



# **THE American Community Survey**

## **Start Here**

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

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

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, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

0	Please print today's date.  Month Day Year	
0	Please print the name and telephone number of the person filling out this form. We may contact you if there is a question Last Name	n who is
	First Name	MI
	Area Code + Number	
0	<ul> <li>How many people are living or staying at this address?</li> <li>INCLUDE everyone who is living or staying here for more that</li> <li>INCLUDE yourself if you are living here for more than 2 months.</li> <li>INCLUDE anyone else staying here who does not have another stay, even if they are here for 2 months or less.</li> </ul>	hs.
	<ul> <li>DO NOT INCLUDE anyone who is living somewhere else for 2 months, such as a college student living away or someone in Armed Forces on deployment.</li> </ul>	
	Number of people	
0	Fill out pages 2, 3, and 4 for everyone, including yourself, living or staying at this address for more than 2 months. I complete the rest of the form.	who is Then

FORM **ACS-1(2013)KFI** (05-15-2012) Draft 5

OMB No. 0607-0810 Approval Expires 09/30/2014



Person 1	Person 2
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)	1 What is Person 2's name?  Last Name (Please print) First Name MI
What is Person 1's name?  Last Name (Please print) First Name MI  How is this person related to Person 1?  Person 1  What is Person 1's sex? Mark (X) ONE box.	How is this person related to Person 1? Mark (X) ONE box.  Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law  What is Person 2's sex? Mark (X) ONE box.
Male Female  What is Person 1's age and what is Person 1's date of birth?	Male Female  What is Person 2's age and what is Person 2's date of birth?
Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.  Age (in years)  Month Day Year of birth  NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.  Is Person 1 of Hispanic, Latino, or Spanish origin  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano	5 Is Person 2 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano
<ul> <li>Yes, Puerto Rican</li> <li>Yes, Cuban</li> <li>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.  </li> </ul>	Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.   ✓
What is Person 1's race? Mark (X) one or more boxes.  White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.	What is Person 2's race? Mark (X) one or more boxes.  White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian  Chinese  Korean  Guamanian or Chamorro  Filipino  Vietnamese  Samoan  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian  Chinese  Korean  Guamanian or Chamorro  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race.	Some other race – Print race.

F	Person 3	Person 4
1 What is Person 3's name?  Last Name (Please print)	First Name MI	1 What is Person 4's name?  Last Name (Please print) First Name MI
Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law  What is Person 3's sex? Man Male Female  What is Person 3's age and Please report babies as age 0 to	what is Person 3's date of birth? when the child is less than 1 year old. numbers in boxes.	How is this person related to Person 1? Mark (X) ONE box.    Husband or wife
Question 6 about race. For the state of the	or Spanish origin	NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.  Is Person 4 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
What is Person 3's race? Ma White Black, African Am., or Negro American Indian or Alaska N		What is Person 4's race? Mark (X) one or more boxes.  ☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe.  ✓
Asian Indian  Chinese  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese Native Hawaiian  Korean Guamanian or Chamorro  Vietnamese Samoan  Other Pacific Islander –  Print race, for example,  Fijian, Tongan, and  so on.	Asian Indian  Chinese  Korean  Guamanian or Chamorro  Filipino  Vietnamese  Samoan  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race	e. <sub>k</sub>	Some other race – Print race.

What is Person 5's		son 5		0	If there are more than five peop print their names in the spaces We may call you for more informat	for Person 6 through Person	12.
Last Name (Please prin		First Name	М				
					Person 6		
III. C. ditta a a a a	alata Ita Ba		(V) ONE 1	_	Last Name (Please print)	First Name	MI
How is this person	related to Pe						
Husband or wife	da		on-in-law or daughter-in-la	iw			
Biological son or	9		ther relative oomer or boarder		Sex Male Female	Age (in years)	
<ul><li>✓ Adopted son or of</li><li>✓ Stepson or stepson</li></ul>	_		oomer or boarder ousemate or roommate			Age (in years)	
Brother or sister	augnier		nmarried partner	L	Person 7		
Father or mother			oster child		Last Name (Please print)	First Name	MI
Grandchild			ther nonrelative				
Parent-in-law			ther nomerative				
	3.84 (.00)	ONE					
Vhat is Person 5's	_	UNE box.			Sex Male Female	Age (in years)	
Male	Female				Person 8		
What is Person 5's	age and what	t is Person 5	s date of birth?		Last Name (Please print)	First Name	MI
Please report babies		tne cniia is ie ers in boxes.	ss man i year oid.				
ge (in years)	Month Day	Year of b	irth				
					Sex Male Female	Age (in years)	
NOTE: Please an Question 6 about	swer BOTH Qu	estion 5 abou	ıt Hispanic origin and nic origins are not race	s.		Age (iii years)	
Person 5 of Hisp			•	" L	Person 9	Et a N	
_	nic, Latino, or Spa	-	g		Last Name (Please print)	First Name	MI 
_	exican Am., Chica						
Yes, Puerto Rica		1110					
Yes, Cuban	•						
7	nanic Latino or 9	Snanish origin -	- Print origin, for example,		Sex Male Female	Age (in years)	
Argentinean, Co.	ombian, Dominic	ean, Nicaraguan	, Salvadoran, Spaniard,		Person 10		
and so on. 🔽					Last Name (Please print)	First Name	MI
What is Person 5's	race? Mark (X	) one or more	boxes.				
White	(2)	,					
Black, African Ar	n., or Nearo				Sex Male Female	Age (in years)	
		<ul><li>Print name of</li></ul>	of enrolled or principal trib	e. 7	Payan 11	<b>.</b> , , ,	
			F		Person 11	First Name	N 41
					Last Name (Please print)	First Name	MI 
Asian Indian	,la	panese	Native Hawaiian				
Chinese		rean	Guamanian or Chamorro	0			
Filipino		etnamese	Samoan		Say Molo D Formula		
Other Asian – Pr			Other Pacific Islander –		Sex Male Female	Age (in years)	
for example, Hm Laotian, Thai, Pa	ong,		Print race, for example, Fijian, Tongan, and		Person 12		
Cambodian, and	so on.		so on.		Last Name (Please print)	First Name	MI
Some other race	– Print race. 📈						
					Sex Male Female	Age (in years)	
				_		J., ,,	

