  d or principal tribe.  Hawaiian anian or Chamorro ane, for example, Tongan, ample, Tongan, ample	5 Is P	vestion 6 about ra verson 4 of Hispanic No, not of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispania Argentinean, Colon and so on.  White Black, African Am., American Indian or Asian Indian Chinese	nic, Latino, or can Am., C  nic, Latino, or can Am., C  nic, Latino, or nic, Latino, or Negro  Alaska Nat	o, or Spanish originicano  or Spanish originican, Nicara  ox (X) one or n  tive — Print na  Japanese Korean	sh ori n igin – guan,	Print origin, for Salvadoran, Si boxes.  If enrolled or print or p	r exampaniard, iincipal t ian r Chami
Ques Pe	estion 6 about ra- erson 3 of Hispanic Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispan Argentinean, Colon and so on.  White Black, African Am., American Indian or Asian Indian Chinese Filipino Other Asian – Print for example, Hai, Pakis	ce. For thinic, Latino, nic, Latino, can Am., Ca	is survey, His o, or Spanish o, Spanish origin thicano  or Spanish origin thican, Nicarag k (X) one or m tive — Print nai  Japanese Korean Vietnamese	panic origin h origin?  gin – Print origin nore boxes.  me of enrolle Guama Salvado Other Infintra Fillan,	igin, for example, tran, Spaniard,  d or principal tribe.  Hawaiian anian or Chamorro ane, for example, Tongan, ample, Tongan, ample	5 Is P	vestion 6 about ra verson 4 of Hispani No, not of Hispani Yes, Mexican, Mexi Yes, Puerto Rican Yes, Cuban Yes, another Hispani Argentinean, Colon and so on.  T  at is Person 4's ra White Black, African Am., American Indian Chinese Filipins Filipins Other Asian – Print for example, Himo Laotian, This Pakis	nic, Latino, or can Am., C nic, Latino, or can Am., C nic, Latino, or nic, Latino, or Negro Alaska Nari	o, or Spanish originicano or Spanish originican, Nicara, or Spanish originican, Nicara, or Spanish originican, Nicara, or Spanish originican, Nicara, originican, Nica	sh ori n igin – guan,	Print origin, for Salvadoran, Si boxes.  In the salvadoran of the	r exampaniard, iincipal t ian r Chama

	Person !	5	O If the	nere are m	ore than five pe mes in the space	ople living or staying here, es for Person 6 through Person	12.
What is Person 5's nat ast Name (Please print)		Name	MI	may call yo	ou for more inform	nation about them. д	
		14 - 1 /VI OME have	Last	Name (Plea	se print)	First Name	1
How is this person rel	ated to Person 1	The state of the s					
Husband or wife		Son-in-law or daugh	ter-in-law				
Biological son or dau	7000	Other relative		□ Male	Female	Age (in years)	
Adopted son or daug		Roomer or boarder  Housemate or room		-	Tomale	71 <b>3</b> 0 (m ) - 110	_
Stepson or stepdaug	iter		T GIS	on 7	2. 2	F	
Brother or sister		Unmarried partner Foster child	Last	Name (Plea	ise print)	First Name	1
Father or mother		Other nonrelative	1				
☐ Grandchild		Other nomerative					
Parent-in-law				П	П -		
What is Person 5's se		OX.	Sex	Male	Female	Age (in years)	
☐ Male ☐	Female		Pers	son 8			
<b>What is Person 5's ag</b> Please report babies as	e and what is Per age 0 when the chi Print numbers in b	ld is less than 1 year old	Last	t Name (Plea	ase print)	First Name	1
		ear of birth	- 1 -				
			Sex	c ☐ Male	e 🗌 Female	Age (in years)	
Is Person 5 of Hispanic,  No, not of Hispanic,  Yes, Mexican, Mexic	ic, Latino, or Spa Latino, or Spanish or			son 9 t Name (Ple	ase print)	First Name	
Yes, Puerto Rican			1				
Yes, Cuban			Ser	x 🔲 Mal	e 🗌 Female	Age (in years)	
Yes, another Hispani Argentinean, Colom and so on. 7	c, Latino, or Spanish bian, Dominican, Nice	origin – Print origin, for e araguan, Salvadoran, Spa	niara, Per	son 10 t Name (Ple	ase print)	First Name	1
What is Person 5's ra	ce? Mark (X) one o	or more boxes.					
White			Se	x Mal	e 🗌 Female	Age (in years)	
Black, African Am., o			1,000			Age (iii years)	
American Indian or	Alaska Native — Prin	t name of enrolled or prin		son 11 st Name (Ple	assa printi	First Name	
			Las	st ivame (rie	ase printy		
Asian Indian	☐ Japanese	☐ Native Hawaiia		st Name (Fre	ase printy		
Asian Indian	☐ Japanese	☐ Native Hawaiia		a Name (Fie	ase printy		
Chinese	☐ Korean	Guamanian or	n			Acc (for years)	
Chinese Filipino Other Asian - Print	☐ Korean ☐ Vietname	Guamanian or see Samoan Other Pacific Is	n Chamorro Se	x 🗌 Ma		Age (in years)	
Chinese Filipino	☐ Korean ☐ Vietname	Guamanian or ese Samoan	Chamorro Se lander – Per and		le	Age (in years)	
Chinese Filipino Other Asian - Print for example, Hmon Laotian, Thai, Pakis	☐ Korean ☐ Vietname	Guamanian or see Samoan Other Pacific Is Print race, for e Fijian, Tongan,	Chamorro Se lander – Per and	× □ Ma	le	entre pri	
Chinese Filipino Other Asian - Print for example, Hmon Laotian, Thai, Pakis	☐ Korean☐ Vietname race, g. tani, on. ⊋	Guamanian or see Samoan Other Pacific Is Print race, for e Fijian, Tongan,	Chamorro Se lander – example, and	× □ Ma	le Female	entre pri	

