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



# **THE American Community Survey**

## **Start Here**

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

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

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



If you need help or have questions about completing this form, please call **1-888-595-1327.** 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 1-888-369-3615. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

<b>6</b>	Please print today	r's date.		
	Month Day	Year		
0		ame and telephone number of m. We may contact you if there i		
	Last Name			
	First Name		MI	
	Area Code + Numb	per		
•	<ul> <li>INCLUDE everyor</li> <li>INCLUDE yoursel</li> <li>INCLUDE anyone stay, even if they a</li> <li>DO NOT INCLUDE</li> </ul>	are living or staying at this and the who is living or staying here for more of the else staying here who does not here for 2 months or less. The anyone who is living somewhat a college student living away or deployment.	or more than 2 months. than 2 months. have another place to ere else for more than	
	Number of people			
		, and 4 for everyone, includin t this address for more than 2 of the form.		
F	ORM ACS-1(X)CTT		OMB No. 0607-093	

(06-09-2015) Draft 4 V2

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Person 1	Person 2
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)	What is Person 2's name?  Last Name (Please print)  First Name  MI
What is Person 1's name?	How is this person related to Person 1? Mark (X) ONE box.  Opposite-sex husband/wife/spouse Grandchild Opposite-sex unmarried partner Parent-in-law Same-sex husband/wife/spouse Son-in-law or daughter-in-law Same-sex unmarried partner Other relative Biological son or daughter Roomer or boarder Adopted son or daughter Housemate or roommate Stepson or stepdaughter Foster child Brother or sister Other nonrelative
What is Person 1's sex? Mark (X) ONE box.	Father or mother  What is Person 2's sex? Mark (X) ONE box.
Male Female  What is Person 1's age and what is Person 1's date of birth?  Please report babies as age 0 when the child is less than 1 year old.	Male Female  What is Person 2's age and what is Person 2's date of birth?  Please report babies as age 0 when the child is less than 1 year old.
Age (in years)  Print numbers in boxes.  Month Day Year of birth	Print numbers in boxes. Age (in years) Month Day Year of birth
Which categories describe Person 1? Mark all boxes that apply AND print details in the spaces below.  White — Print details, for example, German, Irish, English, etc.   ✓	Which categories describe Person 2? Mark all boxes that apply AND print details in the spaces below.  White — Print details, for example, German, Irish, English, etc.
Hispanic, Latino, or Spanish origin — Print details, for example, Mexica or Mexican American, Puerto Rican, Colombian, etc.   ✓	ican  Hispanic, Latino, or Spanish origin — Print details, for example, Mexican or Mexican American, Puerto Rican, Colombian, etc.   ✓
Black or African Am. — Print details, for example, African American, Jamaican, Nigerian, etc.	Black or African Am. — Print details, for example, African American, Jamaican, Nigerian, etc.
Asian — Print details, for example, Chinese, Asian Indian, Vietnamese, etc.	etc.   ■ Asian — Print details, for example, Chinese, Asian Indian, Vietnamese, etc.   ■ Chinese, Asian Indian, Vietnamese, etc.
American Indian or Alaska Native — Print name(s) of enrolled or princip tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Inupia Traditional Government, etc.    ▼	American Indian or Alaska Native — Print name(s) of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Inupiat Traditional Government, etc.
Middle Eastern or North African — Print details, for example, Lebanese Iranian, Egyptian, etc.	ese,  Middle Eastern or North African — Print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details, for example, Lebanese, Iranian, Egyptian, etc.   Implication print details and Iranian print details and Ira
Native Hawaiian or Other Pacific Islander — Print details, for example Native Hawaiian, Chamorro, Fijian, etc.	ple, Native Hawaiian or Other Pacific Islander — Print details, for example, Native Hawaiian, Chamorro, Fijian, etc.    ▼
Some other race, ethnicity, or origin — Print details.	Some other race, ethnicity, or origin — Print details.

	Person 3		Person 4
What is Person 3's name Last Name (Please print)	e? First Na	ime MI	1 What is Person 4's name?  Last Name (Please print) First Name
How is this person relat	ed to Person 1? M	lark (X) ONE box.	2 How is this person related to Person 1? Mark (X) ONE box.
Opposite-sex husband/ Opposite-sex unmarried Same-sex husband/wife Same-sex unmarried pa Biological son or daught Adopted son or daught Stepson or stepdaughte Brother or sister Father or mother	d partner	Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Foster child Other nonrelative	Opposite-sex husband/wife/spouse Grandchild Opposite-sex unmarried partner Parent-in-law  Same-sex husband/wife/spouse Son-in-law or daughter- Same-sex unmarried partner Other relative Biological son or daughter Roomer or boarder Adopted son or daughter Housemate or roommat Stepson or stepdaughter Foster child Brother or sister Other nonrelative Father or mother
What is Person 3's sex?	Mark (X) ONE box.		What is Person 4's sex? Mark (X) ONE box.  Male Female
Age (in years) N	te 0 when the child in the chil	s less than 1 year old. es. Year of birth  k all boxes that apply AND	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 numbers in boxes.  Age (in years)  Month  Day  Year of birth  Which categories describe Person 4? Mark all boxes that apply Apprint details in the spaces below.  White — Print details, for example, German, Irish, English, etc.   White — Print details, for example, German, Irish, English, etc.   White — Print details, for example, German, Irish, English, etc.   White — Print details, for example, German, Irish, English, etc.
Hispanic, Latino, or S or Mexican American, F		t details, for example, Mexican In, etc. ⊋	Hispanic, Latino, or Spanish origin — Print details, for example, Mex or Mexican American, Puerto Rican, Colombian, etc.   ✓
Black or African Am. Jamaican, Nigerian, etc.	— Print details, for ex c. ⊋	rample, African American,	Black or African Am. — Print details, for example, African American, Jamaican, Nigerian, etc.   ✓
Asian — Print details,	for example, Chinese,	Asian Indian, Vietnamese, etc. ;	Asian — Print details, for example, Chinese, Asian Indian, Vietnamese,
American Indian or Al tribe(s), for example, Na Traditional Government	avajo Nation, Mayan, N	name(s) of enrolled or principal ative Village of Barrow Inupiat	American Indian or Alaska Native — Print name(s) of enrolled or print tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Indianal Government, etc.
Middle Eastern or No Iranian, Egyptian, etc.		letails, for example, Lebanese,	Middle Eastern or North African — Print details, for example, Leban Iranian, Egyptian, etc.   ✓
Native Hawaiian or O Native Hawaiian, Cham		r — Print details, for example,	Native Hawaiian or Other Pacific Islander — Print details, for exam Native Hawaiian, Chamorro, Fijian, etc.    ▼
Some other race, eth	nicity, or origin — P	rint details. 굳	Some other race, ethnicity, or origin — Print details.

