OMB No. 0607-0810





THE American Community Survey

FORM **ACS-1(2013)** (03-15-2012) Draft 1

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

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



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

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

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

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

Month Da	nt today's da y Year	ite.		
Please pri filling out Last Name	nt the name a this form. W	and telephoi e may contac	ne number of the t you if there is a c	person who is juestion.
First Name				MI
Area Code	+ Number	-		
 INCLUDI INCLUDI INCLUDI stay, ever DO NOT 	E everyone whe E yourself if yourself if yourself if yourself if yourself if yourself if they are he INCLUDE and	no is living or ou are living h staying here ere for 2 mont yone who is li	ring at this addrestaying here for more than who does not have this or less. I ving somewhere eliving away or some	ore than 2 months 2 months. e another place to else for more than
	orces on deplo		g ana, 5. 55	

Pers	son 1	Person 2
(Person 1 is the person living or stay or apartment is owned, being bough person, start with the name of any a	nt, or rented. If there is no such	1 What is Person 2's name? Last Name (Please print) First Name N
1 What is Person 1's name? Last Name (Please print) 2 How is this person related to Per Person 1 3 What is Person 1's sex? Mark (X) (I) Male Female 4 What is Person 1's age and what Please report babies as age 0 when the converted print numbers Age (in years) Month Day	ONE box. is Person 1's date of birth? thild is less than 1 year old. is in boxes.	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
S Is Person 1 of Hispanic, Latino, o No, not of Hispanic, Latino, or Spa Yes, Mexican, Mexican Am., Chica Yes, Puerto Rican Yes, Cuban	survey, Hispanic origins are not races or Spanish origin?	 NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not race. Is Person 2 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.
Asian Indian Jap	one or more boxes. Print name of enrolled or principal tribe. Danese Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Vietnamese Samoan Other Pacific Islander – Print race, for example,
Some other race – Print race.		Some other race − Print race. ✓

P	erson 3		Person 4	
/hat is Person 3's name?	5 1	0	What is Person 4's name?	
ast Name (Please print)	First Name	MI T	Last Name (Please print) First Name	Γ
ow is this person related to	Person 1? Mark (X) ONE box.		How is this person related to Person 1? Mark (X) ONE box.	
Husband or wife	Son-in-law or daugh	nter-in-law	Husband or wife Son-in-law or daughter	in.
Biological son or daughter	Other relative	iter-iii-iaw	Biological son or daughter Other relative	1111
Adopted son or daughter	Roomer or boarder		Adopted son or daughter Roomer or boarder	
Stepson or stepdaughter	☐ Housemate or room	mate	Stepson or stepdaughter Housemate or roomma	te
Brother or sister	Unmarried partner		☐ Brother or sister ☐ Unmarried partner	
Father or mother	☐ Foster child		☐ Father or mother ☐ Foster child	
Grandchild	Other nonrelative		Grandchild Other nonrelative	
Parent-in-law			Parent-in-law	
Ihat is Person 3's sex? Mark	(X) ONE box.	3	What is Person 4's sex? Mark (X) ONE box.	
Male Female		T	Male Female	
That is Person 3's age and v lease report babies as age 0 when	vhat is Person 3's date of birth? the child is less than 1 vear old.	4	What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old.	
Print nu	mbers in boxes.		Print numbers in boxes.	
ge (in years) Month	Day Year of birth		Age (in years) Month Day Year of birth	
	I Question 5 about Hispanic origi		→ NOTE: Please answer BOTH Question 5 about Hispanic origin a	
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban			 No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban 	
	, or Spanish origin – Print origin, for exar can, Nicaraguan, Salvadoran, Spaniard, and	mple, so on. 📈	Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so o) , on.
Ihat is Person 3's race? Man White Black, African Am., or Negro American Indian or Alaska Na	rk (X) one or more boxes. ative – Print name of enrolled or principal tr		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	Innancea Native Hawaiian		Asian Indian Danage Native Hawaiian	
Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese	Chamorro ander – mple,	Asian Indian Chinese Korean Guamanian or Char Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	er
Some other race – Print race.	otag		Some other race – <i>Print race.</i>	