## Housing

ues	se answer the following stions about the house, tment, or mobile home at the	I OR	swer questions 4 – 6 if this is a HOUSE A MOBILE HOME; otherwise, SKIP to estion 7a.	hon	s this house, apartment, o ne have –	Yes	N
dd	ress on the mailing label.	900	331011 74.	a. ho	ot and cold running water?		
		$\perp$		b. a	flush toilet?		
	ch best describes this building? de all apartments, flats, etc., even if nt.		w many acres is this house or bile home on?		bathtub or shower?		
7	A mobile home		Less than 1 acre → SKIP to question 6	d. a	sink with a faucet?		
ī	A one-family house detached from any			e. a	stove or range?		L
3	other house		10 or more acres	f. a	refrigerator?		
	A one-family house attached to one or more houses	<b></b>		W	lephone service from hich you can both make		
	A building with 2 apartments		THE PAST 12 MONTHS, what	c	nd receive calls? Include		
	A building with 3 or 4 apartments		oducts from this property?		to record TTT		
	A building with 5 to 9 apartments		None	Hou	v many automobiles, vans,	and tr	uck
	A building with 10 to 19 apartments		\$1 to \$999	of o	ne-ton capacity or less are	kept a	
- 7	A building with 20 to 49 apartments	1 5			ne for use by members of t sehold?	his	
	A building with 50 or more apartments	1 5		nou			
	Boat, RV, van, etc.		\$5.000 to \$9.999		None		
			\$10,000 or more		1		
	and confirm come while builteding allows to the N	1 -			2		
	ut when was this building first built?	Α.			3		
_	2000 or later - Specify year		there a business (such as a store or rber shop) or a medical office on		4		
			s property?		5		
			Yes		6 or more		
	1990 to 1999						
	1980 to 1989		đ	) Whi	ch FUEL is used MOST for	heatin	g t
	1970 to 1979	6	How many separate rooms are in this		se, apartment, or mobile h		
	1960 to 1969		house, apartment, or mobile home?		Gas: from underground pipe	e cond	na •
5	1950 to 1959		Rooms must be separated by built-in archways or walls that extend out at least	Ц	neighborhood	s servi	ily I
5	1940 to 1949		6 inches and go from floor to ceiling.		Gas: bottled, tank, or LP		
5	1939 or earlier		INCLUDE bedrooms, kitchens, etc.		Electricity		
			EXCLUDE bathrooms, porches, balconies,		Fuel oil, kerosene, etc.		
			foyers, halls, or unfinished basements.		Coal or coke		
	en did PERSON 1 (listed on page 2)		Number of rooms		Wood		
	e into this house, apartment, or pile home?				Solar energy		
lon					Other fuel		
.011			How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".		No fuel used		
			Number of bedrooms				

of electricity for this house, apartment, or mobile home?	12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?	C Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or
Last month's cost - Dollars	☐ Yes	mobile home. Otherwise, SKIP to E on
\$ .00	□ No	the next page.
OR Included in rent or condominium fee No charge or electricity not used  LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost - Dollars	Is this house, apartment, or mobile home part of a condominium?  ☐ Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.	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
	Monthly amount - Dollars	
OR .00	\$ .00	What are the annual real estate taxes on THIS property?
☐ Included in rent or condominium fee	OR	Annual amount - Dollars
<ul> <li>Included in electricity payment entered above</li> </ul>	☐ None	
☐ No charge or gas not used	□ No	\$
	1	OR
you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	household with a mortgage or loan? Include home equity loans.  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented?  Occupied without payment of	What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars
☐ Included in rent or condominium fee ☐ No charge  IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	rent? → SKIP to C	OR □ None
No charge  IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12	B) Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.	
No charge  IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	rent? → SKIP to C  B) Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.	
No charge  IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars	B) Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.	
No charge  IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars	rent? → SKIP to C  B Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.  15 a. What is the monthly rent for this house, apartment, or mobile home?	

Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
<ul> <li>Yes, mortgage, deed of trust, or similar debt</li> <li>Yes, contract to purchase</li> <li>No → SKIP to question 20a</li> </ul>	Yes, home equity loan  Yes, second mortgage  Yes, second mortgage and home equity loan  No → SKIP to D	V + + + + + + + + + + + + + + + + + + +
. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.  Monthly amount – Dollars  OR  No regular payment required → SKIP to question 20a	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?  Monthly amount – Dollars  S .00  OR	
Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage payment  No, taxes paid separately or taxes not required	HOME. Otherwise, SKIP to E .	
Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?  Yes, insurance included in mortgage payment  No, insurance paid separately or no insurance	personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?  Exclude real estate taxes.  Annual costs – Dollars	

t	Please copy the name of Person 1 from page 2, then continue answering questions below.	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed	What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am.,
-	First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on
		☐ Kindergarten	a. Does this person speak a language other that English at home?
1	Where was this person born?	Grade 1 through 11 - Specify grade 1 - 11 -	☐ Yes
	☐ In the United States – Print name of state.		No → SKIP to question 15a
	ACTOR NOT TO SERVE A COMMON CONTRACTOR OF THE PROPERTY OF THE		
		☐ 12th grade – NO DIPLOMA	b. What is this language?
	Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
		Regular high school diploma	For example: Korean, Italian, Spanish, Vietnames
		GED or alternative credential	c. How well does this person speak English?
1	Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	☐ Very well
	Yes, born in the United States → SKIP to 10a	Some college credit, but less than 1 year of college credit	☐ Well
	Yes, born in Puerto Rico, Guam, the	1 or more years of college credit, no degree	☐ Not well
	U.S. Virgin Islands, or Northern Marianas	Associate's degree (for example: AA, AS)	Not at all
	Yes, born abroad of U.S. citizen parent or parents	☐ Bachelor's degree (for example: BA, BS)	
	Yes, U.S. citizen by naturalization - Print year	AFTER BACHELOR'S DEGREE	
	of naturalization	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago?  ☐ Person is under 1 year old → SKIP to
	No. not a U.S. citizen	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	question 16  ☐ Yes, this house → SKIP to question 16
	When did this person come to live in the United States? Print numbers in boxes.	Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico - Print name of foreign country or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
	Year	The state of the s	then Skir to question to
	F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	
)	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include	SKIP to question 13.	No, different house in the United States or Puerto Rico
	only nursery or preschool, kindergarten, elementary school, home school, and schooling		b. Where did this person live 1 year ago?
	which leads to a high school diploma or a college	This question focuses on this person's	Address (Number and street name)
	No, has not attended in the last 3 months → SKIP to question 11	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
	Yes, public school, public college	this person has received. (For example: chemical engineering, elementary teacher education,	
	Yes, private school, private college, home school	organizational psychology)	Name of city, town, or post office
	b. What grade or level was this person attending?  Mark (X) ONE box.		
	Nursery school, preschool		Name of U.S. county or municipio in
	☐ Kindergarten		Puerto Rico
	Grade 1 through 12 - Specify		Name of U.S. state or
	*		Puerto Rico ZIP Code
	College undergraduate years (freshman to senior)		
	<ul> <li>Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)</li> </ul>		