print				If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.  We may call you for more information about them.   ———————————————————————————————————			
	Last I	Name ( <i>Please print</i> )	First Name	MI	Person 6  Last Name (Please print)	First Name	MI
2	How	is this person related to Perso	on 1? Mark (X) ONE box.		Last Name (Flease print)	i iist ivailie	
		Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter	Grandchild Parent-in-law Son-in-law or dau Other relative Roomer or boards	C	Sex  Male Female  Person 7  Last Name (Please print)	Age (in years)  First Name	MI
2		Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother  It is Person 5's sex? Mark (X) ON	Housemate or roo Foster child Other nonrelative	)	Sex  Male Female	Age (in years)	
4	Wha Pleas	Male Female  It is Person 5's age and what is se report babies as age 0 when the Print numbers in years)  Print numbers Month Day	s Person 5's date of birt e child is less than 1 year s in boxes.	th?	Last Name (Please print)	First Name	MI
5	Whic	ch categories describe Person ! t details in the spaces below.  White — Print details, for example, G	5? Mark all boxes that ap	oply <b>AND</b>	Sex Male Female  Person 9  Last Name (Please print)	Age (in years)  First Name	MI
		<b>Hispanic, Latino, or Spanish origir</b> or Mexican American, Puerto Rican, C	<b>n</b> — Print details, for exampl	le, Mexican	Sex Male Female  Person 10  Last Name (Please print)	Age (in years)	MI
		Black or African Am. — Print details Jamaican, Nigerian, etc.   Asian — Print details, for example, C			Sex Male Female	Age (in years)	
		American Indian or Alaska Native tribe(s), for example, Navajo Nation, National Government, etc.	— Print name(s) of enrolled ( Wayan, Native Village of Barr	or principal	Person 11  Last Name (Please print)	First Name	MI
		Middle Eastern or North African - Iranian, Egyptian, etc.	– Print details, for example,		Sex  Male Female  Person 12	Age (in years)	
		Native Hawaiian or Other Pacific Native Hawaiian, Chamorro, Fijian, et	tc. 🗸		Last Name (Please print)	First Name	MI
		Some other race, ethnicity, or original contents of the conten	gin — Print details. ⊋		Sex Male Female	Age (in years)	

# Housing

	Housing	Answer questions 4 and 5 if this is a	Does this house, apartment, or mobile
		HOUSE OR A MOBILE HOME; otherwise,	home have - Yes No
	Please answer the following questions about the house,	SKIP to question 6a.	a. hot and cold running water?
	apartment, or mobile home at the address on the mailing label.		b. a bathtub or shower?
	address on the maining label.	How many acres is this house or mobile home on?	c. a sink with a faucet?
1	Which best describes this building? Include all apartments, flats, etc., even if	Less than 1 acre → SKIP to question 6a	d. a stove or range?
	vacant.	1 to 9.9 acres	e. a refrigerator?
	A mobile home	10 or more acres	8 Can you or any member of this household
	A one-family house detached from any	To or more agree	both make and receive phone calls when at this house, apartment, or mobile home?
	other house  A one-family house attached to one or	IN THE PAST 12 MONTHS, what	Include calls using cell phones, land lines, or other phone devices.
	more houses	were the actual sales of all agricultural products from this property?	Yes
	A building with 2 apartments		□ No
	A building with 3 or 4 apartments	None	9 At this house, apartment, or mobile home –
	A building with 5 to 9 apartments	\$1 to \$999	do you or any member of this household own or use any of the following types of
	A building with 10 to 19 apartments	\$1,000 to \$2,499	computers?  Yes No
	A building with 20 to 49 apartments	\$2,500 to \$4,999	a. Desktop or laptop
	A building with 50 or more apartments	\$5,000 to \$9,999	b. Smartphone
	Boat, RV, van, etc.	\$10,000 or more	c. Tablet or other portable
			d. Some other type of computer
		a. How many separate rooms are in this house, apartment, or mobile home?	Specify Z
2	About when was this building first built?	Rooms must be separated by built-in	
	2000 or later – Specify year	archways or walls that extend out at least 6 inches and go from floor to ceiling.	O At this house, apartment, or mobile home –
		INCLUDE bedrooms, kitchens, etc.	do you or any member of this household have access to the Internet?
		<ul> <li>EXCLUDE bathrooms, porches, balconies,</li> </ul>	Yes, by paying a cell phone company or
	1990 to 1999	foyers, halls, or unfinished basements.  Number of rooms	Internet service provider
	1980 to 1989	Number of rooms	Yes, without paying a cell phone company or Internet service provider → SKIP to
	1970 to 1979		question 12
	1960 to 1969	b. How many of these rooms are bedrooms?	No access to the Internet at this house, apartment, or mobile home → SKIP to
	1950 to 1959	Count as bedrooms those rooms you would	question 12
	1940 to 1949	list if this house, apartment, or mobile home were for sale or rent. If this is an	Do you or any member of this household have access to the Internet using a –
	1939 or earlier	efficiency/studio apartment, print "0".	a. Cellular data plan for a
		Number of bedrooms	smartphone or other mobile device?
	When did PERSON 1 (listed on page 2)		b. Broadband (high speed)
Ì	move into this house, apartment, or		Internet service such as cable, fiber optic, or DSL service installed in this household?
	mobile home?  Month Year		c. Satellite Internet service
	World Teal		installed in this household?  d. Dial-up Internet service
			installed in this household?
			e. Some other service?  Specify service   □ □ □
-1			

# **Housing (continued)**

2	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?  Last month's cost – Dollars	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks
2	of one-ton capacity or less are kept at home for use by members of this		or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include

Housing	(continued)
Housing (	(Oonthinaca,

Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	household have a mortgage, deed trust, contract to purchase, or sim debt on THIS property?  Yes, mortgage, deed of trust, or sidebt
	Yes, contract to purchase
a. What is the monthly rent for this house, apartment, or mobile home?	No → SKIP to question 23a
Monthly amount – <i>Dollars</i> \$	b. How much is the regular monthly mortgage payment on THIS proper Include payment only on FIRST mortgor contract to purchase.
b. Does the monthly rent include any meals?	Monthly amount – Dollars
Yes	\$ 00,000.00
L No	OR
member of this household OWNS	No regular payment required → a question 23a
or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to <b>E</b> .	c. Does the regular monthly mortgag payment include payments for rea estate taxes on THIS property?
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?	Yes, taxes included in mortgage payment  No, taxes paid separately or taxe not required
Amount – Dollars \$ 0,000	d. Does the regular monthly mortgag payment include payments for fire hazard, or flood insurance on THIS property?
What are the annual real estate taxes on THIS property?	Yes, insurance included in mortg payment
Annual amount – Dollars	No, insurance paid separately or insurance
ΟR	
None	
What is the annual payment for fire, hazard, and flood insurance on THIS property?	
Annual amount – <i>Dollars</i>	
\$ 0,000.00	
OR	
None	
	a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount - Dollars  \$

22 a. Do you or any member of this

er of this ortgage, deed of ochase, or similar y?	3 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?		
eed of trust, or similar	Yes, home equity loan		
urchase	Yes, second mortgage		
stion 23a	Yes, second mortgage and home equity loan		
	$\square$ No $\rightarrow$ SKIP to $\square$		
ular monthly n THIS property? on FIRST mortgage dars	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		
	\$ .00		
ent required → SKIP to	OR  No regular payment required		
nthly mortgage ments for real			
property?			
d in mortgage	HOME. Otherwise, SKIP to <b>E</b> .		
parately or taxes			
nthly mortgage ments for fire, rance on THIS	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.		
luded in mortgage Annual costs – Dollars			
d separately or no	\$ 00,000.00		

Ŀ	Answer questions about PERSON 1 on the
٦	next page if you listed at least one person
	on page 2. Otherwise, SKIP to page 28 for
	the mailing instructions.
1	