Pe	erson 5	If there are more than five people living or staying here, print their names in the spaces for Person 6 through Perso	n 12.
Ihat is Person 5's name? ast Name (<i>Please print</i>)	First Name	We may call you for more information about them.	
or realite (Fredeo print)	Institutio	Person 6	
		Last Name (Please print) First Name	
ow is this person related to	Person 1? Mark (X) ONE box.		
Husband or wife	Son-in-law or daug	hter-in-law	
Biological son or daughter	Other relative	Sex Male Female Aga (in years)	
Adopted son or daughter	Roomer or boarde	Age (III years)	
Stepson or stepdaughter	Housemate or roo	nmate Person 7	
Brother or sister	Unmarried partner	Last Name (Please print) First Name	
Father or mother	Foster child		
Grandchild	Other nonrelative		
Parent-in-law			
		Sex Male Female Age (in years)	
hat is Person 5's sex? Mark	(X) ONE box.		
Male Female		Person 8	
hat is Person 5's age and w	hat is Person 5's date of birth	? Last Name (Please print) First Name	
ease report babies as age 0 when t	the child is less than 1 year old.		
	nbers in boxes. Day Year of birth		
- World	Total of Share		
		Sex Male Female Age (in years)	
NOTE: Please answer BOTH	Question 5 about Hispanic original	in and Person 9	
	his survey, Hispanic origins are	not races.	
Person 5 of Hispanic, Latin	o, or Spanish origin?	Last Name (Please print) First Name	
No, not of Hispanic, Latino, or	Spanish origin		
Yes, Mexican, Mexican Am., C	hicano		
Yes, Puerto Rican		Sex Male Female Aga (in years)	
Yes, Cuban		Sex Male Perhale Age (in years)	
Yes, another Hispanic, Latino,	or Spanish origin - Print origin, for ex	Person 10	
Argentinean, Colombian, Dominica	an, Nicaraguan, Šalvadoran, Spaniard, ar	d so on. Last Name (Please print) Last Name (Please print) First Name	
	1 ()()		
hat is Person 5's race? Mark	((X) one or more boxes.		
White		Sex	
Black, African Am., or Negro		Age (III years)	
American Indian or Alaska Nat	tive – Print name of enrolled or principal	Person 11	
		Last Name (Please print) First Name	
Asian Indian	Japanese Native Hawaiia	n	
Asian Indian Chinese	Japanese Native Hawaiia Korean Guamanian or		
Chinese Filipino Other Asian – Print race, for	Korean Guamanian or Vietnamese Samoan Other Pacific Is	Chamorro Sex	
Chinese	Korean Guamanian or Vietnamese Samoan Other Pacific Is Print race, for ex	Chamorro Sex	
Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamanian or Vietnamese Samoan Other Pacific Is Print race, for ex	Chamorro Sex	
Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamanian or Vietnamese Samoan Other Pacific Is Print race, for ex	Chamorro Sex	
Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Korean Guamanian or Vietnamese Samoan Other Pacific Is Print race, for ex Fijian, Tongan, a	Chamorro Sex	
Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai,	Korean Guamanian or Vietnamese Samoan Other Pacific Is Print race, for ex Fijian, Tongan, a	Chamorro Sex	

Housing

			Answer questions 4 – 6 if this is a HOUSE		Does this house, apartment, o	r mobi	le
_	Plo	ase answer the following questions	OR A MOBILE HOME; otherwise, SKIP to question 7a.		nome have –	Yes	No
1	abo	ut the house, apartment, or mobile			. hot and cold running water?		
1	hon	ne at the address on the mailing label.	4 How many acres is this house or mobile	k	o. a flush toilet?		
1		ch best describes this building? ude all apartments, flats, etc., even if vacant.	home on?		a bathtub or shower?		
١		·	Less than 1 acre → SKIP to question 6		I. a sink with a faucet?		
١	H	A mobile home	1 to 9.9 acres	ε	e. a stove or range?		
١	Ш	A one-family house detached from any other house	10 or more acres		. a refrigerator?		
		A one-family house attached to one or more houses	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?	9	telephone service from which you can both make and receive calls? <i>Include cell phones</i> .		
١	Ш	A building with 2 apartments		9	At this house, apartment, or m	obile l	nome –
١		A building with 3 or 4 apartments	None		lo you or any member of this lown or use any of the followin	nousel g com	iold puters?
١		A building with 5 to 9 apartments	□ \$1 to \$999		EXCLUDE GPS devices, digital	music	players,
١		A building with 10 to 19 apartments	\$1,000 to \$2,499		and devices with only limited of capabilities, for example: house	comput ehold	ing
١		A building with 20 to 49 apartments	\$2,500 to \$4,999		appliances.	Yes	No
١		A building with 50 or more apartments	55,000 to \$9,999	a	. Desktop, laptop, netbook, or notebook computer		
		Boat, RV, van, etc.	\$10,000 or more	k	o. Handheld computer, smart mobile phone, or other handheld wireless computer		
2	Abo	out when was this building first built?	Is there a business (such as a store or barber shop) or a medical office on this		. Some other type of computer		
١		2000 or later – Specify year	property?		Specify Z		
١			Yes				
١		1990 to 1999	No				
١		1980 to 1989	7 a. How many separate rooms are in this		At this house, apartment, or m lo you or any member of this l	obile l nousel	nome – nold
١			house, apartment, or mobile home? Rooms must be separated by built-in		ccess the Internet?		
		1970 to 1979 1960 to 1969	archways or walls that extend out at least 6 inches and go from floor to ceiling.		Yes, with a subscription to a service	n Inter	net
١		1950 to 1959	 INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, 		Yes, without a subscription service → SKIP to question	o an In 12	ternet
١		1940 to 1949	foyers, halls, or unfinished basements.		No Internet access at this ho or mobile home → SKIP to a	use, ap	artment
١		1939 or earlier	Number of rooms	10	At this house, apartment, or m	obile l	nome –
3	Who	en did PERSON 1 (listed on page 2)		S	lo you or any member of this l ubscribe to the Internet using	nousel -	old
T	mo	ve into this house, apartment, or pile home?	b. How many of these rooms are bedrooms	s?		Yes	No
١		th Year	Count as bedrooms those rooms you would list if this house, apartment, or mobile home	' a	. Dial-up service?		
١			were for sale or rent. If this is an		o. DSL service?		
١			efficiency/studio apartment, print "0". Number of bedrooms	c	. Cable modem service?		
				c	I. Fiber-optic service?		
				e	. Mobile broadband plan for a computer or a cell phone?		
				f	. Satellite service?		
				6	J. Some other service? Specify service		
1					-		

