

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

**SURVEY PACKAGE CONTROL LIST FOR
SPECIAL SWORN STATUS (SSS)
INDIVIDUALS
AMERICAN COMMUNITY SURVEY
GROUP QUARTERS**

1. GQ Name**2. GQ Control Number****3. SSS Name****4. SSS Phone Number**

NOTE – Please return this form to the Field Representative who picks up the survey package.

Sample Resident Name (a)	Date questionnaire –				Remarks (d)	
	Distributed (b)		Collected (c)			
	Month	Day	Month	Day		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
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14.						
15.						