0	Person 1 (continued)  Is this person CURRENTLY covered by any of to following types of health insurance or health coverage plans? Mark 'Yes' or 'No' for EACH typ	to the second second	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent h
	of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)	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?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	☐ 3 or 4 years ☐ 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	Has this person ever served on active duty in
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes   or a disability	Now married Widowed Divorced	U.S. Armed Forces, military Reserves, or Nat Guard? Active duty does not include training for Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	e. TRICARE or other military health care	☐ Separated	Yes, now on active duty
- 1	f. VA (including those who have ever used or enrolled for VA health care)	☐ Never married → SKIP to	Yes, on active duty during the last 12 months, but not now
	g. Indian Health Service	In the PAST 12 MONTHS did this person get - Yes No	Yes, on active duty in the past, but not during the last 12 months
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	No, training for Reserves or National Guard only → SKIP to question 28a
		b. Widowed?	No, never served in the military → SKIP to question 29a  When did this person serve on active duty in
G		Once Two times Three or more times  In what year did this person last get married? Year  Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	September 2001 or later  August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961  Korean War (July 1960 to January 1955) January 1947 to June 1950  World War II (December 1941 to December
8	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No	the past 12 months?	November 1941 or earlier  a. Does this person have a VA service-connerdisability rating?     Yes (such as 0%, 10%, 20%,, 100%)     No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?  Yes No C. Does this person have difficulty dressing or bathing?  Yes	Yes  No → SKIP to question 26  Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?  Yes	b. What is this person's service-connected disability rating?  Opercent

Person 1 (continued)  1. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.  30 During the LAST 4 WEEKS, has this person bed ACTIVELY looking for work?  ☐ Yes ☐ No → SKIP to question 38
Yes → SKIP to question 30  No – Did not work (or retired)  LAST WEEK, did this person do ANY work for pay, even for as little as one hour?  Yes  No → SKIP to question 35a	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)  LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work  No, because of own temporary illness
At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address (Number and street name)	No, because of all other reasons (in school, et to go to work LAST WEEK?   Hour   Minute   a.m.   Within the past 12 months   1 to 5 years ago → SKIP to L
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  a. During the PAST 12 MONTHS (52 weeks), dthis person work 50 or more weeks? Count paid time off as work.  Yes → SKIP to question 40
c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	SKIP to question 39a.  b. How many weeks DID this person work, ev for a few hours, including paid vacation, pa sick leave, and military service?  50 to 52 weeks
e. Name of U.S. state or foreign country	a job?
f. ZIP Code	absent from a job or busiless:  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 36  No → SKIP to question 36  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.  Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 3: Ferryboat Other method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 37 ☐ No

Person 1 (co	46 if this person	What kind of v (For example: re supervisor of or accountant)	gistered nurse,	personnel manu		d. Social S	→ [s]	TAL AMOUNT	for past
41 – 46 CURRENT OR M ACTIVITY. Describe clean job activity or business las had more than one job, de which this person worked person had no job or busi information for his/her las	rly this person's chief it week. If this person scribe the one at the most hours. If this ness last week, give	What were this activities or de directing hiring typing and filing	ities? (For exampolicies, superv	nple: patient car ising order clerk	e,	e. Supplem	<b>s</b>	TAL AMOUNT 12 months	for past
Was this person - Mark (X) ONE box.	4	INCOME IN TH	E PAST 12 MC	ONTHS		f. Any pub	lic assist	tance or welf	are payments office.
wages, salary, or co	s, or of an individual, for	(NOTE: The "pa	d, and give your IT during the Pa st 12 months" is	best estimate of AST 12 MONTH is the period from	of the S.	☐ Yes		TAL AMOUNT	for past
tax-exempt, or chari a local GOVERNMEN	table organization?	Mark (X) the "N	e year ago up t lo" box to show		е	g. Retirem	ent, surv	12 months	ility pensions
(city, county, etc.)?  a state GOVERNME!  a Federal GOVERNM  SELF-EMPLOYED in business, professior  SELF-EMPLOYED in business, professior  working WTHOUT for farm?  For whom did this perset if now on active duty in the Armed Forces, mark and print the branch of the Name of company, busin  What kind of business of Describe the activity at the	NT employee?  MENT employee?  OWN NOT INCORPORATED hall practice, or farm?  PAY in family business  ON WORK?  X) this box → □  Let Armed Forces.  Let Condition where employed.  Let Condition where employed.	share for each report the who mark the "No" a. Wages, sale or tips from deductions f No No No Self-emplo businesses proprietors	dollar amount. eived jointly, re, person - or, if ti e amount for o box for the othe ery, commissio at all jobs. Repo. TOTAL AMO 12 m yment income or farm busine hips and partn after business e	port the appropriat's not possibly one person or person.  In such that the person of person or person.  In amount before dues, or other in the person of the	to riste le, le, le, le, le, le, le, le, le, le	Do NOT	reclude Sci	DTAL AMOUNT 12 month 13 month 14 month 15 moses. If a mark (X) the 1	for past is received Al payments, child support payments are or the sale of th
Is this mainly - Mark (X)	ONE box.	royalty ince	TOTAL AMO		Loss	next page.	with the o		Person 2 on the don page 2.

	Person 2	What is the highest degree or level of school	13 What is this person's ancestry or ethnic origin?
5	Please copy the name of Person 2 from page 2, then continue answering questions below.  Last Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	First Name MI	Nursery or preschool THROUGH GRADE 12  Nursery school  Kindergarten	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  2 a. Does this person speak a language other than
0	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.	Grade 1 through 11 – Specify grade 1 – 11  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE  Regular high school diploma  GED or alternative credential	Does this person speak a language other than English at home?  Yes No → SKIP to question 15a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
9	Is this person a citizen of the United States?  Yes, born in the United States → SKIP to 10a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization − Print year of naturalization  No, not a U.S. citizen  When did this person come to live in the United States? Print numbers in boxes.  Year	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, DOS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  Answer question 12 if this person has a	Very well     Well     Not well     Not at all    a. Did this person live in this house or apartment 1 year ago?     Person is under 1 year old → SKIP to question 16     Yes, this house → SKIP to question 16     No, outside the United States and Pueton Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
0	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college  Yes, private school, private college, home school  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12 – 12 – 12 – 12 – 12 – 12 – 12 –	bachelor's degree or higher. Otherwise, SKIP to question 13.  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, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago? Address (Number and street name)  Name of city, town, or post office  Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico
L	3		