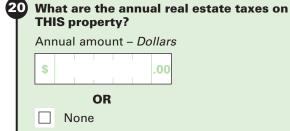
Houging	(continued)
	Collidation

2 How many automobiles, vans, and truck of one-ton capacity or less are kept at home for use by members of this household?	Last month's cost – Dollars Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
□ None	OR Yes
□ 1	☐ Included in rent or condominium fee
□ 2	No charge or electricity not used 16 Is this house, apartment, or mobile home part of a condominium?
3	b. LAST MONTH, what was the cost of
<u> </u>	condominium fee? For renters,
□ 5	Last month's cost – Dollars answer only if you pay the condominium fee in addition to
☐ 6 or more	your rent; otherwise, mark the "None" box.
3 Which FUEL is used MOST for heating the	is OR Monthly amount – Dollars
house, apartment, or mobile home?	☐ Included in rent or condominium fee \$.00
Gas: from underground pipes serving neighborhood	Included in electricity payment entered above
Gas: bottled, tank, or LP	None
☐ Electricity	☐ No charge or gas not used ☐ No
Fuel oil, kerosene, etc.	c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this 17 Is this house, apartment, or mobile home –
Coal or coke	house, apartment, or mobile home? If Mark (X) ONE box.
□ Wood	you have lived here less than 12 months, estimate the cost. Owned by you or someone in this
☐ Solar energy	Past 12 months' cost – Dollars household with a mortgage or loan? Include home equity loans.
Other fuel	Owned by you or someone in this household free and clear (without a
☐ No fuel used	OR mortgage or loan)?
	☐ Included in rent or condominium fee ☐ Rented?
	 No charge Occupied without payment of rent? → SKIP to C on the next page
	d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used

	Housing (continued)
	Anguar guartiana 10a and h if this have
	Answer questions 18a and b if this hou apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
13	a. What is the monthly rent for this

	apa	at is the monthly rent for this hous rtment, or mobile home?
	Mor	thly amount – Dollars
	49	.00
l		3
	Doe mea	es the monthly rent include any als?
		Yes
		No

		Otherwise, SKIP to E .
1	9	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 – <i>Dollars</i>
		\$.00



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 ot on THIS property?
		Yes, mortgage, deed of trust, or similar debt
		Yes, contract to purchase
		No → SKIP to question 23a
b.	mo Incl	w much is the regular monthly rtgage payment on THIS property? ude payment only on FIRST mortgage contract to purchase.
	Moi	nthly amount – <i>Dollars</i>
	\$.00
		OR
		No regular payment required → SKIP to question 23a
C.	pay	es the regular monthly mortgage rment include payments for real ate taxes on THIS property?
		Yes, taxes included in mortgage payment
		No, taxes paid separately or taxes not required
d.	pay haz	es the regular monthly mortgage ment include payments for fire, ard, or flood insurance on THIS perty?
		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 E .
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
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.

Person 1	b. What grade or level was this person attending? Mark (X) ONE box. 15 What is this person's ancestry or ethrology.	nic origin?
Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – Cambodian, Cape Verdean, Norwegian, I French Canadian, Haitian, Korean, Leban	Dominican, ese, Polish,
First Name MI Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 No schooling completed Nigerian, Mexican, Taiwanese, Ukrainian Nigerian, Mexican, Taiwanese, Ukrainian Nigerian, Mexican, Taiwanese, Ukrainian Noes this person speak a language English at home? Yes No → SKIP to question 17a b. What is this language?	other than
8 Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Not well Not well Not at all	nglish?
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year	 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Apprint of this person live in this house of 1 year ago? Yes, this house → SKIP to questing the United States and Puerto Rico - Print name of foreing or U.S. Virgin Islands, Guam, etc. then SKIP to question 18	IP to
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	go?
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc. a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15. Name of city, town, or post office	
Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	ode