_	ПП	•	In	
	 	-		
_		<u> </u>		

	iio domig	Answer questions 4 – 6 if this is a HOUSE	home have –	le
	Places answer the following	OR A MOBILE HOME; otherwise, SKIP to question 7a.	Yes	No
	Please answer the following questions about the house,		a. hot and cold running water?	
	apartment, or mobile home at the address on the mailing label.	4 How many acres is this house or	b. a flush toilet?	
	address on the maining laber.	mobile home on?	c. a bathtub or shower?	
(	Which best describes this building? Include all apartments, flats, etc., even if	☐ Less than 1 acre → SKIP to question 6	d. a sink with a faucet?	
	vacant.	☐ 1 to 9.9 acres	e. a stove or range?	
	☐ A mobile home	10 or more acres	f. a refrigerator?	
	<ul><li>A one-family house detached from any other house</li><li>A one-family house attached to one or</li></ul>	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?	g. telephone service from which you can both make and receive calls? <i>Include cell phones</i> .	
	more houses  A building with 2 apartments	<ul><li>□ None</li><li>□ \$1 to \$999</li></ul>	At this house, apartment, or mobile he do you or any member of this househown or use any of the following company of	nold
	<ul> <li>A building with 3 or 4 apartments</li> <li>A building with 5 to 9 apartments</li> <li>A building with 10 to 19 apartments</li> </ul>	\$1,000 to \$2,499 \$2,500 to \$4,999	EXCLUDE GPS devices, digital music and devices with only limited computi capabilities, for example: household	players, ing
	A building with 20 to 49 apartments	\$5,000 to \$9,999	appliances.	No
	A building with 50 or more apartments	\$10,000 or more	a. Desktop, laptop, netbook, or notebook computer	
	■ Boat, RV, van, etc. About when was this building first built?	Is there a business (such as a store or barber shop) or a medical office on this property?	b. Handheld computer, smart mobile phone, or other handheld wireless computer	
	2000 or later – Specify year –	Yes	c. Some other type of computer Specify ✓	
		□ No		
	1990 to 1999   1980 to 1989   1970 to 1979   1960 to 1969   1950 to 1959   1940 to 1949   1939 or earlier  When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?  Month Year	Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.  INCLUDE bedrooms, kitchens, etc.  EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.  Number of rooms  b. How many of these rooms are bedrooms?  Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an	At this house, apartment, or mobile he do you or any member of this househ access the Internet?  Yes, with a subscription to an Internservice  Yes, without a subscription to an Inservice → SKIP to question 12  No Internet access at this house, apor mobile home → SKIP to question  At this house, apartment, or mobile how you or any member of this househ subscribe to the Internet using -  Yes  a. Dial-up service?	net nternet partment, n 12 home –
		efficiency/studio apartment, print "0".  Number of bedrooms	b. DSL service?	
		Natifice of pedicottis	c. Cable modem service?	
			d. Fiber-optic service?	
			e. Mobile broadband plan for a computer or a cell phone?	
			f. Satellite Internet service?	
			g. Some other service?  Specify service   ✓	
- 1				

# Housing (continued)

2	How many automobiles, vans, and trucks	of electricity for this house, apartment, or mobile home?	member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance	
Γ	of one-ton capacity or less are kept at home for use by members of this	Last month's cost – Dollars	Program)? Do NOT include WIC, the School	
	household?	\$ .00	Lunch Program, or assistance from food banks.	
	None	OR		
	□ 1	☐ Included in rent or condominium fee	L NO	
	2	☐ No charge or electricity not used	Is this house, apartment, or mobile home	
	3	b. LAST MONTH, what was the cost	part of a condominium?	
		of gas for this house, apartment,	Yes → What is the monthly condominium fee? For renters,	
	6 or more	or mobile home?  Last month's cost – Dollars	answer only if you pay the	
			condominium fee in addition to your rent; otherwise, mark the	
3	Which FUEL is used MOST for heating this house, apartment, or mobile home?	\$ .00	"None" box. Monthly amount – Dollars	
	Gas: from underground pipes serving the	OR		
	neighborhood	Included in rent or condominium fee Included in electricity payment	\$ .00	
	Gas: bottled, tank, or LP	entered above	OR	
	☐ Electricity ☐ Fuel oil, kerosene, etc.	☐ No charge or gas not used	None	
	Coal or coke	- IN THE DACE 42 MONTHS and at the	□ No	
	Wood	c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this	Is this house, apartment, or mobile home –	
	Solar energy	house, apartment, or mobile home? If you have lived here less than 12 months,	Mark (X) ONE box.	
	Other fuel	estimate the cost.	Owned by you or someone in this	
	☐ No fuel used	Past 12 months' cost – Dollars	household with a mortgage or loan? <i>Include home equity loans.</i>	
		\$ .00	Owned by you or someone in this	
		OR	household free and clear (without a mortgage or loan)?	
		☐ Included in rent or condominium fee	Rented?	
		☐ No charge	Occupied without payment of	
		d. IN THE PAST 12 MONTHS, what was the	rent? → SKIP to <b>C</b> on the next page	
		cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12		
		months, estimate the cost.		
		Past 12 months' cost – Dollars		
		\$ .00		
		OR		
		☐ Included in rent or condominium fee		
		☐ No charge or these fuels not used		

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	П											
1	8		hοι	ıse	, ap	art	me	nt,	or	mol	for t	his home
			Moı	nthl	уа	mo	unt	– D	olla	irs		
			\$			,			.00			
		h	Do	oc f	ho	mo	n+l	.lv	ron	t in	ماسط	0 201

Answer questions 19–23 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to

meals?