9	Person 2 (continue s this person CURRENTLY covered b following types of health insurance o coverage plans? Mark "Yes" or "No" for	y any	of the	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	c. How long has this grandparent been responsible for the[se] grandchild[ren]? 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.
	of coverage in items a – h.	Yes	No	Because of a physical, mental, or emotional condition, does this person have difficulty	Less than 6 months
	Insurance through a current or former employer or union (of this			doing errands alone such as visiting a doctor's	6 to 11 months
	person or another family member)			office or shopping?	1 or 2 years
1	o. Insurance purchased directly from an insurance company (by this			Yes	3 or 4 years
	person or another family member)	П	ш	□ No	☐ 5 or more years
- 63	<ol> <li>Medicare, for people 65 and older, or people with certain disabilities</li> </ol>			What is this person's marital status?	6 Has this person ever served on active duty in the
	<ol> <li>Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> </ol>			☐ Now married ☐ Widowed ☐ Divorced	U.S. Armed Forces, military Reserves, or Nationa Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1	e. TRICARE or other military health care	П	П	Separated	Yes, now on active duty
	VA (including those who have ever used or enrolled for VA health care)			☐ Never married → SKIP to	Yes, on active duty during the last 12 months, but not now
	g. Indian Health Service			In the PAST 12 MONTHS did this person get - Yes No	Yes, on active duty in the past, but not during the last 12 months
	n. Any other type of health insurance			a. Married?	No, training for Reserves or National Guard only → SKIP to question 28a
	or health coverage plan - Specify	10000		b. Widowed?	No, never served in the military → SKIP to question 29a
	Yes No b. Is this person blind or does he/she serious difficulty seeing even where glasses? Yes No		aring	Two times Three or more times In what year did this person last get married? Year	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964
7.	Answer question 18a – c if this perso 5 years old or over. Otherwise, SKIP the questions for Person 3 on page 1	to		Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	February 1955 to February 1961
9	a. Because of a physical, mental, or e condition, does this person have so difficulty concentrating, remembe making decisions?	erious	onal s	Has this person given birth to any children in the past 12 months?     Yes     No	November 1941 or earlier      a. Does this person have a VA service-connected disability rating?
	☐ Yes ☐ No			a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	<ul> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 29a</li> </ul>
	b. Does this person have serious diffi walking or climbing stairs?	culty		☐ Yes	b. What is this person's service-connected disability rating?
	Yes			No → SKIP to question 26	☐ 0 percent
	□ No			b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren)	10 or 20 percent
	c. Does this person have difficulty dr bathing?	essin	g or	under the age of 18 who live(s) in this house or apartment?	30 or 40 percent 50 or 60 percent
	☐ Yes			☐ Yes	70 percent or higher
	CIT 100			No → SKIP to question 26	, a percent or nighter

Person 2 (continued)  a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	Ouring the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  ☐ Yes ☐ No → SKIP to question 38
Yes → SKIP to question 30  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)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
Yes		Yes, could have gone to work
No → SKIP to question 35a	1	No, because of own temporary illness  No, because of all other reasons (in school, etc.
At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m.  p.m.	When did this person last work, even for a few days?  ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L
What was a day of the same of	44 How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to question 47
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	person to get from home to work LAST WEEK? Minutes	33 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.  ☐ Yes → SKIP to guestion 40
Yes No, outside the city/town limits	(K) Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	No     How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?     50 to 52 weeks
d. Name of county	a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 35c	48 to 49 weeks 40 to 47 weeks
e. Name of U.S. state or foreign country	No     No     LAST WEEK, was this person TEMPORARILY	27 to 39 weeks 14 to 26 weeks 13 weeks or less
f. ZIP Code	absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.  Car, truck, or van Motorcycle	No → SKIP to question 36  c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	Usual hours worked each WEEK
☐ Car, truck, or van ☐ Motorcycle ☐ Bus or trolley bus ☐ Bicycle	Yes → SKIP to question 37	
Streetcar or trolley car Walked	No	
Subway or elevated Worked at home → SKIP	DMA 8083	
Ferryboat Other method	a	
☐ Taxicab		

wo	awer questions 41 – 46 if this person rked in the past 5 years. Otherwise, P to question 47.	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		Yes → No	TOTAL AM	OUNT for past
job had wh per	46 CURRENT OR MOST RECENT JOB TIVITY. Describe clearly this person's chief activity or business last week. If this person more than one job, describe the one at ch this person worked the most hours. If this son had no job or business last week, give rmation for his/her last job or business.	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		l <b>ementa</b> Yes →	S TOTAL AM	OUNT for past
Wa Ma	s this person – rk (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any p	ublic a	ssistance o te or local w	r welfare payments relfare office.
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT-FOR-PROFIT,	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	0.00	Yes → No	S TOTAL AM	OUNT for past
	tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	today's date one year ago up through today.)  Mark (X) the "No" box to show types of income NOT received.				disability pensions.
	a state GOVERNMENT employee? a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.		Yes →	s	.60
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED	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.		No !	TOTAL AN	OUNT for past months
	business, professional practice, or farm? working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	regula unem or alir	ployme	ch as Vetera ent compens Do NOT inclu	ome received ns' (VA) payments, sation, child suppor de lump sum paymen
If n	whom did this person work?  ow on active duty in  Armed Forces, mark (X) this box → □  print the branch of the Armed Forces.  ne of company, business, or other employer	☐ Yes →   No  TOTAL AMOUNT for past 12 months	home.	Yes →	TOTAL AN	oeritance or the sale of
De. (Fo	at kind of business or industry was this?  cribe the activity at the location where employed, example: hospital, newspaper publishing, mail er house, auto engine manufacturing, bank)	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.  ☐ Yes → \$ □ □ □ ☐ No TOTAL AMOUNT for past 12 months	to 47h; si	ubtract a amoun r amour	person's tot 'HS? Add en any losses. If t and mark (2 nt.	al income during the tries in questions 47s net income was a loss, () the "Loss" box next to
) Is 1	his mainly - Mark (XI ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.  ☐ Yes →  ☐ No ☐ TOTAL AMOUNT for past 12 months			TOTAL AN	MOUNT for past months
	T-1000000000000000000000000000000000000	<	next pag	ge. If or	the question by 2 people 8 for mailing	ns for Person 3 on th are listed on page 2,

	e copy the name of Person 3 from page 3, continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	
Last N		NO SCHOOLING COMPLETED	
		☐ No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominica
***************************************		NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polis
First N	Name MI	☐ Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and so
		☐ Kindergarten 14	a. Does this person speak a language other the
		☐ Grade 1 through 11 – Specify	English at home?
-	e was this person born?	grade 1 - 11 7	☐ Yes
ш	In the United States – Print name of state.		No → SKIP to question 15a
			b. What is this language?
П	Outside the United States - Print name of	☐ 12th grade – NO DIPLOMA	b. What is this language:
_	foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
	1	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnam
		GED or alternative credential	c. How well does this person speak English?
Is this	s person a citizen of the United States?	COLLEGE OR SOME COLLEGE	☐ Very well
	Yes, born in the United States → SKIP to 10a	<ul> <li>Some college credit, but less than 1 year of college credit</li> </ul>	☐ Well
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	1 or more years of college credit, no degree	☐ Not well
	Yes, born abroad of U.S. citizen parent	Associate's degree (for example: AA, AS)	□ Not at all
ш,	or parents	☐ Bachelor's degree (for example: BA, BS)	I Not at all
	Yes, U.S. citizen by naturalization – Print year of naturalization →	AFTER BACHELOR'S DEGREE	
ĺ	or naturalization	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago?  ☐ Person is under 1 year old → SKIP to
п!	No and a LLC alglace	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	question 16
Ц.	No, not a U.S. citizen		Yes, this house → SKIP to question 16
When Unite Year	did this person come to live in the d States? Print numbers in boxes.	☐ Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico – Print name of foreign coun or U.S. Virgin Islands, Guam, etc., below, then SKIP to question 16
		Answer question 12 if this person has a	then out to question to
_		bachelor's degree or higher. Otherwise,	
	any time IN THE LAST 3 MONTHS, has this	SKIP to question 13.	☐ No, different house in the United States
oni	y nursery or preschool, kindergarten, mentary school, home school, and schooling	the major completely to provide the second	Puerto Rico
wh	ich leads to a high school diploma or a college		b. Where did this person live 1 year ago?
deg	gree.	This question focuses on this person's	Address (Number and street name)
	No, has not attended in the last 3 months → SKIP to question 11	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
		this person has received. (For example: chemical	
	Yes, private school, private college,	engineering, elementary teacher education, organizational psychology)	
	home school nat grade or level was this person attending? ork (X) ONE box.		Name of city, town, or post office
	Nursery school, preschool		
		2 2	Name of U.S. county or municipio in Puerto Rico
	Grade 1 through 12 - Specify		
	grade 1 - 12 _		
	×		Name of U.S. state or
			Puerto Rico ZIP Code
	College undergraduate years (freshman to senior)		
	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		

