

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

GQ INITIAL CONTACT CHECKLIST Special Census

SCID	State	County	Tract	
Block	AA I		Map Spot	
Unit ID				GQ Type

NOTICE

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

Section 1 - INTRODUCTION

Hello. My name is (Your name). I'm from the U.S. Census Bureau. We are conducting a special census in this area to update the housing and population count. I'd like to speak with someone who can verify the information we have about your facility and to set up an appointment for Census Bureau employees to enumerate the residents or clients at your facility.

We estimate that it will take approximately 10 minutes to collect this information. This census has been approved by the Office of Management and Budget under OMB No. 0607-0368. Your answers are confidential and protected by law. All U.S. Census Bureau employees have taken an oath and are subject to a jail term, a fine, or both if they disclose ANY information that could identify you, your facility, or its residents.

Section 2 - FACILITY NAME AND ADDRESS

		NAME OF FACILITY
2.1	Is this name correct? 1 ☐ Yes – Go to Q2.2	
	2 ☐ No – Enter correct name ——→	FACILITY ADDRESS
2.2	We have your address listed as Is this address correct?	,
	1 ☐ Yes – Go to Q2.3 2 ☐ No – Enter correct address—→	
2.3	Please describe where your fac	e a house number/street name – <i>ASK:</i> cility is located—for example, the intersection of two stance from intersecting road(s).
		Continue with Section 3

Oo you have a job title that we can note for our records?
AREA CODE AND TELEPHONE NUMBER called you at Yes – Go to Interviewer Instructions No – Enter area code, telephone number, and extension if applicable. AREA CODE TELEPHONE NUMBER EXTENSION
Go to the Interviewer Instructions section.
REVIEWER GRUCTIONS For added GQs – Ask Q.4.1, then go to Q.4.2 GRUCTIONS
Section 4 TYPE OF FACILITY
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What is the name of this facility? Because the list is long – Go to the section that best fits the category of the facility. Read the bold itles first until respondent indicates which category best describes this facility then read the rest of
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Section 4 - TYPE OF FACILITY - Continued Correctional facilities intended for iuveniles? This includes specialized facilities that provide strict confinement for its residents and detain juveniles awaiting adjudication, commitment or placement, or those being held for diagnosis or classification. Also included are correctional facilities where residents are permitted contact with 203 the community, for purposes such as attending school or holding a job. GROUP HOMES **Group Homes for Juveniles?** Group living arrangements in residential settings that are able to accommodate three or more clients of a service provider that provides room and board and services, including behavioral, 201 psychological, or social programs ■ Group Homes for Adults? Community-based group living arrangements in residential settings that are able to accommodate three or more clients of a service provider. The group home provides room and board and services, including behavioral, psychological, or social programs 801 MILITARY Military Quarters - These facilities include military personnel living in barracks (including "open" barrack transient guarters) and dormitories and military ships. ☐ Military barrack or dormitory, non-disciplinary **601** ☐ Military disciplinary barracks? 106 ☐ Military hospital or ward for the chronically ill? 402 HEALTH CARE FACILITY Skilled nursing facility, nursing facility or independent or assisted living facility? Mark (X) both choices if facility has both assisted living and nursing care - Includes facilities licensed to provide medical care with seven day, twenty-four hour coverage for people requiring long-term non-acute care. People in these facilities require nursing care, regardless of age. Either of these facilities may be referred to as a nursing home. Give this information to your Supervisor. Non-military hospital, hospice, or institution or school for people with mental or physical impairment: Residential schools for people with disabilities, including the physically Residential Treatment Centers for Adults (non-correctional)? Residential facilities that provide treatment on-site in a highly structured live-in environment for the treatment of drug or alcohol abuse, mental illness, and emotional or behavioral disorders. 802 Residential Treatment Centers for Juveniles (non-correctional)? Includes facilities that primarily serve youth that provide services on-site in a highly structured live-in environment for treatment of drug, alcohol abuse, mental illness and emotional or behavioral disorders. These facilities are staffed 24 hours a day. These are not correctional facilities. 202 **Continue with Section 4**

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Section 4 – TYPE OF FACILITY – Continued