D	
Person 1	continued
I CIOCII I	Continued

8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. Because of a physical, mental, or emotional	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		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
	e. TRICARE or other military health care	 Separated Never married → SKIP to 	 Question 31a Only on active duty for training in the Reserves or National Guard → SKIP to question 30a
	f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service		Now on active duty On active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	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.
9	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Once Two times Three or more times	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) November 1941 or earlier
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	female and 15 – 50 years old. Otherwise, SKIP to question 27a.	a. Does this person have a VA service-connected disability rating?
	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 No	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 28 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 28	 Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 31a 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

	Person 1 (continued)				
	a. LAST WEEK, did this person work for pay	J	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
۲	at a job (or business)?		eran to question ee.		☐ Yes ☐ No. CK/D to a set for 40
	Yes → SKIP to question 32				No → SKIP to question 40
	No – Did not work (or retired)	34	How many people, including this person, usually rode to work in the car, truck, or van	200	ALACT WEEK
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		LAST WEEK? Person(s)	39	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 37a				No, because of own temporary illness
		35	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
2	At what location did this person work LAST	9	to go to work LAST WEEK?		
	WEEK? If this person worked at more than one location, print where he or she worked most last week.		Hour Minute a.m.	40	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
	If the exact address is not known, give a description of the location such as the building	36	person to get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
	name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office				paid time off as work.
					☐ Yes → SKIP to question 42
	c. Is the work location inside the limits of that	K	Answer questions 37 – 40 if this person		□ No
	city or town?	T	did NOT work last week. Otherwise,		b. How many weeks DID this person work, even
	Yes		SKIP to question 41a.		for a few hours, including paid vacation, paid
	No, outside the city/town limits				sick leave, and military service?
	d. Name of county	37	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
		ıΤ	a job?		48 to 49 weeks
			Yes → SKIP to question 37c		40 to 47 weeks
	e. Name of U.S. state or foreign country		L No		☐ 27 to 39 weeks☐ 14 to 26 weeks
			b. LAST WEEK, was this person TEMPORARILY		13 weeks or less
			absent from a job or business?		LI WEEKS OF 1635
	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to		WORKED, how many hours did this person usually work each WEEK?
			question 40		Usual hours worked each WEEK
3	How did this person usually get to work LAST		No → SKIP to question 38		
Ī	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)		c. Has this person been informed that he or she		
	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		
	☐ Car, truck, or van ☐ Motorcycle		work?		
	☐ Bus or trolley bus ☐ Bicycle		☐ Yes → SKIP to question 39		
	☐ Streetcar or trolley car ☐ Walked		□ No		
	☐ Subway or elevated ☐ Worked at				
	$\square \text{Railroad} \qquad \qquad \begin{array}{l} \text{home} \rightarrow SKIP \\ \text{to question 41} \end{array}$	а			
	Ferryboat Other method				
	Taxicab				



Person 1 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
Anguar quantions 42 49 if this paragr	supervisor of order department, secretary, accountant)	Yes → \$.00
Answer questions 43 – 48 if this person worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
	8 What were this person's most important	e. Supplemental Security Income (SSI).
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	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00
person had no job or business last week, give information for his/her last job or business.		TOTAL AMOUNT for past 12 months
3 Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	☐ Yes → \$.00
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
a state GOVERNMENT employee?a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support
working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
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.	Yes → S .000 No TOTAL AMOUNT for past	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
Name of company, business, or other employer	12 months	12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
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)	☐ Yes → \$.00	\$.00
	No TOTAL AMOUNT for past Loss 12 months	None OR TOTAL AMOUNT for past 12 months
6 Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	
manufacturing?	to an account.	
wholesale trade?	☐ Yes → \$.00	
retail trade? other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
go		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	b. What grade or level was this person attending? Mark (X) ONE box.	What is	s this person's ancestr	y or ethnic origin?
3	Please copy the name of Person 2 from page 3, then continue answering questions below. Last Name	Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12	Camboo French	ample: Italian, Jamaican, dian, Cape Verdean, Nor Canadian, Haitian, Korea	wegian, Dominican, an, Lebanese, Polish,
7	First Name MI Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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	a. Does Engl	n, Mexican, Taiwanese, s this person speak a l lish at home? Yes No → SKIP to question at is this language? example: Korean, Italian,	anguage other than
8	Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11		well does this person Very well Well Not well Not at all	
9	Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes.	12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree		this person live in this ar ago? Person is under 1 year question 18 Yes, this house → SKIP No, outside the United Puerto Rico – Print nan or U.S. Virgin Islands, then SKIP to question	old → SKIP to to question 18 States and
	Year In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		No, different house in t Puerto Rico re did this person live ress (Number and stre	1 year ago?
	In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.		ne of city, town, or po	
	 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school 	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Puei Nam	ne of U.S. county or merto Rico	ZIP Code