s this person CURRENTLY ollowing types of health i overage plans? Mark "Yes"	nsurance o	y any	th	H	Answer question 15 years old or ov the questions for	er. Oth	nerwise, SKIP to		How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandparent has been responsible for the longest period of time.
f coverage in items a – h.		Yes	No	◐	Because of a physicondition, does the	cal, me	ental, or emotional		Less than 6 months
<ul> <li>Insurance through a currer former employer or union</li> </ul>	(of this		_		doing errands alon	e such	as visiting a doctor's		6 to 11 months
person or another family r		ш			office or shopping	ſ			1 or 2 years
<ul> <li>Insurance purchased direct an insurance company (by</li> </ul>	this	П		1	☐ Yes				3 or 4 years
person or another family in Medicare, for people 65 an		_	Ξ,	$\perp$	☐ No				5 or more years
or people with certain disa	bilities			ே	What is this person	n's mar	rital status?	Has	s this person ever served on active duty in the
<ul> <li>Medicaid, Medical Assista any kind of government-as</li> </ul>	nce, or				☐ Now married		***	U.S Gu	5. Armed Forces, military Reserves, or Nationa ard? Active duty does not include training for the
plan for those with low inc	comes				☐ Widowed			Res	erves or National Guard, but DOES include vation, for example, for the Persian Gulf War.
or a disability		_			☐ Divorced			1000	
. TRICARE or other military	health care				Separated				
VA (including those who h used or enrolled for VA he	ave ever			1	Never married	→ SKIF	o to		Yes, on active duty during the last 12 months, but not now
. Indian Health Service	J. 11 (J10)			Ф	In the PAST 12 MO		did this person get -		Yes, on active duty in the past, but not during the last 12 months
Any other type of health in	surance				a. Married?	Yes	No		No, training for Reserves or National Guard only → SKIP to question 28a
or health coverage plan	Specify _								
	•		1		b. Widowed?		Ц		No, never served in the military → SKIP to question 29a
. Is this person blind or do serious difficulty seeing glasses?  Yes No			ring	3	In what year did th Year	is pers	on last get married?	00000	Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964
Answer question 18a – c in years old or over. Other he questions for Person 4	wise, SKIP	to		1	Answer question 2 female and 15 – 50 SKIP to question 2	years			February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)
. Because of a physical, m condition, does this pers	son have se	rious	nal	29	Has this person gives the past 12 months	en birt s?	th to any children in		November 1941 or earlier
difficulty concentrating making decisions?	, remember	ring, o	r	1	☐ Yes			23) a. [	Does this person have a VA service-connected lisability rating?
☐ Yes				1	□ No		or other and analysis and other and a second second		Yes (such as 0%, 10%, 20%,, 100%)
□ No				4	a. Does this person grandchildren u	nder th	ne age of 18 living in		No → SKIP to question 29a
Does this person have so walking or climbing stai	erious diffic rs?	culty			this house or ap	artmen	nt.		What is this person's service-connected
☐ Yes				1	☐ No → SKIP I	o quest	tion 26	1 .	lisability rating?
□ No					b. Is this grandpare	ent cur	rently responsible for		0 percent
Does this person have di bathing?	ifficulty dre	essing	or		most of the basi	c need	s of any grandchild(ren) no live(s) in this house or		☐ 10 or 20 percent ☐ 30 or 40 percent
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								1	50 or 60 percent
☐ Yes ☐ No				1	Yes		tion 26		70 percent or higher

29	a. LAST WEEK, did this person work for pay at a job (or business)?  ☐ Yes → SKIP to question 30	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	GG During the LAST 4 WEEKS, has this person bed ACTIVELY looking for work?  ☐ Yes ☐ No → SKIP to question 38
	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	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work
	No → SKIP to question 35a		No, because of own temporary illness  No, because of all other reasons (in school, etc.)
T	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m.  p.m.	When did this person last work, even for a few days?  Within the past 12 months  1 to 5 years ago → SKIP to L
	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	Over 5 years ago or never worked → SKIP to question 47  39 a. During the PAST 12 MONTHS (52 weeks), c this person work 50 or more weeks? Count paid time off as work.
	c. Is the work location inside the limits of that city or town?  Yes  No, outside the city/town limits	SKIP to question 39a.	
	d. Name of county  e. Name of U.S. state or foreign country	a job?  ☐ Yes → SKIP to question 35c ☐ No  b. LAST WEEK, was this person TEMPORARILY	48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
	f. ZIP Code	absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
9	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.  Car, truck, or van   Motorcycle  Bus or trolley bus   Bicycle  Streetcar or trolley car   Walked  Subway or elevated   Worked at home → SKIP Railroad   Other method  Taxicab   Other method	No → SKIP to question 36  c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37  No	

v	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	☐ Yes → S OO TOTAL AMOUNT for past 12 months
ji h v	41 - 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief tob activity or business last week. If this person had more than one job, describe the one at the which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI).  ☐ Yes →  ☐ No  TOTAL AMOUNT for past 12 months
þ	Was this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
1	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	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.	☐ Yes →
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
1	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	□ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → 8 .00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
-	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
- 1	working WITHOUT PAY in family business or farm?	Wages, salary, commissions, bonuses, or tips 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 payment.
) F	For whom did this person work?		such as money from an inheritance or the sale of home.
t	If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces.	☐ Yes → 4	☐ Yes → # .00
٨	Name of company, business, or other employer	12 months	□ No TOTAL AMOUNT for past
1	What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.  ☐ Yes → ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If not income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
100			TOTAL AMOUNT for past
) 1	s this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	12 months
	manufacturing?	to an account.	
- 3	wholesale trade?	U Ves à l'e	
- 2	retail trade?	☐ Yes → □ □	
Ì	other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
		¢	Continue with the questions for Person 4 on the next page. If only 3 people are listed on pages 2 and 3, SKIP to page 28 for mailing instructions.