Person	1

Please copy the name of Person 1 from page 2, then continue answering questions below.	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	What is this person's ancestry or ethnic origin?
Last Name	NO SCHOOLING COMPLETED	
	No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
First Name MI	Nursery school	Nigerian, Mexican, Taiwanese, Oktainian, and So on.)
	Kindergarten	a. Does this person speak a language other than English at home?
Where was this person born?	☐ Grade 1 through 11 – <i>Specify</i> grade 1 – 11 →	Yes
In the United States – <i>Print name of state.</i>	grade 1 – 11	No → SKIP to question 14a
		b. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA	
	HIGH SCHOOL GRADUATE	For everyle Karsen Italian Chaniel Vietnemass
	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
Is this person a citizen of the United States?	GED or alternative credential	c. How well does this person speak English?
Yes, born in the United States → SKIP to question 9a	COLLEGE OR SOME COLLEGE	Very well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Some college credit, but less than 1 year of college credit	Well
Yes, born abroad of U.S. citizen parent or parents	1 or more years of college credit, no degree	Not well
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization	Associate's degree (for example: AA, AS)	Not at all
	Bachelor's degree (for example: BA, BS)	a. Did this person live in this house or apartmen
	AFTER BACHELOR'S DEGREE	1 year ago?
No, not a U.S. citizen	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Person is under 1 year old → SKIP to question 15
When did this person come to live in the		Vac this haves > CVID to meeting 15
United States? If this person came to live in United States more than once, print latest year.	Professional degree beyond a bachelor's degre (for example: MD, DDS, DVM, LLB, JD)	;e
Year	Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15
		then Skir to question 15
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?	Answer question 11 if this person has a	
Include only nursery or preschool, kindergarten, elementary school, home school, and schooling	bachelor's degree or higher. Otherwise, SKIP to question 12.	No, different house in the United States or Puerto Rico
which leads to a high school diploma or a college	ONIT to question 12.	
degree.		b. Where did this person live 1 year ago?
No, has not attended in the last 3 months → SKIP to question 10		Address (Number and street name)
Yes, public school, public college	This question focuses on this person's BACHELOR'S DEGREE. Please print below the	
Yes, private school, private college, home school	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
b. What grade or level was this person attending?  Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Nursery school, preschool		
Kindergarten		Name of U.S. county or municipio in Puerto Rico
Grade 1 through 12 – Specify grade 1 – 12		
		Name of U.S. state or
College undergraduate years (freshman to senior)		Puerto Rico ZIP Code
Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		



# Person 1 (continued)

•	Is this person CURRENTLY covered by any of t following types of health insurance or health		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 25a.
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a – h.	18	a. Because of a physical, mental, or emotional		Handhia manan niman bindh da ann abildann in
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.		condition, does this person have serious difficulty concentrating, remembering, or making decisions?	24	Has this person given birth to any children in the past 12 months?  Yes
	a. Insurance through a current or former employer or union (of this person or another family member)		☐ Yes ☐ No	25	a. Does this person have any of his/her own
	b. Medicare, for people 65 and older, or people with certain disabilities		b. Does this person have serious difficulty walking or climbing stairs?		grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or any kind of state- or government-assistance plan		Yes		Yes  No → SKIP to question 26
	for those with low income		No		
	<ul> <li>d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state</li> </ul>		c. Does this person have difficulty dressing or bathing?		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?
	website (by this person or another family member)		Yes		Yes
	e. TRICARE or other military health care		No		No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)	0	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to		c. How long has this grandparent been responsible for these grandchildren?
	g. Indian Health Service		the questions for Person 2 on page 12.		If the grandparent is financially responsible for more than one grandchild, answer the question
	h. Other type of health coverage NOT listed above – <i>Specify</i> □				for the grandchild for whom the grandparent has been responsible for the longest period of time.
		19	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
i	Answer question 16a if this person is		Yes		3 or 4 years
	covered by health insurance. Otherwise, SKIP to question 17a.		No		5 or more years
	Skii to question 17a.	20	What is this person's marital status?		
3	a. Does this person or another family member		Now married	26	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.
	pay a premium for this health insurance pla A premium is a fixed amount of money paid on a	nr	Widowed		Never served in the military $\rightarrow$ <i>SKIP to</i>
	regular basis for health coverage. It does not include copays, deductibles, or other expenses		Divorced		question 29a
	such as prescription costs.  Yes		Separated Separated		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	No → SKIP to question 17a		Never married → SKIP to <b>J</b>		Now on active duty
	b. Based on family income, does this person of	21	In the PAST 12 MONTHS did this person get -		On active duty in the past, but not now
	another family member receive financial assistance through a subsidy or tax credit to		Yes No	27	When did this person serve on active duty in the
	help pay part or all of the cost of the premiu for this plan?	m	a. Married?		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the
	Yes				period.
	□ No		c. Divorced?		September 2001 or later  August 1990 to August 2001 (including
	a. Is this person deaf or does he/she have serious difficulty hearing?		How many times has this person been married?  Once		August 1990 to August 2001 (including Persian Gulf War)  May 1975 to July 1990
	Yes		Two times		Vietnam era (August 1964 to April 1975)
	□ No		Three or more times		February 1955 to July 1964
	b. Is this person blind or does he/she have				Korean War (July 1950 to January 1955)
	serious difficulty seeing even when wearing glasses?	23	In what year did this person last get married? Year		January 1947 to June 1950
					World War II (December 1941 to December 1946)
	☐ Yes				November 1941 or earlier
	L No				

Person 1	(continued)
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28	) a	. Does this person have a VA service-connected	31 1	WE	w did this person usually EK? Mark ONE box for the sportation used for most of	meth	nod of	35	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
		disability rating?			Car, truck, or van		Taxicab		Yes → SKIP to question 37
		Yes (such as 0%, 10%, 20%,, 100%)		H	Bus		Motorcycle		□ No
		No → SKIP to question 29a		H		H	·		
	b	. What is this person's service-connected disability rating?		H	Subway or elevated rail	H		36	
		O percent			Long-distance train or commuter rail	H	Walked	T	ACTIVELY looking for work?
		10 or 20 percent			Light rail, streetcar, or trolley	Ш	Worked from home → SKIP to question 39a		<ul><li>Yes</li><li>No → SKIP to question 38</li></ul>
ı		30 or 40 percent			Ferryboat		Other method		
ı		50 or 60 percent			,		(	37	LAST WEEK, could this person have started a
l		70 percent or higher	K		swer question 32 if you r			T	job if offered one, or returned to work if recalled?
			T		ck, or van" in question 3° 'P to question 33.	1. Ot	therwise,		Yes, could have gone to work
*	a	. LAST WEEK, did this person work for pay at a job (or business)?	ŀ	JIVI	i to question 55.				No, because of own temporary illness
		Yes → SKIP to question 30	20						No, because of all other reasons (in school, etc.)
		No – Did not work (or retired)	32	usu	w many people, including ally rode to work in the				- 140, because of all other reasons (in school, etc.)
	b	. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?			ST WEEK? son(s)		(	38	When did this person last work, even for a few days?
ı		Yes							Within the past 12 months
ı				L					
30	) 4	at what location did this person work LAST	33	LAS	ST WEEK, what time did t	this p	person's trip to		1 to 5 years ago → SKIP to M
Î	ľV	VEEK? If this person worked at more than one ocation, print where he or she worked most		WO	rk usually begin?	·	•		Over 5 years ago or never worked → SKIP to question 42
ı	la	ast week.		Hou		a.m.			
	а	. Address (Number and street name)				p.m.		39	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service
ı			34		v many minutes did it us	ually	y take this		as work.
		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.		per	son to get from home to utes	worl	k LAST WEEK?		Yes → SKIP to question 40 No
ı	b	. Name of city, town, or post office							
l									b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include
ı			$\perp$			c ·			paid time off and include weeks when the person only worked for a few hours.
ı	C	. Is the work location inside the limits of that city or town?	Y		swer questions 35 – 38 if NOT work last week. Ot				Weeks
				to c	question 39a.				
		Yes  No, outside the city/town limits							
	اء	. Name of county	35		AST WEEK, was this pers	son (		40	During the DACT 12 MONTHS in the MICEUS
l	u	. Name of county		ä	ijob?	. 05	· ·	40	WORKED, how many hours did this person
ı					Yes → SKIP to question No	n 350	;		usually work each WEEK? Usual hours worked each WEEK
	е	. Name of U.S. state or foreign country							COULT HOUSE WORKER CHOIL WEEK
					AST WEEK, was this per bsent from a job or busin				
	f	ZIP Code			Yes, on vacation, temp maternity leave, other reasons, bad weather,	fami	lv/personal		
					question 38	etc.	7 SKIF. W		
					No → SKIP to question	36			