Person 2	(continued)
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8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.		Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	c. How long has this grandparent been responsible for 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) Yes No	2	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)		☐ Yes ☐ No	3 or 4 years 5 or more years
ı	c. Medicare, for people 65 and older, or people with certain disabilities	22		Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		Now marriedWidowedDivorced	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
ı	e. TRICARE or other military health care		Separated	question 31a
	f. VA (including those who have ever used or enrolled for VA health care)		Never married → SKIP to	Only on active duty for training in the Reserves or National Guard → SKIP to question 30a
ı	g. Indian Health Service	43	In the PAST 12 MONTHS did this person get – Yes No	Now on active dutyOn active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?	on delive daty in the past, but not now
			b. Widowed? c. Divorced?	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.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	25	Year	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) November 1941 or earlier
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.		Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.	a. Does this person have a VA service-connected disability rating?
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?	25	the past 12 months? Yes 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 28 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 (such as 0%, 10%, 20%,, 100%) No → SKIP to question 31a 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
	☐ Yes☐ No		YesNo → SKIP to question 28	

	Person 2 (continued)		29 During the LAST A WEEVS has this parson has
		Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
31	a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 35.	Yes
	Yes → SKIP to question 32		No → SKIP to question 40
	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)	job if offered one, or returned to work if recalled?
	Yes		Yes, could have gone to work
	No → SKIP to question 37a		No, because of own temporary illness
		35 What time did this person usually leave home	No, because of all other reasons (in school, etc.)
32 	At what location did this person work LAST WEEK? If this person worked at more than one	to go to work LAST WEEK? Hour Minute	When did this person last work, even for a few
	location, print where he or she worked most last week.	a.m.	days?
	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	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 49
	name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office		paid time off as work.
			☐ Yes → SKIP to question 42
	c. Is the work location inside the limits of that	Answer questions 37 – 40 if this person	□ No
	city or town?	did NOT work last week. Otherwise, SKIP to question 41a.	b. How many weeks DID this person work, even for a few hours, <u>including</u> 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☐ 48 to 49 weeks
		Yes → SKIP to question 37c	40 to 47 weeks
	a Name of II S state or foreign country.	No	27 to 39 weeks
	e. Name of U.S. state or foreign country		☐ 14 to 26 weeks
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
	f. ZIP Code	Yes, on vacation, temporary illness,	During the PAST 12 MONTHS, in the WEEKS
		maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	WORKED, how many hours did this person usually work each WEEK?
		question 40	Usual hours worked each WEEK
33	How did this person usually get to work LAST	No → SKIP to question 38	
T	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	c. Has this person been informed that he or she will be recalled to work within the next	
	the box of the one used for most of the distance.	6 months OR been given a date to return to	
	Car, truck, or van Motorcycle	work?	
	☐ Bus or trolley bus ☐ Bicycle ☐ Streetcar or trolley car ☐ Walked	Yes → SKIP to question 39No	
	Subway or elevated Worked at	Li NO	
	Railroad home → SKIP to question 41a	a	
	Ferryboat Other method		
	Taxicab		



Person 2 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
Answer questions 43 – 48 if this person worked in the past 5 years. Otherwise,		No.
SKIP to question 49.		TOTAL AMOUNT for past 12 months
43 - 48 CURRENT OR MOST RECENT JOB	What were this person's most important	e. Supplemental Security Income (SSI).
ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	☐ Yes → \$.00
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.	typing and filing, reconciling financial records)	No TOTAL AMOUNT for past 12 months
Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$.00
company or business, or of an individual, for wages, salary, or commissions?	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	☐ Yes → \$.00
a Federal GOVERNMENT employee?	the right of the dollar amount.	No TOTAL AMOUNT for past
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support
working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
For whom did this person work?	Voc Ne	
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Yes → \$.00 No TOTAL AMOUNT for past	Yes → \$.00 No TOTAL AMOUNT for post
Name of company, business, or other employer	12 months	TOTAL AMOUNT for past 12 months
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.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	Yes → \$.00	\$.00
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	None OR TOTAL AMOUNT for past
	c. Interest, dividends, net rental income,	12 months
Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited	
manufacturing?	to an account.	
wholesale trade?	☐ Yes → \$.00	
retail trade? other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
g		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.

Person 3	b. What grade or level was this person attending? Mark (X) ONE box.	15 What is this person's ancestry or ethnic origin?
Please copy the name of Person 3 from page 3, then continue answering questions below. Last Name		(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 foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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	 Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 17a b. What is this language?
8 Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 –	c. How well does this person speak English? Very well Well Not well Not at all
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year	□ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS)	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or
 No, has not attended in the last 3 months → SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school 		Puerto Rico ZIP Code