0	Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed	(For example: Italian, Jamaican, African Am.,
		NURSERY OR PRESCHOOL THROUGH GRADE 12	Cambodian, Cape Verdean, Norwegian, Dominio French Canadian, Haitian, Korean, Lebanese, Po
- 1	First Name MI	☐ Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and s
- 1		☐ Kindergarten	a. Does this person speak a language other
		Grade 1 through 11 - Specify	English at home?
Y	Where was this person born?  In the United States – Print name of state.	grade 1 - 11 -	☐ Yes
- 1	In the Officed States - Fruit frame of state.	1	No → SKIP to question 15a
- 1		12th grade - NO DIPLOMA	b. What is this language?
-1	Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
- 1	ioreign country, or radito riico, addin, etc.	Regular high school diploma	For example: Korean, Italian, Spanish, Vietna
		GED or alternative credential	c. How well does this person speak English
0	Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	
T	Yes, born in the United States → SKIP to 10a	<ul> <li>Some college credit, but less than 1 year of college credit</li> </ul>	☐ Very well ☐ Well
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	1 or more years of college credit, no degree	Not well
	Yes, born abroad of U.S. citizen parent	Associate's degree (for example: AA, AS)	☐ Not at all
	or parents	☐ Bachelor's degree (for example: BA, BS)	
	Yes, U.S. citizen by naturalization − Print year of naturalization →		a. Did this person live in this house or apart 1 year ago?
		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	☐ Person is under 1 year old → SKIP to
- 1		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	question 16
1	☐ No, not a U.S. citizen	Doctorate degree (for example: PhD, EdD)	☐ Yes, this house → SKIP to question 16
9	When did this person come to live in the United States? Print numbers in boxes.  Year	Doctorate degree (its example, 1 its, 200)	No, outside the United States and Puerto Rico – Print name of foreign cou or U.S. Virgin Islands, Guam, etc., below then SKIP to question 16
- 1	F	Answer question 12 if this person has a	20
4	a. At any time IN THE LAST 3 MONTHS, has this	bachelor's degree or higher. Otherwise, SKIP to question 13.	
Ψ	person attended school or college? Include	Only to question to.	No, different house in the United State: Puerto Rico
	only nursery or preschool, kindergärten, elementary school, home school, and schooling which leads to a high school diploma or a college		b. Where did this person live 1 year ago?
	degree.	This question focuses on this person's	Address (Number and street name)
	No, has not attended in the last 3 months → SKIP to question 11	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	The second section of the sec
	Yes, public school, public college	this person has received. (For example: chemical engineering, elementary teacher education,	The same of the sa
	Yes, private school, private college,	organizational psychology)	Name of city, town, or post office
	b. What grade or level was this person attending?  Mark (X) ONE box.	a come or a ceretal	Table of only, torni, or poor office
	Nursery school, preschool		Name of U.S. county or municipio in
	☐ Kindergarten		Puerto Rico
	Grade 1 through 12 – Specify grade 1 – 12 –		
			Name of U.S. state or
			Puerto Rico ZIP Code
	College undergraduate years (freshman to senior)		
1	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		

		SC-P-			13199211
	Person 4 (continue) Is this person CURRENTLY covered be following types of health insurance coverage plans? Mark "Yes" or "No" for of coverage in items a – h.	oy any	type	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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.
	a. Insurance through a current or	Yes	No US	Because of a physical, mental, or emotional condition, does this person have difficulty	Less than 6 months
	former employer or union (of this person or another family member)			doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
	b. Insurance purchased directly from				1 or 2 years
	an insurance company (by this person or another family member)			Yes No	3 or 4 years
	c. Medicare, for people 65 and older,				5 or more years
	or people with certain disabilities	П	□ <b>@</b>	What is this person's marital status?	26 Has this person ever served on active duty in th
	<li>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li>			☐ Now married ☐ Widowed ☐ Divorced	U.S. Armed Forces, military Reserves, or Nation Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	e. TRICARE or other military health care			Separated	Yes, now on active duty
	f. VA (including those who have ever			Never married → SKIP to	Yes, on active duty during the last 12 months, but not now
	used or enrolled for VA health care) g. Indian Health Service		<b>ੂ</b> 3	In the PAST 12 MONTHS did this person get -	Yes, on active duty in the past, but not during the last 12 months
	h. Any other type of health insurance		- I	Yes No a. Married?	Only → SKIP to question 28a
	or health coverage plan - Specify	, LL		b. Widowed?	No, never served in the military → SKIP to
				c. Divorced?	question 29a  When did this person serve on active duty in the
	<ul> <li>No</li> <li>b. Is this person blind or does he/she serious difficulty seeing even whe glasses?</li> <li>☐ Yes</li> </ul>		ring 🐼	☐ Three or more times In what year did this person last get married? Year	August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)
	□ No				☐ March 1961 to July 1964
	_ no		100	4	☐ February 1955 to February 1961
	Answer question 18a - c if this person			Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	Korean War (July 1950 to January 1955)
	5 years old or over. Otherwise, SKIP the questions for Person 5 on page 2			SKIP to question 25a.	☐ January 1947 to June 1950
	the questions for reson 5 on page 2	24,	- 1		☐ World War II (December 1941 to December 194
)	Because of a physical, mental, or e condition, does this person have si difficulty concentrating, remembe making decisions?	erious		□ 165	November 1941 or earlier  a. Does this person have a VA service-connecte disability rating?
	☐ Yes			□ No	☐ Yes (such as 0%, 10%, 20%,, 100%)
	□ No		य	<ul> <li>Does this person have any of his/her own grandchildren under the age of 18 living in</li> </ul>	No → SKIP to question 29a
	b. Does this person have serious diffi	icultu		this house or apartment?	FIRST CONTROL AND ADDRESS OF THE ADD
	walking or climbing stairs?	curty		☐ Yes	b. What is this person's service-connected disability rating?
	☐ Yes			No → SKIP to question 26	□ 0 percent
	☐ No		- 1	b. Is this grandparent currently responsible for	□ 10 or 20 percent
				most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or	30 or 40 percent
	c. Does this person have difficulty dr bathing?	essin	, 01	apartment?	
	bathing?	ressin	, ,	apartment?	50 or 60 percent
	c. Does this person have difficulty dr bathing?  Yes No	ressin		apartment?  ☐ Yes ☐ No → SKIP to question 26	