STUDENT, CLERGY AND WORKER DORMS

Workers Includes farrangement that provide moloyment school dip Religiour These are monasterial shouse the monasterial should be composed to the m	or by a private entity or o university are included as a Group Living Quarte acilities such as dormitories ents for agriculture and not le a full-time, year-round in program that helps you loma or GED and get help is Group Quarters? Itving quarters owned or it members in a group living es, and abbeys	ers and Job Contest, bunkhouses, a con-agriculture work residential programming people aged prinding a job. operated by religing arrangement. OR PEOPLE EXE	rps Cente and similar to kers. This come offering a 16 to 24 to initial to a similar to the simi	types of group category also in a vocational trallearn a trade, category includes corporations that are ory includes corporations.	living neludes facilities ining and earn a high earn a high eintended to nvents,	es
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for Peop Domesti Includes of who have	le Experiencing Homo	and Transition elessness?	nal shelte	rs (with Slee	eping Facilit	lies)
	sought shelter from house			t provide housi	ng for people	
Outdoor i	d Nonsheltered Outdo ecations where people exp			without paying	g to stay	
	uarters for Victims of temporary group living ar			a result of natu	ral disasters .	
	otel/Hostel, Single Ro reakfast:	om Occupancy	y Units, In	ın, Resort, L	odge, or	
	notel used entirely to ho	use people exper	riencing hor	nelessness?	If yes	
Are the	re any rooms occupied by nts)? If yes is information to your Sup	people who live	or stay here	e most of the t	ime (long-term	1
If "No" to	both questions, then say '					

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Section 5 - METHOD OF ENUMERATION

Explain to the contact how the enumeration can be conducted.

If you have a roster or a listing of your clients we can enumerate through a method called "Administrative Records" – In this type of enumeration we would visit your facility and using your records, we would fill out a separate Census questionnaire for each person that stayed at your facility on the Special Census Date. These records need to give us information such as the name, age and date of birth, sex, Hispanic origin, and race of your clients. We will need a quiet space to work in, away from the general traffic at your facility.

	and interview eac	Il facility – We can visit your facility at a set date and time h client separately. We will fill out a Census questionnaire your facility including children.	
5.1	Does your facility keyour residents and/o 1 Yes - Go to Q5.2 2 No - Go to Instruct		
5.2	Are these paper rec 1 Paper 2 Computer 3 Both	ords, computer records, or both?	
5.3	If requested, could y 1 Yes 2 No	you make these records available to the Census Bureau?	
5.4	Number of pe		
	INSTRUCTION BOX	Go to the questions for the appropriate locations listed below: If a Shelter – Go to Q5.5 If a Hotel/Motel – Go to Q5.7 If a targeted nonsheltered outdoor location – Go to Q5.9 if an added GQ – Go to Q5.10	
5.5	Ask for SHELTERS only Are your clients ma 1 Male only 2 Female only 3 Both male and fem	le only, female only, or both?	
5.6	What is the maximu	m number of persons your facility can accommodate?	
	SKIP to Q5.11		

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5.7 Ask for HOTELS/MOTELS Do you have units where staff or guests live permanently? Yes Yes No	
5.8 If "Yes" – What is the maximum number of persons your facility can accommodate? Number of persons SKIP to Q5.11 5.9 Ask for TARGETED NONSHELTERED OUTDOOR LOCATIONS only Approximately, how many people will be here on (Special Census Date) from 12:00 midnight to 6:00 a.m.? Number of persons SKIP to Q5.11 5.10 Ask for ADDED GQs only What is the maximum number of residents/clients/units your facility/location can accommodate? Maximum number	
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5.11 Do you have any requirements or information that the enumerator will need when they conduct the enumeration?	
1 ☐ Yes – Specify below ✓	
Section 6 – APPOINTMENT INFORMATION	
6.1 When can we conduct the enumeration at your facility?	
Month Day Time	
6.2 When the enumerator comes to conduct the enumeration, are you the person they should speak with?	
1 ☐ Yes – Go to Section 7	
$_2$ \square No $-$ Specify name and title of person to contact $_{ ot}$	
NAME	
Area Code Telephone number Extension	

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Section 7 - CLOSING THE INTERVIEW

Thank you very much for your time. We have the enumeration of your facility scheduled for

(Appointment date) at (Appointment time).

We will call you the day before to remind you.

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