Person 3 (continued
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8	Is this person CURRENTLY covered by any of following types of health insurance or healt coverage plans? Mark "Yes" or "No" for EACH to of coverage in items a – h.	h ype	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20. C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or Yes N		condition, does this person have difficulty doing errands alone such as visiting a doctor's Less than 6 months 6 to 11 months
ı	person or another family member)		office or shopping?
ı	b. Insurance purchased directly from an insurance company (by this person or another family member)		Yes 3 or 4 years
ı	Madiana for another family members		☐ No ☐ 5 or more years
ı	or people with certain disabilities	22	. 23 Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		 Now married Widowed Divorced U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
ı	e. TRICARE or other military health care		Separated question 31a
	f. VA (including those who have ever used or enrolled for VA health care)		Only on active duty for training in the Reserves or National Guard → SKIP to question 30a
ı		_ 23	In the PAST 12 MONTHS did this person get - Yes No
			a. Married?
	or nealth coverage plan – Specify		b. Widowed? C. Divorced? When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	Yes No b. Is this person blind or does he/she have serious difficulty seeing even when weari glasses? Yes No	ng 2 5	Year Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a. November 1941 or earlier November 1941 or earlier a. Does this person have a VA service-connected disability rating?
20	a. Because of a physical, mental, or emotion 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 bathing?	27	Has this person given birth to any children in the past 12 months? Yes No 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 31a b. What is this person's service-connected disability rating? O percent No → SKIP to question 28 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		YesNo → SKIP to question 28

	Person 3 (continued)				
	a. LAST WEEK, did this person work for pay	J	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
ץ	at a job (or business)?		okii to question os.		☐ Yes
	☐ Yes → SKIP to question 32				No → SKIP to question 40
	No – Did not work (or retired)	34	How many people, including this person,		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		usually rode to work in the car, truck, or van LAST WEEK? Person(s)	39	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 37a				No, because of own temporary illness
		35	What time did this person usually leave home		No, because of all other reasons (in school, etc.)
2	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		to go to work LAST WEEK? Hour Minute	40	When did this person last work, even for a few
	last week.		a.m.		days?
	a. Address (Number and street name)		p.m.		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	36	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 49
	name or the nearest street or intersection.		Minutes	41	a. During the PAST 12 MONTHS (52 weeks), did
	b. Name of city, town, or post office			Ī	this person work 50 or more weeks? Count paid time off as work.
					Yes → SKIP to question 42
		V	Answer questions 37 – 40 if this person		□ No
	c. Is the work location inside the limits of that city or town?	N	did NOT work last week. Otherwise,		
	Yes		SKIP to question 41a.		 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	37	a. LAST WEEK, was this person on layoff from		50 to 52 weeks
	a. Hamo of obanty		a job?		48 to 49 weeks
			Yes → SKIP to question 37c		40 to 47 weeks
	e. Name of U.S. state or foreign country		□ No		☐ 27 to 39 weeks
			b. LAST WEEK, was this person TEMPORARILY		☐ 14 to 26 weeks
			absent from a job or business?		13 weeks or less
	f. ZIP Code		Yes, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
			maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	Y	WORKED, how many hours did this person
			question 40		usually work each WEEK? Usual hours worked each WEEK
5	How did this person usually get to work LAST		No → SKIP to question 38		Osual nours worked each WEEK
2	WEEK? If this person usually used more than one		c. Has this person been informed that he or she		
	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		
	Car, truck, or van Motorcycle		work?		
	Bus or trolley bus Bicycle		☐ Yes → SKIP to question 39		
	Streetcar or trolley car Walked		□ No		
	Subway or elevated Worked at				
		,			
	Ferryboat Other method				
	Taxicab				



	Person 3 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary,	d. Social Security or Railroad Retirement.
i	Answer questions 43 – 48 if this person	accountant)	☐ Yes → \$.00
Ĭ	worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
ľ	43 - 48 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief	8 What were this person's most important activities or duties? (For example: patient care,	e. Supplemental Security Income (SSI).
	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.	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
ŧ	Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	 an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, 	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
l	tax-exempt, or charitable organization?	today's date one year ago up through today.) Mark (X) the "No" box to show types of income	g. Retirement, survivor, or disability pensions.
l	(city, county, etc.)? a state GOVERNMENT employee?	NOT received.	Do NOT include Social Security.
l	a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	Yes → \$.00
l	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	TOTAL AMOUNT for past 12 months
l	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
14	For whom did this person work?		
l	If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.	Yes → \$.00 No TOTAL AMOUNT for past 12 months	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
ı	Name of company, business, or other employer	12 Hondis	12 months
		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	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)	Yes → \$.00 No TOTAL AMOUNT for past 12 months	None OR TOTAL AMOUNT for past
16	Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	manufacturing?		
	wholesale trade?	Yes → \$.00	
	retail trade?other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past Loss 12 months	
			Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 28 for mailing instructions.