☐ Yes☐ No

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

What are the annual real estate taxes on THIS property?

Annual amount – Dollars

OR

None

What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

OR

None

2 a	hou trus	you or any member of this isehold have a mortgage, deed of st, contract to purchase, or similar it on THIS property?
		Yes, mortgage, deed of trust, or simi

Yes, mortgage, deed of trust, or similar debt

Yes, contract to purchaseNo → SKIP to question 23a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount - Dollars



OR

No regular payment required → SKIP to question 23a

c. 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

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

Yes, insurance included in mortgage payment

No, insurance paid separately or no insurance

a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

Yes, home equity loan
Yes, second mortgage

Yes, second mortgage and home equity loan

 $\square$  No  $\rightarrow$  SKIP to  $\square$ 

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



**OR** 

■ No regular payment required

Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to

What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?

Exclude real estate taxes.

Annual costs - Dollars

\$			00
Ψ			.00

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.

	13133061
Please copy the name of Person 1 from page 2, then continue answering questions below.  Last Name	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  NURSERY OR PRESCHOOL THROUGH GRADE 12  What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  Where was this person born?  In the United States – Print name of state.	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11 –  Yes  Nigerian, Mexican, Taiwanese, Ukrainian, and so on the school of the school
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	□ 12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential  b. What is this language?  For example: Korean, Italian, Spanish, Vietnames
Sthis person a citizen of the United States?     Yes, born in the United States → SKIP to question 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     No, not a U.S. citizen     When did this person come to live in the United States? Print numbers in boxes. Year     Year     No 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.	and person has received. If or example, chemical
<ul> <li>No, has not attended in the last 3 months → SKIP to question 11</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> <li>What grade or level was this person attending? Mark (X) ONE box.</li> <li>Nursery school, preschool</li> <li>Kindergarten</li> <li>Grade 1 through 12 - Specify grade 1 - 12 -</li> <li>College undergraduate years (freshman to</li> </ul>	Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code



Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 1	continued

6	Is this person CURRENTLY covered by following types of health insurance of coverage plans? Mark "Yes" or "No" for of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (including those who have ever	Yes	th	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No No  Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
	f. VA (including those who have ever used or enrolled for VA health care)		_ 2	In the PAST 12 MONTHS did this person get - Now on active duty
	<ul> <li>g. Indian Health Service</li> <li>h. Any other type of health insurance or health coverage plan – Specify</li> </ul>			a. Married?  b. Widowed?  On active duty in the past, but not now  U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
	a. Is this person deaf or does he/she h serious difficulty hearing?  Yes No  b. Is this person blind or does he/she h serious difficulty seeing even wher glasses?  Yes No	nave	2 ing 2	Once Two times May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)
3	Answer question 18a – c if this perso 5 years old or over. Otherwise, SKIP the questions for Person 2 on page 1	to		Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.  November 1941 or earlier  November 1941 or earlier
8	a. Because of a physical, mental, or electrodition, does this person have sed difficulty concentrating, remember making decisions?  Yes No  Does this person have serious difficulting or climbing stairs?  Yes No  C. Does this person have difficulty drebathing?  Yes No	rious ring, o	nal r	Has this person given birth to any children in the past 12 months?  Yes  No  No  No  No  No  No  No  No  No  N

Person 1 (continued)		
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 33.	Yes No. 2000 American 200
☐ Yes → SKIP to question 30		No → SKIP to question 38
☐ No – Did not work (or retired)	How many people, including this person, usually rode to work in the car, truck, or van	LAST WEEK, could this person have started a
b. LAST WEEK, did this person do ANY work for pay, even for as little as one 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
At what location did this person work LAST	What time did this person usually leave home to go to work LAST WEEK?	No, because of all other reasons (in school, etc.)
<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most last week.	Hour Minute a.m.	When did this person last work, even for a few days?
a. Address (Number and street name)	p.m.	Within the past 12 months
		☐ 1 to 5 years ago → SKIP to <b>L</b>
If the exact address is not known, give a description of the location such as the building	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
name or the nearest street or intersection.	Minutes	39 a. During the PAST 12 MONTHS (52 weeks), did
b. Name of city, town, or post office		this 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?	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	□ No
☐ Yes	entir to question eeur	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
☐ No, outside the city/town limits		sick leave, and military service?
d. Name of county	a. LAST WEEK, was this person on layoff from a job?	50 to 52 weeks
a. Hallo of county	Yes → SKIP to question 35c	48 to 49 weeks
	□ No	40 to 47 weeks
e. Name of U.S. state or foreign country		27 to 39 weeks
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	14 to 26 weeks 13 weeks or less
	Yes, on vacation, temporary illness,	13 weeks of less
f. ZIP Code	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	During the DACT 12 MONTHS in the MIFFIG
	question 48	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
	No → SKIP to question 36	usually work each WEEK?
How did this person usually get to work LAST	c. Has this person been informed that he or she	Usual hours worked each WEEK
<b>WEEK?</b> 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.	will be recalled to work within the next 6 months OR been given a date to return to work?	
☐ 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		
Railroad to question 39a		
Ferryboat Other method		
Taxicab		



Person 1 (continue
Answer questions 41 – 46 if this perso worked in the past 5 years. Otherwise SKIP to question 47.

41 - 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at 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.