## **Person 1 (continued)**

M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

**DESCRIPTION OF EMPLOYMENT** 

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	SECTOR	<b>EMPLOYEE</b>
----------------	--------	-----------------

	For-profit	company	or orga	anizatior
	. o. p. o	company	0. 0.9	aa

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city or	r
county school district)	

**State government** (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

bullating plane for work dotaile,								

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

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

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

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

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

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

	Yes →	\$						.00
		,			,			
ш	No	тот	٦Δ١	ΔΜΟΙ	INIT	for	nac	t

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

12 months

Yes →	\$ 000 000 .00	
No	TOTAL AMOUNT for past	Los

12 months

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

	Yes →	\$ .00	
	N.1	, ,	
ш	No	TOTAL AMOUNT for past	Loss

12 months

d. Social Security or Railroad Retirement.

Yes →	\$00,000.	00
No	TOTAL AMOUNT for p	ast

e. Supplemental Security Income (SSI).

Yes →	\$00,000.	00
No	TOTAL AMOUNT for p	as

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

	Yes →	\$00,000.	00
Ш	No	TOTAL AMOUNT for p	ast

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes	Yes →	\$ 000,000.00
	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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



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	12 What is this person's ancestry or ethnic origin?
No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on
	a. Does this person speak a language other than English at home?  Yes No → SKIP to question 14a
12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma	b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	<ul> <li>Very well</li> <li>Well</li> <li>Not well</li> <li>Not at all</li> </ul> 14 a. Did this person live in this house or apartmen 1 year ago? <ul> <li>Person is under 1 year old → SKIP to question 15</li> </ul>
Answer question 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.	No, different house in the United States or Puerto Rico
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)	b. Where did this person live 1 year ago? Address (Number and street name)  Name of city, town, or post office  Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code
	NURSERY OR PRESCHOOL THROUGH GRADE 12    Nursery school     Kindergarten     Grade 1 through 11 - Specify grade 1 - 11     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)     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: PhD, EdD)     Doctorate degree (for example: PhD, EdD)      F Answer question 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.



# Person 2 (continued)

	-		Answer question 18a – c if this person is	Answer question 24 if this person is
•	Is this person CURRENTLY covered by an	v of the	5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	female and 15 – 50 years old. Otherwise, SKIP to question 25a.
	following types of health insurance or he	ealth	and queenene for a cross of our page for	oran to question zon
	coverage plans? Mark "Yes" or "No" for EAC of coverage in items a – h.	.н type <b>1</b> 8	a. Because of a physical, mental, or emotional	Has this person given birth to any children in
	Do NOT include plans that cover only one typ		condition, does this person have serious difficulty concentrating, remembering, or	Has this person given birth to any children in the past 12 months?
	service, such as dental, drug or vision plans.		making decisions?	Yes
	a. modranoo umoagn a oamoni or	s No	Yes	No
	former employer or union (of this person or another family member)			a. Does this person have any of his/her own
	b. Medicare, for people 65 and older,			grandchildren under the age of 18 living in
	or people with certain disabilities  c. Medicaid, Medical Assistance, or		<ul><li>b. Does this person have serious difficulty walking or climbing stairs?</li></ul>	this house or apartment?
	any kind of state- or		Yes	Yes
	government-assistance plan for those with low income		□ No	No → SKIP to question 26
	d. Insurance purchased directly from		c. Does this person have difficulty dressing or	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren
	an insurance company or through a State or Federal Marketplace,		bathing?	under the age of 18 who live in this house or
	HealthCare.gov, or a similar state website (by this person or another		Yes	apartment?
	family member)		□ No	Yes
	e. TRICARE or other military health care			No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)		Answer question 19 if this person is	c. How long has this grandparent been responsible for these grandchildren?
	g. Indian Health Service		15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	If the grandparent is financially responsible for more than one grandchild, answer the question
			the questions for Person 3 on page 16.	for the grandchild for whom the grandparent has
	h. Other type of health coverage NOT listed above – <i>Specify</i>	19	Because of a physical, mental, or emotional	been responsible for the longest period of time.
		T T	condition, does this person have difficulty	Less than 6 months
			doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
	Answer question 16a if this person is		Yes	1 or 2 years
	covered by health insurance. Otherwise,	,	□ No	3 or 4 years
	SKIP to question 17a.		NO	5 or more years
		20	What is this person's marital status?	Has this person ever served on active duty in the
6	a. Does this person or another family me pay a premium for this health insurance	mber	Now married	U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.
	A premium is a fixed amount of money part	id on a	Widowed	Never served in the military → SKIP to
	regular basis for health coverage. It does n include copays, deductibles, or other expe	nses	Divorced	question 29a
	such as prescription costs.		Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	Yes		Never married → SKIP to <b>J</b>	Now on active duty
	No → SKIP to question 17a		In the DACT 12 MONTHS JULY	
	b. Based on family income, does this pers	son or	In the PAST 12 MONTHS did this person get –  Yes No	On active duty in the past, but not now
	another family member receive financ assistance through a subsidy or tax cre	edit to	a. Married?	When did this person serve on active duty in the
	help pay part or all of the cost of the p for this plan?	remium		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the
			b. Widowed?	period.
	☐ Yes		c. Divorced?	September 2001 or later
	□ No	22	How many times has this person been married?	August 1990 to August 2001 (including Persian Gulf War)
	a. Is this person deaf or does he/she have serious difficulty hearing?	Ì	Once	May 1975 to July 1990
	Yes		☐ Two times	☐ Vietnam era (August 1964 to April 1975)
	No		Three or more times	February 1955 to July 1964
	b. Is this person blind or does he/she have			Korean War (July 1950 to January 1955)
	serious difficulty seeing even when we		In what year did this person last get married? Year	January 1947 to June 1950
	glasses?		Tour	World War II (December 1941 to December 1946)
	Yes			November 1941 or earlier
	No			