Person 4	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 4 from page 3, then continue answering questions below. Last Name		(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 foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 17a b. What is this language? For example: Korean, Italian, Spanish, Vietnamese
8 Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11	c. How well does this person speak English? Very well Well Not well Not at all
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year	□ 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS)	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or
 No, has not attended in the last 3 months → SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school 		Puerto Rico ZIP Code

Person 4 (continued
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8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	c. How long has this grandparent been responsible for 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)	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months 1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	2	8 Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 31a Only on active duty for training in the Reserves
	f. VA (including those who have ever used or enrolled for VA health care)	 Never married → SKIP to I In the PAST 12 MONTHS did this person get - 	 Only on active duty for training in the Reserves or National Guard → SKIP to question 30a Now on active duty
	g. Indian Health Service	Yes No	On active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	9 When did this person serve on active duty in the
		c. Divorced?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	☐ Once ☐ Two times ☐ Three or more times ☐ In what year did this person last get married? Year Answer question 26 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 1946) November 1941 or earlier
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	female and 15 – 50 years old. Otherwise, SKIP to question 27a.	a. Does this person have a VA service-connected disability rating?
	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	the past 12 months? Yes 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 28 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	Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 31a 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
	L No	No → SKIP to question 28	

	Person 4 (continued)				
	T CISON 4 (CONTINUCA)		question 34 if you marked "Car, van" in question 33. Otherwise,	38	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
31 	a. LAST WEEK, did this person work for pay at a job (or business)?		question 35.		YesNo → SKIP to question 40
ı	Yes → SKIP to question 32				No 7 SKIF to question 40
	No – Did not work (or retired)	How ma usually i	ny people, including this person, rode to work in the car, truck, or van	39 !	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?	Person(s)			ob if offered one, or returned to work if ecalled?
ı	Yes				Yes, could have gone to work
ı	\bigcirc No → SKIP to question 37a				No, because of own temporary illness
		35 What tin	ne did this person usually leave home		No, because of all other reasons (in school, etc.
32	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.	to go to Hour	work LAST WEEK? Minute		When did this person last work, even for a few days?
ı	a. Address (Number and street name)		a.m.		Within the past 12 months
l	a. Address (Number and Street name)		p.m.		1 to 5 years ago → SKIP to L
	If the exact address is not known, give a	36 How ma	ny minutes did it usually take this o get from home to work LAST WEEK?		Over 5 years ago or never worked → SKIP to question 49
ı	description of the location such as the building name or the nearest street or intersection.	Minutes	o get from nome to work LAST WEEK?		
	b. Name of city, town, or post office	Williates		40 8	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 42
ı	c. Is the work location inside the limits of that	K Answer	questions 37 – 40 if this person		□ No
ı	city or town?	did NO1	work last week. Otherwise,	Ι,	b. How many weeks DID this person work, even
	Yes	SKIP to	question 41a.	'	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	No, outside the city/town limits d. Name of county	a. LAST	WEEK, was this person on layoff from		50 to 52 weeks
ı	u. Name of County	a job?			48 to 49 weeks
ı			res → SKIP to question 37c		40 to 47 weeks
ı	e. Name of U.S. state or foreign country		No		27 to 39 weeks
ı	,		WIELK 41: TEMPODADII W		14 to 26 weeks
l		absen	WEEK, was this person TEMPORARILY t from a job or business?		13 weeks or less
ı	f. ZIP Code		es, on vacation, temporary illness,	42	During the PAST 12 MONTHS, in the WEEKS
		1	naternity leave, other family/personal easons, bad weather, etc. → <i>SKIP to</i> question 40		NORKED, how many hours did this person usually work each WEEK?
			No → SKIP to question 38	l	Jsual hours worked each WEEK
33	How did this person usually get to work LAST WEEK? If this person usually used more than one				
ı	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	will b	nis person been informed that he or she e recalled to work within the next	• [
ı		6 mor	ths OR been given a date to return to		
ı	Car, truck, or van Motorcycle		res → SKIP to question 39		
	☐ Bus or trolley bus☐ Streetcar or trolley car☐ Walked		No		
	Subway or elevated Worked at		NO.		
	\square Reilroad home \rightarrow SKIP				
	Ferryboat to question 41				
	☐ Taxicab				

l	Person 4 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary,	d. Social Security or Railroad Retirement.
ı	Answer questions 43 – 48 if this person	accountant)	☐ Yes → \$.00
֓֞֝֟֓֟֝֟֟	worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
	43 – 48 CURRENT OR MOST RECENT JOB	8 What were this person's most important	e. Supplemental Security Income (SSI).
	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	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00
	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.		No TOTAL AMOUNT for past 12 months
13	Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	☐ Yes → \$.00
	wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	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.)	No TOTAL AMOUNT for past 12 months
	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	a state GOVERNMENT employee?a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
	working WITHOUT PAY in family business or farm?	 a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. 	unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
14	For whom did this person work?		none.
I	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Yes → \$.00 No TOTAL AMOUNT for past	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
ı	Name of company, business, or other employer	12 months	12 months
	Miles third of husiness as industry, and third	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
15	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	Yes → \$.00	\$.00
	order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	None OR TOTAL AMOUNT for past 12 months
16	Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	
	manufacturing?	to an account.	
	wholesale trade?	☐ Yes → \$.00	
ı	retail trade?	□ No	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 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.