4	 this person – k (X) ONE box.
	an employee of a PRIVATE FOR-PROFIT
	company or business, or of an individual,

•
an employee of a PRIVATE NOT-FOR-PROFIT,
tax-exempt, or charitable organization?

for

a local GOVERNMENT employee
(city, county, etc.)?

a state GOVERNMENT employee?

a Federal GOVERNMENT employe	e?
------------------------------	----

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

·	PAY i	in family	business
or farm?			

12	Eo.	whom	식:식	thic.	person	work?
9	. 01	wiioiii	uiu	uiis	person	WOIK:

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$ and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

44	Is this	mainly -	Mark	(X)	ONE	box
441	is this	mainly -	· Wark	$(\Lambda)$	OINE	טט

manufacturing?

wholesale trade?

retail trade?

> other (agriculture, construction, service, government, etc.)?

## 45 What kind of work was this person doing? (For example: registered nurse, personnel manager,

supervisor of order department, secretary, accountant)

### 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)

#### **INCOME IN THE PAST 12 MONTHS**

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ ,			,			.00
Ш	No	TOTAL	AM 12 r	OUI non	NT f	or p	ast	

b. Self-employment income from own nonfarm 48 businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

NI.	
☐ Yes → \$ .00	

12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited

	$\overline{}$				$\top$	
Yes →	\$					.00
No		TOTAL	A B 4	NIT		

to an account.

TOTAL AMOUNT for past 12 months

#### d. Social Security or Railroad Retirement.

Yes →	\$						.00
No	TO	TAL	AN 12	IOU moi	NT of	for p	oast

#### e. Supplemental Security Income (SSI).

	Yes →	\$					.00
Ш	No	ТО	TAL		NT i	for p	oast

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

	Yes →	\$		,			.00
Ш	No	TO	TAL	10U mor		for p	oast

#### g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes →	\$				,			.00
No	Т	OTA	L A 1	M( 2 m	OUN	NT f	or pa	ast

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

Yes →	\$							.00
No	Т	OTA	\L <i>F</i> 1	AM 2 r	OU nor	NT f	or p	ast

What was this person's total income during the 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.

	\$		1			,			.00	
None OR	Т	OT/	\L A 1	MO 2 m	UN <sup>-</sup>	T fo	r pa	st		Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



Person 2	What is the highest degree or level of school	13 What is this person's ancestry or ethnic origin?
	this person has COMPLETED? Mark (X) ONE box.  If currently enrolled, mark the previous grade or	
Please copy the name of Person 2 from page 2, then continue answering questions below.	highest degree received.	
Last Name	NO SCHOOLING COMPLETED	
	☐ No schooling completed	(For example: Italian, Jamaican, African Am.,
	NURSERY OR PRESCHOOL THROUGH GRADE 12	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name MI	Nursery school	Nigerian, Mexican, Taiwanese, Ukrainian, and so on
	☐ Kindergarten	14 a. Does this person speak a language other that
	Grade 1 through 11 – Specify grade 1 – 11 –	English at home?
Where was this person born?	grade / //	Yes
In the United States – <i>Print name of state.</i>		
	12th grade – NO DIPLOMA	
Outside the United States – Print name of	HIGH SCHOOL GRADUATE	b. What is this language?
foreign country, or Puerto Rico, Guam, etc.		
	Regular high school diploma	5 1 1/4 1/5 2 1/1/5 1
	GED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese
Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	c. How well does this person speak English?
Yes, born in the United States → SKIP to	Some college credit, but less than 1 year of college credit	☐ Very well
question 10a	1 or more years of college credit, no degree	Well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Associate's degree (for example: AA, AS)	☐ Not well
Yes, born abroad of U.S. citizen parent	Bachelor's degree (for example: BA, BS)	☐ Not at all
or parents	AFTER BACHELOR'S DEGREE	
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization —		a. Did this person live in this house or apartmen
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	1 year ago?
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	Person is under 1 year old → SKIP to question 16
No, not a U.S. citizen	Doctorate degree (for example: PhD, EdD)	Yes, this house → SKIP to question 16
When did this person come to live in the United States? Print numbers in boxes. Year	Answer question 12 if this person has a	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
	bachelor's degree or higher. Otherwise, SKIP to question 13.	then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?	2 This question focuses on this person's	No, different house in the United States or
elementary school, home school, and schooling	BACHELOR'S DEGREE. Please print below the	Puerto Rico
which leads to a high school diploma or a college degree.	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	b. Where did this person live 1 year ago?
No, has not attended in the last 3 months → SKIP to question 11	engineering, elementary teacher education, organizational psychology)	Address (Number and street name)
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.		Name of city, town, or post office
Nursery school, preschool		
☐ Kindergarten		Name of U.S. county or
Grade 1 through 12 – Specify		municipio in Puerto Rico
☐ grade 1 – 12 –		
		Name of U.S. state or Puerto Rico ZIP Code
College undergraduate years (freshman to senior)		i delto illo
Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		

# Person 2 (continued)

6	Is this person CURRENTLY covered by following types of health insurance of coverage plans? Mark "Yes" or "No" for of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (including those who have ever	r heal EACH Yes	th	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No  Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	on has e. n the uard?
	f. VA (including those who have ever used or enrolled for VA health care)			In the PAST 12 MONTHS did this person get – Now on active duty	
	<ul><li>g. Indian Health Service</li><li>h. Any other type of health insurance</li></ul>			a. Married? On active duty in the past, but not now	
	or health coverage plan – Specify			b. Widowed?  c. Divorced?  When did this person serve on active duty in U.S. Armed Forces? Mark (X) a box for EACH prin which this person served, even if just for part of period.	eriod
	Yes No  b. Is this person blind or does he/she he serious difficulty seeing even where glasses? Yes No		ing <b>E</b>	Year  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December	· 1946)
G	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.  28 a. Does this person have a VA service-connection disability rating?	ected
8	a. Because of a physical, mental, or encondition, does this person have sed difficulty concentrating, remember making decisions?  Yes No  Does this person have serious difficulting or climbing stairs?  Yes No  C. Does this person have difficulty drebathing?  Yes No	rious ring, o	r €	Has this person given birth to any children in the past 12 months?  Yes No No  Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes No → SKIP to question 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes No → SKIP to question 26  So or 60 percent To percent or higher	