Person 4 (continued)  a. LAST WEEK, did this person work for pay at a job (or business)?  ☐ Yes → SKIP to question 30 ☐ 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 35a	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.  3 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Personts  LAST WEEK?  Personts  LAST WEEK, could his person have starter job if offered one, or returned to work if recalled?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in scho	i a
At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address (Number and street name)  If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.  b. Name of city, town, or post office	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute	few to
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	No   No   No   No   No   No   No   No	
## How did this person usually get to work LAST  ## WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.    Car, truck, or van	absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SK/P to question 36  No → SK/P to question 36  c. Has this person been informed that he or she will be recalled to work within the next 6 months 0R been given a date to return to work?  Yes → SK/P to question 37  No	ts

		13199237
IF SI	that kind of work was this person doing? or example: registered nurse, personnel manager, spervisor of order department, secretary, countant)	d. Social Security or Railroad Retirement.  ☐ Yes →   S
job activity or business last week. If this person di	that were this person's most important tivities or duties? (For example: patient care, recting hiring policies, supervising order clerks, ping and filing, reconciling financial records)	e. Supplemental Security Income (SSI).  ☐ Yes →  ☐ No  TOTAL AMOUNT for past 12 months
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, etc.)?  a state GOVERNMENT employee?	ICOME IN THE PAST 12 MONTHS  ark (X) the "Ves" box for each type of income this  erson received, and give your best estimate of the  DTAL AMOUNT during the PAST 12 MONTHS.  IOTE: The "past 12 months" is the period from  day's date one year ago up through today.)  ark (X) the "No" hox to show types of income	f. Any public assistance or welfare payments from the state or local welfare office.  Yes >
business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  working WITHOUT PAY in family business or farm?  Por whom did this person work?  If now on active duty in the Armed Forces.  Name of company, business, or other employer	pare for each person – or, if that's not possible, port the whole amount for only one person and ark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.  Yes > S
What kind of business or industry was this?  (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	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 47 at 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.  None OR
c.    sthis mainly - Mark (X) ONE box.   manufacturing?   wholesale trade?   retail trade?   other (agriculture, construction, service, government, etc.)?	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.  Yes > 5	TOTAL AMOUNT for past  12 months  Continue with the questions for Person 5 on the
		next page. If only 4 people are listed on pages 2 and 3, SKIP to page 28 for mailing instructions.

Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name	If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominica French Canadian, Haitian, Korean, Lebanese, Polic
First Name MI	☐ Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and so  a. Does this person speak a language other th
Where was this person born?	Grade 1 through 11 - Specify grade 1 - 11 -	English at home?
	☐ 12th grade – NO DIPLOMA	<ul><li>No → SKIP to question 15a</li><li>b. What is this language?</li></ul>
Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential	For example: Korean, Italian, Spanish, Vietnam
Is this person a citizen of the United States?  ☐ Yes, born in the United States → SKIP to 10a	COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of	c. How well does this person speak English?  Very well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	college credit  1 or more years of college credit, no degree Associate's degree (for example: AA, AS)	☐ Well ☐ Not well
Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year	☐ Bachelor's degree (for example: BA, BS)	Not at all  a. Did this person live in this house or apartm
of naturalization	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago?  □ Person is under 1 year old → SKIP to
No, not a U.S. citizen	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	question 16  Yes, this house → SKIP to question 16
When did this person come to live in the United States? Print numbers in boxes.  Year	☐ Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico - Print name of foreign count or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in the United States
person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college	E M aget	Puerto Rico  b. Where did this person live 1 year ago?
degree.  No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	Address (Number and street name)
Yes, private school, private college, home school	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
b. What grade or level was this person attending?  Mark (X) ONE box.  Nursery school, preschool		-
Kindergraten     Grade 1 through 12 – Specify grade 1 – 12 –		Name of U.S. county or municipio in Puerto Rico
		Name of U.S. state or Puerto Rico ZIP Code
College undergraduate years (freshman to senior)  Graduate or professional school beyond a		
bachelor's degree (for example: MA or PhD program, or medical or law school)		

of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,	Yes		Because of a physical, mental, or emotional condition, does this person have difficulty	
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.		200		Less than 6 months
Insurance purchased directly from an insurance company (by this person or another family member)     Medicare, for people 65 and older,			doing errands alone such as visiting a doctor's office or shopping?	☐ 6 to 11 months
an insurance company (by this person or another family member)  c. Medicare, for people 65 and older.	П			☐ 1 or 2 years
c. Medicare, for people 65 and older.			Yes	3 or 4 years
<ul> <li>c. Medicare, for people 65 and older,</li> </ul>	_	ч.	□ No	5 or more years
or people with certain disabilities			What is this person's marital status?	6 Has this person ever served on active duty in the
d. Medicaid, Medical Assistance, or			☐ Now married	U.S. Armed Forces, military Reserves, or National
any kind of government-assistance		_	☐ Widowed	Guard? Active duty does not include training for the Reserves or National Guard, but DOES include
or a disability	П		☐ Divorced	activation, for example, for the Persian Gulf War.
e. TRICARE or other military health care			☐ Separated	Yes, now on active duty
f. VA (including those who have ever	П		☐ Never married → SKIP to ■	Yes, on active duty during the last 12 months, but not now
	] [	<u> </u>	In the PAST 12 MONTHS did this person get -	Yes, on active duty in the past, but not
	Ш	□ '	Yes No	during the last 12 months
h. Any other type of health insurance or health coverage plan - Specify			a. Married?	No, training for Reserves or National Guard only → SKIP to question 28a
J. Householde plan - opening 7			b. Widowed?	No, never served in the military → SKIP to
			c Divorced?	question 29a  When did this person serve on active duty in the
serious difficulty seeing even where glasses?  Yes No  Answer question 18a - c if this person 5 years old or over. Otherwise, SKIP the mailing instructions on page 28.  Because of a physical, mental, or e condition, does this person have st	on is	onal	Two times Three or more times  In what year did this person last get married? Year  Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.  Has this person given birth to any children in the past 12 months?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier  a. Does this person have a VA service-connected
making decisions?	illig,			disability rating?
☐ Yes		6		Yes (such as 0%, 10%, 20%, , 100%)
□ No			grandchildren under the age of 18 living in	No → SKIP to question 29a
b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?	b. What is this person's service-connected disability rating?	
☐ Yes			No → SKIP to question 26	_
□ No			b. Is this grandparent currently responsible for	U 0 percent
- 10 T	essin	a or	most of the basic needs of any grandchild(ren)	10 or 20 percent
bathing?	casin	gor	apartment?	30 or 40 percent
☐ Yes			☐ Yes	50 or 60 percent
				☐ 70 percent or higher
_				
	plan for those with low incomes or a disability  e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care)  g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify  a. Is this person deaf or does he/she serious difficulty hearing?  Yes No b. Is this person blind or does he/she serious difficulty seeing even whe glasses?  Yes No  Answer question 18a - c if this person by years old or over. Otherwise, SKIP the mailing instructions on page 28.  a. Because of a physical, mental, or exidificulty concentrating, remember making decisions?  Yes No b. Does this person have serious difficulty walking or climbing stairs?  Yes No C. Does this person have difficulty drabating?	plan for those with low incomes or a disability  e. TRICARE or other military health care   f. VA (including those who have ever used or enrolled for VA health care)   g. Indian Health Service   h. Any other type of health insurance or health coverage plan - Specify   a. Is this person deaf or does he/she have serious difficulty hearing?   Yes   No b. Is this person blind or does he/she have serious difficulty seeing even when wes glasses?   Yes   No  Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.  Because of a physical, mental, or emotic condition, does this person have serious difficulty concentrating, remembering, making decisions?   Yes   No b. Does this person have serious difficulty walking or climbing stairs?   Yes   No C. Does this person have difficulty dressin bathing?   Yes	plan for those with low incomes or a disability  e. TRICARE or other military health care    f. VA (including those who have ever used or enrolled for VA health care)    g. Indian Health Service    h. Any other type of health insurance or health coverage plan - Specify    a. Is this person deaf or does he/she have serious difficulty hearing?    Yes    No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?    Yes    No  Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.  a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?    Yes    No  b. Does this person have serious difficulty walking or climbing stairs?    Yes    No  c. Does this person have difficulty dressing or bathing?    Yes	plan for those with low incomes or a disability