Person 2 (c	ontinued
-------------	----------

		31	How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.  35 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to	)
8	a. Does this person have a VA service-connected disability rating?	l	work?	
	Yes (such as 0%, 10%, 20%,, 100%)		<ul><li>□ Car, truck, or van</li><li>□ Taxicab</li><li>□ Yes → SKIP to question 37</li></ul>	
	No $\rightarrow$ SKIP to question 29a		☐ Bus ☐ Motorcycle ☐ No	
	b. What is this person's service-connected		☐ Subway or elevated rail ☐ Bicycle	
	disability rating?		Long-distance train or Walked Walked Walked Walked Walked Walked Walked	n
	0 percent		commuter rail  Worked from Yes	
	10 or 20 percent		Light rail, streetcar, home $\rightarrow$ SKIP or trolley to question 39a $\square$ No $\rightarrow$ SKIP to question 38	
	30 or 40 percent		☐ Ferryboat ☐ Other method	
	50 or 60 percent		LAST WEEK, could this person have started a job if offered one, or returned to work if	
	70 percent or higher	K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	
9	a. LAST WEEK, did this person work for pay		SKIP to question 33.	
	at a job (or business)?		No, because of own temporary illness	
	Yes → SKIP to question 30	32	How many people, including this person,	:c.)
	No – Did not work (or retired)		usually rode to work in the car, truck, or van LAST WEEK?	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		Person(s) When did this person last work, even for a few days?	
	Yes		Within the past 12 months	
	$\square$ No → SKIP to question 35a		☐ 1 to 5 years ago → SKIP to M	
30	At What loodtion and this portion from EAO	33	LAST WEEK, what time did this person's trip to	
	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most		work usually begin?  Hour Minute  Uver 5 years ago or never worked → SKIP to question 42	
	a. Address (Number and street name)		a.m. 39 a. During the PAST 12 MONTHS (52 weeks), die	d
	a. Address (willing and street name)		p.m. this person work EVERY week? Count paid vacation, paid sick leave, and military service	
			How many minutes did it usually take this	
	If the exact address is not known, give a description of the location such as the building	9	person to get from home to work LAST WEEK? Yes → SKIP to question 40	
	name or the nearest street or intersection.		Minutes	
	b. Name of city, town, or post office		b. During the PAST 12 MONTHS (52 weeks), ho many WEEKS did this person work? Include	w
			paid time off and include weeks when the	
	c. Is the work location inside the limits of that	Ĺ	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP  person only worked for a few hours.  Weeks	
	city or town?		to question 39a.	
	Yes			
		35	a. LAST WEEK, was this person on layoff from	
	d. Name of county		a job?  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	
			Yes → SKIP to question 35c usually work each WEEK?	
	e. Name of U.S. state or foreign country		No Usual hours worked each WEEK	
			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal	
			reasons, bad weather, etc. → SKIP to question 38	
			No → SKIP to question 36	



## Person 2 (continued)

M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

**DESCRIPTION OF EMPLOYMENT** 

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	CECTOR	EMADL	OVEE
PRIVAIL	SECIUR	CIVIPL	UTEE

ш	For-profit	company or	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city o
county school district)

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

_	_	 	_

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

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

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

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

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

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

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

	Yes →	\$						.00
		,			,			
Ш	No	TOT	Δ 1Δ	MOI	INIT :	for r	าลร	t

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

12 months

Yes →	\$ 00.00	
No	TOTAL AMOUNT for past	Loss

12 months

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

	Yes →	\$ 0,000,000.00	
ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

Yes →	\$ 00,0	.00
No	TOTAL AMOU	JNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.0	0
Ш	No	TOTAL AMOUNT for pa	S

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

	Yes →	\$ 00,000.	00
Ш	No	TOTAL AMOUNT for p	ast

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	.00
No	TOTAL AMOUNT for post
	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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
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ı	reison 5	10 What is the highest degree or level of school What is this person's ancestry or ethnic origin?
<b>→</b>	Please copy the name of Person 3 from page 3,	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
T	then continue answering questions below.	NO SCHOOLING COMPLETED
ı	Last Name	No schooling completed (For example: Italian, Jamaican, African Am.,
ı		NURSERY OR PRESCHOOL THROUGH GRADE 12  Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
ı	First Name MI	Nursery school  Nursery school
ı		Kindergarten  13 a. Does this person speak a language other than
		English at home?
6	Where was this person born?	Grade 1 through 11 – Specify grade 1 – 11 – Yes
ı	In the United States – Print name of state.	$\square$ No → SKIP to question 14a
ı		b. What is this language?
ı	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA
ı	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HIGH SCHOOL GRADUATE
		Regular high school diploma
7	Is this person a citizen of the United States?	c. How well does this person speak English?
ı	Yes, born in the United States → SKIP to question 9a	COLLEGE OR SOME COLLEGE  Very well
ı	•	Some college credit, but less than 1 year of Well
ı	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	college credit  Not well
ı	Yes, born abroad of U.S. citizen parent or parents	1 or more years of college credit, no degree  Not at all
	Yes, U.S. citizen by naturalization – <i>Print year</i>	Associate's degree (for example: AA, AS)
ı	or naturalization	Bachelor's degree (for example: BA, BS)  14 a. Did this person live in this house or apartment
ı		AFTER BACHELOR'S DEGREE 1 year ago?
ı	No, not a U.S. citizen	Master's degree (for example: MA, MS, MEng,  MEDIAN MENU MARAL  Person is under 1 year old → SKIP to question 15
8	When did this person come to live in the	Wied, WISW, WIBA)
T	United States? If this person came to live in United States more than once, print latest year.	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  No, outside the United States and
ı	Year	Doctorate degree (for example: PhD, EdD)  No, outside the office States and Puerto Rico – Print name of foreign country,
ı		Doctorate degree (for example: PhD, EdD) Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15
9	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?	Answer question 11 if this person has a
ı	Include only nursery or preschool, kindergarten, elementary school, home school, and schooling	bachelor's degree or higher. Otherwise, SKIP to question 12.
ı	which leads to a high school diploma or a college	SKIP to question 12. Puerto Rico
ı	degree.	b. Where did this person live 1 year ago?
ı	No, has not attended in the last 3 months → SKIP to question 10	Address (Number and street name)  This question focuses on this person's
ı	Yes, public school, public college	BACHELOR'S DEGREE. Please print below the
ı	<ul> <li>Yes, private school, private college, home school</li> </ul>	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical
	b. What grade or level was this person attending Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)  Name of city, town, or post office
	Nursery school, preschool	
	Kindergarten	Name of U.S. county or
	Grade 1 through 12 – Specify	municipio in Puerto Rico
	grade 1 – 12 –	
		Name of U.S. state or
	College undergraduate years (freshman to	Puerto Rico ZIP Code
	senior) Graduate or professional school beyond a	
	bachelor's degree (for example: MA or PhD	