Person 2 (continued)  9 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.  36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  □ Yes □ No → SKIP to question 38
<ul> <li>Yes → SKIP to question 30</li> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> <li>Yes</li> <li>No → SKIP to question 35a</li> <li>At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.</li> <li>a. Address (Number and street name)</li> </ul>	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)  What time did this person usually leave home to go to work LAST WEEK?  Hour Minute  a.m.  p.m.  Within the past 12 months  1 to 5 years ago → SKIP to  Over 5 years ago or never worked → SKIP to
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  39 a. During the PAST 12 MONTHS (52 weeks), did 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  d. Name of county	<ul> <li>K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.</li> <li>SKIP to question 39a.</li> <li>LAST WEEK, was this person on layoff from a job?</li> <li>Yes → SKIP to question 40</li> <li>No</li> <li>No</li></ul>
e. Name of U.S. state or foreign country  f. ZIP Code  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 39accountry Ferryboat Other method Taxicab	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 48  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



Person 2	(continued

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

**41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at 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.

Was this person – Mark (X) ONE box.

- 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?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$  and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

44 Is this mainly – Mark (X) ONE box.

- manufacturing?
  - wholesale trade?
  - retail trade?
  - other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manage)

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

- 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)
- INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$ .00

  No

  TOTAL AMOUNT for past
  12 months
- b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

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

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

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

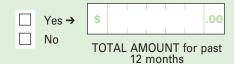
d. Social Security or Railroad Retirement.

Yes → S .000

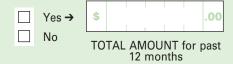
No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

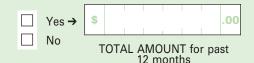


f. Any public assistance or welfare payments from the state or local welfare office.



g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.



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.



What was this person's total income during the 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 TOTAL AMOUNT for past 12 months

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 28 for mailing instructions.



Please copy the name of Person 3 from page 3, then continue answering questions below.  Last Name	1 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  NURSERY OR PRESCHOOL THROUGH GRADE 12	What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  Where was this person born?  In the United States – Print name of state.  Outside the United States – Print name of	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11 –  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE	<ul> <li>Nigerian, Mexican, Taiwanese, Ukrainian, and so on</li> <li>a. Does this person speak a language other than English at home?</li> <li>Yes</li> <li>No → SKIP to question 15a</li> <li>b. What is this language?</li> </ul>
foreign country, or Puerto Rico, Guam, etc.	Regular high school diploma GED or alternative credential	For example: Korean, Italian, Spanish, Vietnames
Include only nursery or preschool, kindergarten,	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.  This question focuses on this person's BACHELOR'S DEGREE. Please print below the	c. How well does this person speak English?  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 Puerto Rico - Print name of foreign country or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16  No, different house in the United States or Puerto Rico
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  What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12 –  College undergraduate years (freshman to	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	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  ZIP Code



Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 3 (coi	ntinuea
---------------	---------

following types of health insurance or coverage plans? Mark "Yes" or "No" for E of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care	health ACH typ  'es No		Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.  Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No What is this person's marital status?  Now married Vidowed Divorced Separated Never married → SKIP to	responsible for these grandchildren?  If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years  Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box.  Never served in the military → SKIP to question 29a	<b>!</b> ?
		3	In the PAST 12 MONTHS did this person get -	Now on active duty	
h. A			a. Married?	Un active duty in the past, but not now	
or health coverage plan – Specify			b. Widowed?	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	d
		23	Two times Three or more times In what year did this person last get married? Year	Persian Gulf War)  May 1975 to July 1990  Vietnam era (August 1964 to April 1975)  February 1955 to July 1964  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 194	16)
5 years old or over. Otherwise, SKIP to	)	Ĭ	female and 15 – 50 years old. Otherwise,	a. Does this person have a VA service-connected disability rating?	d
condition, does this person have ser difficulty concentrating, rememberi making decisions?  Yes No  Does this person have serious difficulting or climbing stairs?  Yes No	ious ng, or ulty	23	Has this person given birth to any children in the past 12 months?  Yes No  No  a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes No → SKIP to question 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes No → SKIP to question 26	Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 29a  b. What is this person's service-connected disability rating?  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	
	following types of health insurance or coverage plans? Mark "Yes" or "No" for Eof coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (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  yes  No  b. Is this person blind or does he/she haserious difficulty seeing even when glasses?  yes  No  Answer question 18a – c if this person 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20  a. Because of a physical, mental, or emcondition, does this person have serious difficulty concentrating, rememberimaking decisions?  yes  No  b. Does this person have serious difficulty dreshing or climbing stairs?  yes  No  c. Does this person have difficulty dreshating?  Yes	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH typo of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (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  Yes  No  b. Is this person blind or does he/she have serious difficulty hearing?  Yes  No  Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.  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	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (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  Yes  No  b. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No  Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.  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	Second content of the following types of health insurance or health coverage plane or which the questions for Person 4 on page 20.    Second coverage in items a - h.	is this person CURRENTLY covered by any of the following types of health insurance or health financiance or health insurance or another family members or