	ued)	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise.	36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
a. LAST WEEK, did this person w at a job (or business)?	vork for pay	SKIP to question 33.	<ul><li>Yes</li><li>No → SKIP to question 38</li></ul>
Yes → SKIP to question 30			and the decision of
☐ No – Did not work (or retired)	d) 👺	How many people, including this person, usually rode to work in the car, truck, or van	A LACT WEEK LIST
b. LAST WEEK, did this person do for pay, even for as little as on	ANY work e hour?	LAST WEEK? Person(s)	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
Yes			Yes, could have gone to work
No → SKIP to question 35a			☐ No, because of own temporary illness
			☐ No, because of all other reasons (in school, etc.)
At what location did this person WEEK? If this person worked at moi location, print where he or she work last week.	re than one	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute   a.m.	When did this person last work, even for a few days?
a. Address (Number and street n	iame)	:   p.m.	☐ Within the past 12 months
	1		☐ 1 to 5 years ago → SKIP to L
If the exact address is not known,	give a	How many minutes did it usually take this person to get from home to work LAST WEEK?	Over 5 years ago or never worked → SKIP to question 47
description of the location such as name or the nearest street or inter b. Name of city, town, or post of	rsection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
			Yes → SKIP to question 40
		Annual must be 25 20 Kithin annual	□ No
Yes		Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
No, outside the city/town lim	_		
d. Name of county	_	a. LAST WEEK, was this person on layoff from	☐ 50 to 52 weeks
	_	a job?	☐ 50 to 52 weeks ☐ 48 to 49 weeks
	_	a job?  ☐ Yes → SKIP to question 35c	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
	 	a job?	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks
d. Name of county	 	a job?  ☐ Yes → SKIP to question 35c	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks
d. Name of county	 	a job?  ☐ Yes → SKIP to question 35c ☐ No  b. LAST WEEK, was this person TEMPORARILY	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less  40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign	 	a job?  Yes → SKIP to question 35c No  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	50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 31 weeks or less  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
d. Name of county  e. Name of U.S. state or foreign	country  to work LAST more of trip, mark (X) the distance.	a job?  ☐ Yes → SKIP to question 35c ☐ 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 38	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the control of the country	country  to work LAST more than (x) trip, mark (x) the distance.  Motorcycle	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the country	to work LAST more than one trip, mark (X) Motorcycle Bicycle	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the county of the	to work LAST more than one trip, mark (X) Motorcycle Bicycle Walked	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the county of the	to work LAST more than one trip, mark (X) Motorcycle Bicycle Walked Worked at home → SKIP	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the county of the	country  to work LAST more than one trip, mark (X) the distance.  Motorcycle Bicycle Walked Worked at home +> SKIP to question 39a	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the county of the	to work LAST more than one trip, mark (X) Motorcycle Bicycle Walked Worked at home → SKIP	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?
d. Name of county  e. Name of U.S. state or foreign of the county of the	country  to work LAST more than one trip, mark (X) the distance.  Motorcycle Bicycle Walked Worked at home +> SKIP to question 39a	a job?  Yes → SKIP to question 35c No  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 38  No → SKIP to question 36  C. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 37	50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   14 to 26 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   15 weeks or less   15 worked, how many hours did this person usually work each WEEK?

L A	Person 5 (continued)  Answer questions 41 – 46 if this person vorked in the past 5 years. Otherwise, KKIP to question 47.	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement.  ☐ Yes →  S
je h	11-46 CURRENT OR MOST RECENT JOB ICTIVITY. Describe clearly this person's chief bb activity or business last week. If this person ad more than one job, describe the one at which this person worked the most hours. If this erson had no job or business last week, give information for his/her last job or business.	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI).  Yes →  TOTAL AMOUNT for past 12 months
<b>4</b> 9 y	Vas this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT-FOR-PROFIT,	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.)	Yes → No TOTAL AMOUNT for pest 12 months
	tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.
11 3	a state GOVERNMENT employee?  a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	Do NOT include Social Security.  ☐ Yes → ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
1	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
1	working WITHOUT PAY in family business or farm?	Wages, salary, commissions, bonuses,     or tips 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
Τ /	or whom did this person work?	☐ Yes → S	such as money from an inheritance or the sale of a home.
ā	the Armed Forces, mark (X) this box → ☐  Ind print the branch of the Armed Forces.  Iame of company, business, or other employer	No TOTAL AMOUNT for past 12 months	☐ Yes → 4 .00
T	What kind of business or industry was this? escribe the activity at the location where employed. for example: hospital, newspaper publishing, mail rder house, auto engine manufacturing, bank)	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.  Yes TOTAL AMOUNT for past 12 months	PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.  None OR
	s this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates	TOTAL AMOUNT for past 12 months
뿌.	manufacturing?	and trusts. Report even small amounts credited to an account.	
1 3	wholesale trade?	- works [1]	
1 3	retail trade?	☐ Yes → 8 .00 ☐	
1	other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
	9	<	Now continue with the mailing instructions on page 28.
			2

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## Mailing Instructions

## Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- · answered all Housing questions
- answered all Person questions for each person.

#### C 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.

DP EDIT	PHONE	JIC1	JIC2
DIT CLERK	TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 38 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 680°-6810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census\_gov\_use Paperwork Project 0607-0810° 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(2009)KFI (05-22-2008)