# Person 3 (continued)

Is this person CURRENTLY covered by any of the following types of health insurance or health	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Do NOT include plans that cover only one type of	difficulty concentrating, remembering, or	Has this person given birth to any children in the past 12 months?
a. Insurance through a current or former employer or union (of this person or another family member)  b. Medicare, for people 65 and older, or people with certain disabilities  c. Medicaid, Medical Assistance, or any kind of state- or government-assistance plan for those with low income  d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website (by this person or another family member)	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	<ul> <li>Yes</li> <li>No</li> <li>a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</li> <li>Yes</li> <li>No → SKIP to question 26</li> <li>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?</li> <li>Yes</li> </ul>
e. TRICARE or other military health care  f. VA (including those who have ever used or enrolled for VA health care)  g. Indian Health Service  h. Other type of health coverage NOT listed above − Specify   □	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	<ul> <li>No → SKIP to question 26</li> <li>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.     </li> </ul>
	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
	<ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> <li>Never married → SKIP to J</li> </ul>	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.  Never served in the military → SKIP to question 29a  Only on active duty for training in the Reserves or National Guard → SKIP to question 28a  Now on active duty
b. Based on family income, does this person or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?	b. Widowed?	On active duty in the past, but not now  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.
a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No	c. Divorced?  How many times has this person been married?  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
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No	In what year did this person last get married? Year	<ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul>

Person 3	(continued
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0		31 ,	How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.  35 c. Has this person been informed that he or showill be recalled to work within the next 6 months OR been given a date to return to	e
9	<ul> <li>a. Does this person have a VA service-connected disability rating?</li> </ul>	ı	work?	
	Yes (such as 0%, 10%, 20%,, 100%)		Car, truck, or van Taxicab Yes → SKIP to question 37	
	No → SKIP to question 29a		☐ Bus ☐ Motorcycle ☐ No	
	b. What is this person's service-connected		Subway or elevated rail  Bicycle  Bicycle  During the LAST 4 WEEKS, has this person bee	en
	disability rating?		Long-distance train or Walked ACTIVELY looking for work?	
	☐ 0 percent		Worked from  Yes  Light rail, streetcar, home → SKIP	
	10 or 20 percent		or trolley $to question 39a$ No $\rightarrow SKIP to question 38$	
	30 or 40 percent		Ferryboat Other method	
	50 or 60 percent		LAST WEEK, could this person have started a job if offered one, or returned to work if	
	70 percent or higher	K	Answer question 32 if you marked "Car, recalled?	
9	a. LAST WEEK, did this person work for pay		truck, or van" in question 31. Otherwise, SKIP to question 33.  Yes, could have gone to work	
	at a job (or business)?		No, because of own temporary illness	
	Yes → SKIP to question 30	20	How many people, including this person,  No, because of all other reasons (in school, et	etc.)
	No – Did not work (or retired)	Y	usually rode to work in the car, truck, or van	20.7
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		Person(s)  When did this person last work, even for a few days?	,
	Yes		Within the past 12 months	
	$\Box$ No → SKIP to question 35a			
0		33	LAST WEEK, what time did this person's trip to  1 to 5 years ago → SKIP to M	
	WEEK? If this person worked at more than one location, print where he or she worked most		work usually begin? $\square$ Over 5 years ago or never worked $\rightarrow$ SKIP to question 42	
	last week.		Hour Minute a.m.	
	a. Address (Number and street name)		p.m.  39 a. During the PAST 12 MONTHS (52 weeks), di this person work EVERY week? Count paid vacation, paid sick leave, and military service.	
		34	as work.	
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.		person to get from home to work LAST WEEK?  Yes → SKIP to question 40  No	
	b. Name of city, town, or post office			
			b. During the PAST 12 MONTHS (52 weeks), he many WEEKS did this person work? Include	ow
			paid time off and include weeks when the person only worked for a few hours.	
	c. Is the work location inside the limits of that city or town?	F	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP Weeks	
	Yes		to question 39a.	
	No, outside the city/town limits			
	d. Name of county	35	a. LAST WEEK, was this person on layoff from a job?  40 During the PAST 12 MONTHS, in the WEEKS	
	a. Hamo or odancy		WORKED, how many hours did this person usually work each WEEK?	
	No see a CH O a Color of Color		□ No Usual hours worked each WEEK	
	e. Name of U.S. state or foreign country		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP. to question 38	
			No → SKIP to question 36	



## **Person 3 (continued)**



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

# **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

#### **PRIVATE SECTOR EMPLOYEE**

	For-profit	company	, or	organization
	For-protit	company	10 \	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city o
county school district)

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review

building pl	ans for work	details)	

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

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

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

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

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

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

	Yes →	\$						.00
		,			,			
ш	No	тот	٦Δ١	ΔΜΟΙ	INIT	for	nac	t

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

12 months

	Yes →	\$ .00	
	No	, ,	
ш	NO	TOTAL AMOUNT for past	Loss

12 months

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

	Yes →	\$ .00	
	NI.	, ,	
ш	No	TOTAL AMOUNT for past	Loss

12 months

d. Social Security or Railroad Retirement.

☐ Yes →	\$ 00,000.00
No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.0	0
Ш	No	TOTAL AMOUNT for pa	S

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

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

	Yes →	\$ 000,000.00
	No	TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 0,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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.



		13056205
	Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
	First Name MI	Nursery school  Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
6	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.	Kindergarten   Grade 1 through 11 – Specify grade 1 – 11 –   Yes   No → SKIP to question 14a     Light School Graduate   Light School Graduate   For example: Korean, Italian, Spanish, Vietnamese   For example: Korean, Italian, Ital
8	Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 9a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in the United States? If this person came to live in United States more than once, print latest year. Year	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)  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)  Regular high school diploma  Very well  Not well  Not at all  Not at all  Person is under 1 year old → SKIP to question 15  Yes, this house → SKIP to question 15  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 15
9	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	Answer question 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.  No, different house in the United States or Puerto Rico
	<ul> <li>No, has not attended in the last 3 months → SKIP to question 10</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> <li>What grade or level was this person attending Mark (X) ONE box.</li> <li>Nursery school, preschool</li> <li>Kindergarten</li> <li>Grade 1 through 12 - Specify grade 1 - 12</li> <li>College undergraduate years (freshman to</li> </ul>	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 city, town, or post office  Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  Name of U.S. state or Puerto Rico
ı	senior)	