	Person 3 (continued)	Answer question 32	if you marked "Car.	36 Du	ring the LAST 4 WEEKS, has this person been
9	a. LAST WEEK, did this person work for pay at a job (or business)?	truck, or van" in que. SKIP to question 33.	, , , , , , , , , , , , , , , , , , , ,	AC	TIVELY looking for work?
	<ul><li>Yes → SKIP to question 30</li><li>No – Did not work (or retired)</li></ul>	How many people, in usually rode to work LAST WEEK?	in the car truck or you	37 LA	ST WEEK, could this person have started a
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	Person(s)	· ·	job	o if offered one, or returned to work if called?  Yes, could have gone to work
	<ul><li>Yes</li><li>No → SKIP to question 35a</li></ul>				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.	Hour Minute			No, because of all other reasons (in school, etc.)  nen did this person last work, even for a few ys?
	a. Address (Number and street name)		p.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.	How many minutes d person to get from ho Minutes	lid it usually take this ome to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 47
	b. Name of city, town, or post office			Υ .	During the PAST 12 MONTHS (52 weeks), did 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?	Answer questions 35 did NOT work last w SKIP to question 39a	eek. Otherwise,	h	Yes → SKIP to question 40  No  No  No  No  No  No  No
	Yes No, outside the city/town limits			1 .	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	d. Name of county	a. LAST WEEK, was t a job?	his person on layoff from		50 to 52 weeks 48 to 49 weeks
		Yes → SKIP to No	question 35c		40 to 47 weeks
	e. Name of U.S. state or foreign country	b. LAST WEEK, was t absent from a job	his person TEMPORARILY or business?		<ul><li> 27 to 39 weeks</li><li> 14 to 26 weeks</li><li> 13 weeks or less</li></ul>
	f. ZIP Code	maternity leav	on, temporary illness, e, other family/personal veather, etc. → <i>SKIP to</i>		ring the PAST 12 MONTHS, in the WEEKS DRKED, how many hours did this person
		No → SKIP to 0	question 36	usı	ually work each WEEK? ual 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.	will be recalled to	en informed that he or she work within the next given a date to return to		
	□ Car, truck, or van       □ Motorcycle         □ Bus or trolley bus       □ Bicycle         □ Streetcar or trolley car       □ Walked	<ul><li>Yes → SKIP to</li><li>No</li></ul>	question 37		
	Subway or elevated  Railroad  Worked at home → SKIP to question 39a				
	Ferryboat Other method Taxicab				



	Person 3 (continued)
	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at 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.
Ф	Was this person – Mark (X) ONE box.
	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? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
	working WITHOUT PAY in family business or farm?
<b>42</b>	
T	If now on active duty in the Armed Forces, mark $(X)$ this box $\rightarrow$ and print the branch of the Armed Forces.
	Name of company, business, or other employer
43	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)
	le this mainly Mark (V) ONE hav

	(For supe	t kind ( example ervisor o untant)	e: re	gistered	d nurse	, pers	sonnel r	n <b>g?</b> manag	ger,
)	activ direc	t were vities o cting hin ng and f	r du ina r	<b>ties?</b> (l	or exa	mple visino	: patien a order	t care clerks	,
)	INC	OME IN	THI	E PAST	12 M	ONTI	HS		
	pers TOTA (NO	k (X) the on rece AL AMO TE: The y's date	ived, DUN "pas	and gi T during t 12 m	ve you g the F onths"	r bes PAST is the	t estima 12 MOI period	ate of NTHS: I from	the
		(X) the		o" box t	o shov	v typ	es of in	come	
		t incom right of					"Loss" i	box to	)
	shar repo	ncome e for ea rt the w k the "N	ch p hole	erson – e amoui	or, if	that's only c	not po ne per	ssible	),
	0	lages, s r tips fr eduction	om a	all jobs	. Repo	ort an	nount b	efore	ems.
		Yes →	\$					.00	
		No		TOTAL	AMOl		or past		
			_			_			
	bı pı	elf-empusiness ropriete ET incom	es o orsh	r farm ips and	busin d parti	esse: nersh	s, inclu ips. <i>Re</i>		arm 4
	П	Yes →	\$					.00	
		No		TOTAL	AMOL	JNT f	or past		Loss
					12 mc	nths			
	ro ai	terest, byalty in nd trust an acco	ncoi ts. F	m <mark>e, or</mark> i Report e	incom	e fro	m esta	tes	ted
		Yes →	\$					.00	
		No		TOTAL	AMOU 12 mg		or past		Loss

d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. .00 Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the 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 Loss TOTAL AMOUNT for past 12 months

Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 28 for mailing instructions.



other (agriculture, construction, service, government, etc.)?

manufacturing? wholesale trade? retail trade?

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

Person 4	(continued)
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6	<ul> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li> <li>c. Medicare, for people 65 and older, or people with certain disabilities</li> <li>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li>e. TRICARE or other military health care</li> </ul>	r heal EACH Yes	th	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No No  Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	the ard?
	f. VA (including those who have ever used or enrolled for VA health care)			In the PAST 12 MONTHS did this person get – Now on active duty	
	g. Indian Health Service			On active duty in the past, but not now	
	h. Any other type of health insurance or health coverage plan – Specify			a. Married?  b. Widowed?  c. Divorced?  When did this person serve on active duty in t U.S. Armed Forces? Mark (X) a box for EACH per in which this person served, even if just for part of period.  How many times has this person been married?  September 2001 or later	riod
	Yes No  b. Is this person blind or does he/she h serious difficulty seeing even when glasses? Yes No		ing <b>E</b>	□ Once □ Two times □ Three or more times □ In what year did this person last get married? Year □ Answer question 24 if this person is □ August 1990 to August 2001 (including Persian Gulf War) □ May 1975 to July 1990 □ Vietnam era (August 1964 to April 1975) □ February 1955 to July 1964 □ Korean War (July 1950 to January 1955) □ January 1947 to June 1950 □ World War II (December 1941 to December 1	1946)
G	Answer question 18a – c if this perso. 5 years old or over. Otherwise, SKIP the questions for Person 5 on page 2	to		female and 15 – 50 years old. Otherwise, SKIP to question 25a.  28 a. Does this person have a VA service-connect disability rating?	ted
8	a. Because of a physical, mental, or er condition, does this person have se difficulty concentrating, remember making decisions?  Yes No  Does this person have serious difficulting or climbing stairs?  Yes No  C. Does this person have difficulty drebathing?  Yes No	rious ring, o	r E	Has this person given birth to any children in the past 12 months?  Yes No No  a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes No → SKIP to question 26  b. What is this person's service-connected disability rating?  O percent No → SKIP to question 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes No → SKIP to question 26	