Person 5	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name		(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 foreign country, or Puerto Rico, Guam, etc.	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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	 Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 17a b. What is this language?
S Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11	c. How well does this person speak English? Very well Well Not well Not at all
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year	□ 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS)	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ 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 18
In what country was this person's FATHER born Print name of country, or Puerto Rico, Guam, etc.	Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
In what country was this person's MOTHER born Print name of country, or Puerto Rico, Guam, etc.		Name of city, town, or post office
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.	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or
 No, has not attended in the last 3 months → SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school 		Puerto Rico ZIP Code

Person 5 (c	continued
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8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months6 to 11 months1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	28	Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now marriedWidowedDivorced	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. ☐ Never served in the military → SKIP to
	e. TRICARE or other military health care	Separated	question 31a
	f. VA (including those who have ever used or enrolled for VA health care)	 Never married → SKIP to In the PAST 12 MONTHS did this person get - 	 Only on active duty for training in the Reserves or National Guard → SKIP to question 30a Now on active duty
	g. Indian Health Service	Yes No	On active duty in the past, but not now
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	When did this person serve on active duty in the
		c. Divorced?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	☐ Once ☐ Two times ☐ Three or more times ☐ In what year did this person last get married? Year ☐ Answer question 26 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 1946) November 1941 or earlier
	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	female and 15 – 50 years old. Otherwise, SKIP to question 27a.	a. Does this person have a VA service-connected disability rating?
	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	the past 12 months? Yes 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 28 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	 Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 31a 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
	L No	No → SKIP to question 28	

	Person 5 (continued)	_	
	a. LAST WEEK, did this person work for pay	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
٢	at a job (or business)?		Yes No → SKIP to question 40
ı	Yes → SKIP to question 32		No 9 3Kir to question 40
ı	No – Did not work (or retired)	How many people, including this person, usually rode to work in the car, truck, or van	20 LAST WEEK could this never house started a
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	LAST WEEK? Person(s)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
ı	Yes		Yes, could have gone to work
ı	No → SKIP to question 37a		No, because of own temporary illness
		35 What time did this person usually leave home	No, because of all other reasons (in school, etc.)
2	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	to go to work LAST WEEK? Hour Minute	When did this person last work, even for a few
ı	last week.	a.m.	days?
ı	a. Address (Number and street name)	D.m.	Within the past 12 months
ı			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	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 49
ı	name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
ı	b. Name of city, town, or post office		paid time off as work.
ı			☐ Yes → SKIP to question 42
ı	c. Is the work location inside the limits of that	Answer questions 37 – 40 if this person	□ No
ı	city or town?	did NOT work last week. Otherwise, SKIP to question 41a.	b. How many weeks DID this person work, even
	☐ Yes☐ No, outside the city/town limits	SKIP to question 41a.	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
ı	d. Name of county	37 a. LAST WEEK, was this person on layoff from	50 to 52 weeks
ı	al Hamo C. County	a job?	48 to 49 weeks
ı		☐ Yes → SKIP to question 37c	40 to 47 weeks
ı	e. Name of U.S. state or foreign country	□ No	27 to 39 weeks
ı		L LAST MEEV was this names TEMPORADII V	☐ 14 to 26 weeks
ı		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
ı	f. ZIP Code	Yes, on vacation, temporary illness,	During the DACT 12 MONTHS in the MICE/C
l		maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
ı		question 40	usually work each WEEK?
	N. 1141	No → SKIP to question 38	Usual hours worked each WEEK
5	How did this person usually get to work LAST WEEK? If this person usually used more than one	c. Has this person been informed that he or she	
ı	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	
	☐ Car, truck, or van ☐ Motorcycle	6 months OR been given a date to return to work?	
	Bus or trolley bus Bicycle	☐ Yes → SKIP to question 39	
	Streetcar or trolley car Walked	No	
	☐ Subway or elevated ☐ Worked at		
	Poilroad home → SKIP	10	
	Ferryboat to question 41a		
	Taxicab		



l.	Person 5 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
I		supervisor of order department, secretary, accountant)	☐ Yes → \$.00
Ļ	Answer questions 43 – 48 if this person worked in the past 5 years. Otherwise,		
	SKIP to question 49.		No TOTAL AMOUNT for past 12 months
	43 – 48 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person	8 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	e. Supplemental Security Income (SSI). Yes → \$
	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.	typing and filing, reconciling financial records)	No TOTAL AMOUNT for past 12 months
\$	Was this person – Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
l	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	☐ Yes → \$.00
l	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	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.)	TOTAL AMOUNT for past 12 months
l	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
l	a state GOVERNMENT employee?a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
l	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	No TOTAL AMOUNT for past 12 months
l	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
14	For whom did this person work?		none.
	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Yes → \$.00 No TOTAL AMOUNT for past	Yes → \$.00
ı	Name of company, business, or other employer	12 months	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.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
15	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)	Yes → \$.00 No TOTAL AMOUNT for past 12 months	None OR TOTAL AMOUNT for past 12 months
16	Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	
	manufacturing? wholesale trade?	to an account.	
	retail trade?	Yes → □ □ No	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
			Now continue with the mailing instructions on page 28.

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.

Form ACS-1(2013) (03-15-2012)