# Person 4 (continued)

3	Is this person CURRENTLY covered by any of the	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.
	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type	and quoditions for Foreign Compage 2 in	entin to quoditon zour
	of coverage in items a – h.	a. Because of a physical, mental, or emotional condition, does this person have serious	4 Has this person given birth to any children in
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.	difficulty concentrating, remembering, or making decisions?	the past 12 months?  Yes
	a. Insurance through a current or former employer or union (of this person or another family member)	☐ Yes ☐ No	□ No
	b. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or	walking or climbing stairs?	Yes
	any kind of state- or government-assistance plan for those with low income	☐ Yes ☐ No	No → SKIP to question 26
	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace,	c. Does this person have difficulty dressing or bathing?	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
	HealthCare.gov, or a similar state website (by this person or another	Yes	apartment?
	e. TRICARE or other military health care	No	No → SKIP to question 26
	f. VA (including those who have ever used or enrolled for VA health care)	Answer question 19 if this person is	c. How long has this grandparent been responsible for these grandchildren?
		15 years old or over. Otherwise, SKIP to	responsible for these grandchildren? If the grandparent is financially responsible for
	g. Indian Health Service h. Other type of health coverage NOT	the questions for Person 5 on page 24.	more than one grandchild, answer the question for the grandchild for whom the grandparent has
	listed above – Specify Z	Because of a physical, mental, or emotional	been responsible for the longest period of time.
		condition, does this person have difficulty doing errands alone such as visiting a doctor's	Less than 6 months
		office or shopping?	6 to 11 months 1 or 2 years
	Answer question 16a if this person is	Yes	3 or 4 years
	covered by health insurance. Otherwise, SKIP to question 17a.	□ No	5 or more years
	Emiliar to quodilen 17 al	What is this person's marital status?	G Has this names away sawyad an active duty in the
6	a. Does this person or another family member	Now married	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a	Widowed	Mark (X) ONE box.  ☐ Never served in the military → SKIP to
	regular basis for health coverage. It does not include copays, deductibles, or other expenses	Divorced	question 29a
	such as prescription costs.	Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	Yes	Never married → SKIP to <b>J</b>	Now on active duty
	No → SKIP to question 17a	In the PAST 12 MONTHS did this person get –	On active duty in the past, but not now
	b. Based on family income, does this person or another family member receive financial	Yes No	When did this person serve on active duty in the
	assistance through a subsidy or tax credit to help pay part or all of the cost of the premium	a. Married?	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
	for this plan?	b. Widowed?	period.
	☐ Yes	c. Divorced?	September 2001 or later
	a. Is this person deaf or does he/she have	How many times has this person been married?	August 1990 to August 2001 (including Persian Gulf War)
	serious difficulty hearing?	Once	May 1975 to July 1990
	Yes	Two times	Vietnam era (August 1964 to April 1975)
	No	Three or more times	February 1955 to July 1964
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	In what year did this person last get married?	Korean War (July 1950 to January 1955)
	glasses?	Year	January 1947 to June 1950 World War II (December 1941 to December 1946)
	Yes		November 1941 or earlier
	No		- NOVEITIBEL 1341 OF GALLICI

Person 4	(continued

8 a. Does this person have a VA service disability rating?	3	How did this person usually WEEK? Mark ONE box for the transportation used for most of	method of	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	000/	Car, truck, or van	Taxicab	Yes → SKIP to question 37
Yes (such as 0%, 10%, 20%, , 1  No → SKIP to question 29a	00%)	Bus	Motorcycle	No
i i		Subway or elevated rail	Bicycle	
b. What is this person's service-conne disability rating?	ected	Long-distance train or	Walked	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
0 percent		commuter rail	Worked from	Yes
10 or 20 percent		Light rail, streetcar, or trolley	home → SKIP to question 39a	No → SKIP to question 38
30 or 40 percent		Ferryboat	Other method	
50 or 60 percent			્ હ	LAST WEEK, could this person have started a job if offered one, or returned to work if
70 percent or higher	K	Answer question 32 if you		recalled?
9 a. LAST WEEK, did this person work	for pay	truck, or van" in question 3 SKIP to question 33.	31. Otnerwise,	Yes, could have gone to work
at a job (or business)?				No, because of own temporary illness
Yes → SKIP to question 30	3	How many people, includin	g this person,	No, because of all other reasons (in school, etc.)
☐ No – Did not work (or retired)		usually rode to work in the LAST WEEK?	car, truck, or van	
b. LAST WEEK, did this person do AN' for pay, even for as little as one hou	Y work ur?	Person(s)	•	When did this person last work, even for a few days?
Yes				Within the past 12 months
No → SKIP to question 35a				1 to 5 years ago → SKIP to M
At what location did this person worl WEEK? If this person worked at more that location, print where he or she worked m	n one	LAST WEEK, what time did work usually begin?  Hour Minute	this person's trip to	Over 5 years ago or never worked → SKIP to question 42
last week.  a. Address (Number and street name)			a.m. p.m.	9 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.
If the exact address is not known, give	a	How many minutes did it us person to get from home to		Yes → SKIP to question 40
description of the location such as the name or the nearest street or intersecti	building on.	Minutes		□ No
b. Name of city, town, or post office		000		b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include
				paid time off and include weeks when the person only worked for a few hours.
c. Is the work location inside the limi city or town?	ts of that	Answer questions 35 – 38 i did NOT work last week. O to question 39a.		Weeks
Yes		10 Yuestion 33a.		
No, outside the city/town limits				
d. Name of county	3	a. LAST WEEK, was this per a job?		O During the PAST 12 MONTHS, in the WEEKS
		Yes → SKIP to question	on 35c	WORKED, how many hours did this person usually work each WEEK?
		No		Usual hours worked each WEEK
e. Name of U.S. state or foreign coun	try	b. LAST WEEK, was this pe		000
		absent from a job or busi		
f. ZIP Code		Yes, on vacation, tem maternity leave, other reasons, bad weather question 38	r tamily/personal	
		No → SKIP to questio	n 36	



## **Person 4 (continued)**



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

## **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

<b>PRIVATE</b>	CECTOR	EMADL	OVEE
PRIVAIL	SECIUR	CIVIPL	UTEE

For-profit	company	or	organization
I OI-PIOIIL	company	OI	organization

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

Local government (for example: city o	r
county school district)	

1	State government (including state
	colleges/universities)

Active duty	U.S. Armed Forces	10
Commission	ied Corps	

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

> Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

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

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

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

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

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

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

No	TOT	ΔΙ	ΔΙΛΙ	OLIN	T fo	r nas	+
Yes →	\$						.00

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

12 months

12 months

Yes →	\$ 000 000 .00	
No	TOTAL AMOUNT for past	Lo

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

	Yes →	\$ 0,000,000.00	
ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	_

d. Social Security or Railroad Retirement.

Yes →	\$ 00,0	.00
No	TOTAL AMOU	JNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.0	0
Ш	No	TOTAL AMOUNT for pa	S

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

	Yes →	\$ 00,000.00	
Ш	No	TOTAL AMOUNT for past	t

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

43 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 0.00.00.00	
None	TOTAL AMOUNT for past 12 months	Loss

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.



			13030247
	Person 5  Please copy the name of Person 5 from page 4, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED	What is this person's ancestry or ethnic origin?
	First Name MI	No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
		Nursery school  Kindergarten	a. Does this person speak a language other than English at home?
6	Where was this person born?  In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11	Yes  No → SKIP to question 14a  b. What is this language?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE  Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
7	Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 9a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	GED or alternative credential  COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of college credit	c. How well does this person speak English?  Very well  Well
	Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – <i>Print year</i>	1 or more years of college credit, no degree     Associate's degree (for example: AA, AS)	Not well Not at all
	No, not a U.S. citizen	Bachelor's degree (for example: BA, BS)  AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng,	<ul> <li>a. Did this person live in this house or apartmen 1 year ago?</li> <li>□ Person is under 1 year old → SKIP to question 15</li> </ul>
8	When did this person come to live in the United States? If this person came to live in United States more than once, print latest year. Year	MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	Yes, this house → SKIP to question 15  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 15
9	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.	Answer question 11 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12.	No, different house in the United States or Puerto Rico  b. Where did this person live 1 year ago?
	No, has not attended in the last 3 months → SKIP to question 10		Address (Number and street name)
	Yes, public school, public college Yes, private school, private college,	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
	home school  b. What grade or level was this person attending?  Mark (X) ONE box.	this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
	<ul><li>Nursery school, preschool</li><li>Kindergarten</li><li>Grade 1 through 12 – Specify</li></ul>		Name of U.S. county or municipio in Puerto Rico
	grade 1 – 12 – Growny		Name of U.S. state or Puerto Rico ZIP Code



College undergraduate years (freshman to senior)