	Person 4 (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.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  ☐ Yes ☐ No → SKIP to question 38
0	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)	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)  What time did this person usually leave home to go to work LAST WEEK?  Hour Minute  a.m.  p.m.	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)  When did this person last work, even for a few days?  Within the past 12 months  1 to 5 years ago → SKIP to
	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), did 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  d. Name of county	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  5 a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 35c	<ul> <li>Yes → SKIP to question 40</li> <li>No</li> <li>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> </ul>
	e. Name of U.S. state or foreign country  f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 48  No → SKIP to question 36	27 to 39 weeks  14 to 26 weeks  13 weeks or less  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 39a   Ferryboat   Other method   Taxicab	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	South House Worked Guerra WEEK



	Person 4 (continued)	45	Wh (Fo
	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.		acc
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at 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.	46	Wh act dire
4	Was this person – Mark (X) ONE box.	47	INC
	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		Ma per TO (NO tod
	tax-exempt, or charitable organization?	<u> </u>	Ma NO
	(city, county, etc.)?  a state GOVERNMENT employee?		If n
	a Federal GOVERNMENT employee?		For
	SELF-EMPLOYED in own NOT INCORPORAT business, professional practice, or farm?	ED	sha rep ma
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		ıııa
	working WITHOUT PAY in family business or farm?		a. \
4	2 For whom did this person work?		
	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.		
	Name of company, business, or other employer		b. \$
		_	I
4	What kind of business or industry was this?  Describe the activity at the location where employe (For example: hospital, newspaper publishing, mai order house, auto engine manufacturing, bank)	ed. I	
			c. I
4	4 Is this mainly – Mark (X) ONE box.		j. i
	manufacturing?		1
	wholesale trade?		_

•	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)							
	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)							
	INCOME IN THE PAST 12 MONTHS							
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)							
	Mark (X) the "No" box to show types of income NOT received.							
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.							
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.							
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.								
	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months							
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.								
	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months  Loss							
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.								
	Yes → \$ .00  No TOTAL AMOUNT for past 12 months Loss							

d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. .00 Yes → No TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the 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 Loss TOTAL AMOUNT for past 12 months

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 28 for mailing instructions.



other (agriculture, construction, service,

retail trade?

government, etc.)?

	Person 5	1	11 What is the highest degree or level of school	<b>1</b> 3 Wha	t is this person's ancestry or ethnic origin?
	Disease country was of Devices 5 from your 4		this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or	Wila	t is this person s ancestry or ethnic origin:
Y	Please copy the name of Person 5 from page 4, then continue answering questions below.		highest degree received.  NO SCHOOLING COMPLETED		
	Last Name	41	□ No schooling completed	/For	evernlet Italian Jamaisan African Am
			NURSERY OR PRESCHOOL THROUGH GRADE 12	Cam	example: Italian, Jamaican, African Am., bodian, Cape Verdean, Norwegian, Dominican, ch Canadian, Haitian, Korean, Lebanese, Polish,
	First Name MI	- 1	Nursery school	Fren	ch Canadian, Haitian, Korean, Lebanese, Polish, rian, Mexican, Taiwanese, Ukrainian, and so on.)
	riist ivaille ivii	7]		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	man, moxidan, ranvandos, extannan, and do only
			☐ Kindergarten ☐ Grade 1 through 11 – Specify		oes this person speak a language other than
7	Where was this person born?		grade 1 – 11 –	E	nglish at home?
T	In the United States – <i>Print name of state.</i>				Yes
					No → SKIP to question 15a
			12th grade – <b>NO DIPLOMA</b>	b. W	hat is this language?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.		HIGH SCHOOL GRADUATE		·
	loroigh ocality, or racite files, daam, ste.		Regular high school diploma		
			GED or alternative credential	Fo	or example: Korean, Italian, Spanish, Vietnamese
8	Is this person a citizen of the United States?		COLLEGE OR SOME COLLEGE	c. H	ow well does this person speak English?
T	Yes, born in the United States → SKIP to		Some college credit, but less than 1 year of college credit		Very well
	question 10a		1 or more years of college credit, no degree		Well
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas		Associate's degree (for example: AA, AS)		Not well
	Yes, born abroad of U.S. citizen parent		Bachelor's degree (for example: BA, BS)		Not at all
	or parents		AFTER BACHELOR'S DEGREE		
	Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization —		☐ Master's degree (for example: MA, MS, MEng,		d this person live in this house or apartment
	K		MEd, MSW, MBA)		year ago?
			Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		Person is under 1 year old → SKIP to question 16
$\perp$	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.				No, outside the United States and Puerto Rico – Print name of foreign country,
	Year	F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise,		or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
			SKIP to question 13.		then okn to question to
$\perp$					
10	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?		This question focuses on this person's	Г	No, different house in the United States or
	Include only nursery or preschool, kindergarten, elementary school, home school, and schooling	4	BACHELOR'S DEGREE. Please print below the		Puerto Rico
	which leads to a high school diploma or a college degree.	è	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	b. W	here did this person live 1 year ago?
	No, has not attended in the last 3		engineering, elementary teacher education, organizational psychology)	А	ddress (Number and street name)
	months → SKIP to question 11  Yes, public school, public college				
	Yes, private school, private college,				
	home school			N	ame of city, town, or post office
	b. What grade or level was this person attending? Mark (X) ONE box.				
	Nursery school, preschool			- NI	ome of II S county or
	Kindergarten				ame of U.S. county or unicipio in Puerto Rico
	Grade 1 through 12 – Specify grade 1 – 12 –				
					ame of U.S. state or
	College undergraduate years (freshman to senior)			P	uerto Rico ZIP Code
	Graduate or professional school beyond a				
	bachelor's degree (for example: MA or PhD program, or medical or law school)				,

Person 5	continued
	<u>oonidiidod</u>

6	Is this person CURRENTLY covered by following types of health insurance or coverage plans? Mark "Yes" or "No" for E	health	ne	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.		How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care	Yes No	20	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No What is this person's marital status?  Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS did this person get -	U.S	Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years  sthis person ever served on active duty in the Armed Forces, Reserves, or National Guard?  rk (X) ONE box.  Never served in the military → SKIP to question 29a  Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	h. A			Yes No  a. Married?   b. Widowed?	27) Wh	Now on active duty On active duty in the past, but not now en did this person serve on active duty in the Armed Forces? Mark (X) a box for EACH period
P	a. Is this person deaf or does he/she ha serious difficulty hearing?  Yes No  b. Is this person blind or does he/she ha serious difficulty seeing even when glasses?  Yes	ıve	22	How many times has this person been married?  Once Two times Three or more times  In what year did this person last get married?  Year	per	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)
3	Answer question 18a – c if this person 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.  a. Because of a physical, mental, or emcondition, does this person have ser difficulty concentrating, rememberimaking decisions?	otional	24	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?  Yes No	b. \	November 1941 or earlier  Does this person have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 29a  What is this person's service-connected
	<ul> <li>Yes</li> <li>No</li> <li>b. Does this person have serious diffict walking or climbing stairs?</li> <li>Yes</li> <li>No</li> <li>c. Does this person have difficulty dresbathing?</li> <li>Yes</li> <li>No</li> </ul>	·	Ĭ	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  Yes No → SKIP to question 26		disability rating?  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher

Person 5 (continued)  9 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.  36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes
Yes → SKIP to question 30  No – Did not work (or retired)	No → SKIP to question 38  How many people, including this person, usually rode to work in the car, truck, or van
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	Person(s)  LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
<ul><li>Yes</li><li>No → SKIP to question 35a</li></ul>	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)	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute  a.m.  p.m.  Within the past 12 months
If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes  1 to 5 years ago → SKIP to C  Over 5 years ago or never worked → SKIP to question 47
b. Name of city, town, or post office	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
c. Is the work location inside the limits of tha city or town?	Answer questions 35 – 38 if this person
Yes No, outside the city/town limits	for a few hours, including paid vacation, paid sick leave, and military service?  35 a. LAST WEEK, was this person on layoff from
d. Name of county	a job?  ☐ Yes → SKIP to question 35c ☐ No ☐ No ☐ 48 to 49 weeks ☐ 40 to 47 weeks
e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  27 to 39 weeks  14 to 26 weeks  13 weeks or less
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 48  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
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)	<ul> <li>No → SKIP to question 36</li> <li>usually work each WEEK?</li> <li>Usual hours worked each WEEK</li> <li>c. Has this person been informed that he or she will be recalled to work within the next</li> </ul>
the box of the one used for most of the distance.  Car, truck, or van  Motorcycle	6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 37
Bus or trolley bus Bicycle  Streetcar or trolley car Walked  Subway or elevated Worked at home → SKIP	□ No
Railroad to question 35  Ferryboat Other method  Taxicab	



Now continue with the mailing instructions on page 28.

	Person 5 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Sec	curity or Railroad	Retirement.
	Answer questions 41 – 46 if this person	supervisor of order department, secretary, accountant)	☐ Yes →	\$	.00
	worked in the past 5 years. Otherwise, SKIP to question 47.		□ No	TOTAL AMOU	NT for past oths
	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at 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. Suppleme  Yes -	TOTAL AMOU	.oo NT for past
4	Was this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public from the s	c assistance or we tate or local welf	elfare payments are 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 →	TOTAL AMOU	NT for past
	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. Retiremen Do NOT ind	t, survivor, or dis lude Social Securit	sability pensions.
	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.  For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	☐ Yes →	TOTAL AMOU	JNT for past
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  working WITHOUT PAY in family business or farm?	<ul> <li>mark the "No" box for the other person.</li> <li>a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.</li> </ul>	regularly s unemploy or alimony	. Do NOT include l	ne received (VA) payments, ion, child support ump sum payments tance or the sale of a
42	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.  Name of company, business, or other employer	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past 12 months	☐ Yes →	TOTAL AMOU	JNT for past
43	What kind of business or industry was this?	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	PAST 12 MO to 47h; subtrac	<b>NTHS?</b> Add entrie: ct any losses. If net unt and mark (X) th	ncome during the s in questions 47a income was a loss, ne "Loss" box next to
	Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	Yes → \$ .00  No  TOTAL AMOUNT for past 12 months  Loss	None OR	TOTAL AMOUNT 12 months	
44	Is this mainly – Mark (X) ONE box.  manufacturing?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.			
	wholesale trade?				
	retail trade?	Yes → \$ .00			
	other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months			



Loss

# 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.

## Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use							
POP EDIT PHONE	JIC1 JIC2						
EDIT CLERK TELEPHONE CLERK	JIC3 JIC4						

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, 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.

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