# Person 5 (continued)

		5 years old or over. Otherwise, SKIP to  Answer question 24 if this person is female and 15 – 50 years old. Otherwise,
7	Is this person CURRENTLY covered by any of the	the mailing instructions on page 28.  SKIP to question 25a.
	following types of health insurance or health	and maning metractions on page 251
	coverage plans? Mark "Yes" or "No" for EACH type	2 a December of a relaxified montal an emotional
	of coverage in items a – h.	nas this person bever serieus
	Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.	difficulty concentrating, remembering, or making decisions?
	a. Insurance through a current or Yes No	□ Voc
	former employer or union (of this person or another family member)	Yes  No  No  No  No  No  No  No  No  No  N
	b. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty grandchildren under the age of 18 living in this house or apartment?
	c. Medicaid, Medical Assistance, or	walking or climbing stairs?
	any kind of state- or government-assistance plan for those with low income	Yes  □ No → SKIP to question 26
	d. Insurance purchased directly from	No b. Is this grandparent currently responsible for
	an insurance company or through a State or Federal Marketplace,	c. Does this person have difficulty dressing or bathing?  most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
	HealthCare.gov, or a similar state website (by this person or another	Yes Yes
	family member)	No No → SKIP to question 26
	e. TRICARE or other military health care	
	f. VA (including those who have ever used or enrolled for VA health care)	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to  c. How long has this grandparent been responsible for these grandchildren?  If the grandparent is financially responsible for
	g. Indian Health Service	the mailing instructions on page 28. more than one grandchild, answer the question
	h. Other type of health coverage NOT listed above – <i>Specify</i> ✓	for the grandchild for whom the grandparent has been responsible for the longest period of time.
	1	
		condition, does this person have difficulty
		office or shopping?
	Anguar quartien 16a if this parson is	1 or 2 years
3	Answer question 16a if this person is covered by health insurance. Otherwise,	Yes 3 or 4 years
	SKIP to question 17a.	No 5 or more years
		0 What is this person's marital status?
		What is this person's marital status?  Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
9	a. Does this person or another family member pay a premium for this health insurance plan?	Now married Mark (X) ONE box.
	A premium is a fixed amount of money paid on a regular basis for health coverage. It does not	Widowed
	include copays, deductibles, or other expenses	Divorced question 29a
	such as prescription costs.	Separated Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	<ul><li>Yes</li><li>No → SKIP to question 17a</li></ul>	Never married → SKIP to  Now on active duty
	· · · · · · · · · · · · · · · · · · ·	
	b. Based on family income, does this person or another family member receive financial	Yes No
	assistance through a subsidy or tax credit to help pay part or all of the cost of the premium	a. Married? When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
	for this plan?	in which this person served, even if just for part of the
	Yes	period.
	No Yes	c. Divorced?
	2	How many times has this person been married?  August 1990 to August 2001 (including Persian Gulf War)
	<ul> <li>a. Is this person deaf or does he/she have serious difficulty hearing?</li> </ul>	☐ Once ☐ May 1975 to July 1990
	Yes	Two times Vietnam era (August 1964 to April 1975)
	No	Three or more times February 1955 to July 1964
		Korean War (July 1950 to January 1955)
	serious difficulty seeing even when wearing	In what year did this person last get married?
	glasses?	Teal .
	Yes	World War II (December 1941 to December 1946)
	No	November 1941 or earlier

Person 5	continued
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	a. Does this person have a VA service-connecte	<b>31</b>	WE	w did this person usually EK? Mark ONE box for the asportation used for most o	meth	od of	35	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	disability rating?			Car, truck, or van		Taxicab		☐ Yes → SKIP to question 37
	Yes (such as 0%, 10%, 20%,, 100%)			Bus		Motorcycle		□ No
	No → SKIP to question 29a			Subway or elevated rail	H	,		
	b. What is this person's service-connected disability rating?			Long-distance train or		Bicycle Walked	36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
	0 percent			commuter rail	П	Worked from		Yes
	10 or 20 percent		Ш	Light rail, streetcar, or trolley		home → SKIP to question 39a		No → SKIP to question 38
	30 or 40 percent			Ferryboat		Other method		
	50 or 60 percent						37	LAST WEEK, could this person have started a job if offered one, or returned to work if
	70 percent or higher	K		swer question 32 if you r ck, or van" in question 3°				recalled?
9 ;	a. LAST WEEK, did this person work for pay at a job (or business)?			IP to question 33.	i. Oli	ierwise,		Yes, could have gone to work
	· · ·							No, because of own temporary illness
	Yes → SKIP to question 30  No – Did not work (or retired)	32	นรเ	w many people, including	this car, t	person, ruck, or van		No, because of all other reasons (in school, etc.)
1	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?			ST WEEK?			38	When did this person last work, even for a few days?
	Yes							Within the past 12 months
	No → SKIP to question 35a							1 to 5 years ago → SKIP to M
	At what location did this person work LAST NEEK? If this person worked at more than one location, print where he or she worked most	33	LA: wo	ST WEEK, what time did t rk usually begin? ur Minute	his p	erson's trip to		Over 5 years ago or never worked → SKIP to question 42
	ast week.  a. Address (Number and street name)				a.m. o.m.		39	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	34	per	w many minutes did it us son to get from home to nutes	ually work	take this LAST WEEK?		Yes → SKIP to question 40  No
	b. Name of city, town, or post office							
			L					<ul> <li>During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.</li> </ul>
	c. Is the work location inside the limits of that	Ļ		swer questions 35 – 38 if I NOT work last week. Ot				Weeks
	city or town?			question 39a.	110111	iso, citii		
	No, outside the city/town limits							
	d. Name of county	35		LAST WEEK, was this pers a job?	son o	n layoff from	40	During the PAST 12 MONTHS, in the WEEKS
	,			Yes → SKIP to question	n 35c			WORKED, how many hours did this person usually work each WEEK?
	e. Name of U.S. state or foreign country			No				Usual hours worked each WEEK
	s. Name of O.S. state of foreign country		b. l	LAST WEEK, was this perabsent from a job or busin	son T ness?	EMPORARILY		
1	F. ZIP Code			Yes, on vacation, temp maternity leave, other reasons, bad weather, question 38  No → SKIP to question	orary famil etc. =	illness, y/personal		

## **Person 5 (continued)**



M Answer questions 41a – f if this person worked in the past 5 years. Otherwise, SKIP to question 42.

# **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

ı	PRI\	/ A :	TE.	CE	CT	OB	ER	ЛDI	O	/EE

Non-profit organization (including tax-exempt and charitable organizations)

#### **GOVERNMENT EMPLOYEE**

$\Box$	Local government (for example: city of	r
	county school district)	

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

#### **SELF-EMPLOYED OR OTHER**

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?** 

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review

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

building plans for work details)

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

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

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

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

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

No	Ψ ,	AMOUNT for na	.00
Yes →	\$		00

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

12 months

Yes → .00 No Loss TOTAL AMOUNT for past

12 months

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

	Yes →	\$ .00	
	NI.	, ,	
ш	No	TOTAL AMOUNT for past	Loss

12 months

d. Social Security or Railroad Retirement.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00
No	TOTAL AMOUNT for pas

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

	Yes →	\$00,000.	00
Ш	No	TOTAL AMOUNT for p	ast

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past 12 months

43 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 42a to 42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

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 0607-0936, 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 0607-0936" 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(X)CTT (06-09-2015)