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

HOUSING UNIT ADDRESS REGISTER 2020 Census of American Samoa

1. IDENTIFICATION
County
BCU
Book of

	2. ASSIGNMENT INFORMATION												
Name - Please Print			rint Employ Num	yee ID nber	Telephone Number Date Assigned Completed			ate	Certification Statement – I certify that the information is true to the best of my knowledge and the work completed according to Census Bureau procedures. The Crew Leader and all Enumerators must sign this certification statement.				
Crew Leader													
Enumerator													
Reassigned Enun	nerator												
Reassigned Enun	nerator												
			3. EN	IUMERA	TOR DA	ILY PRO	GRESS RECO	RD (LISTING	3)				
Housing Units Listed	Date												
	Number												
4. ENUMERATOR DAILY PROGRESS RECORD (ENUMERATION)													
Housing Units Enumerated	Date												
	Number												

Remarks



Census 2020
American Samoa

5. OFFICE	USE ONLY	
Name of Reviewer	Date	Initials

The contents of this Address Register are confidential by law (Title 13, U.S. Code). It may be seen only by sworn persons with a need to know and used solely for statistical purposes.

CREW LEADER REVIEW CHECKLIST
Before sending to the Census Office, verify the following:
The Enumerator has made entries in a legible manner.
All appropriate fields are completed in the Address Listing Page for Housing Units.
There are no duplicate addresses listed in the Address Listing Page for Housing Units.
There is an entry of 0 in Pop. Count for vacant units in the Address Listing Page for Housing Units.
The Enumerator completed the Assignment Information section.

SPECIAL NOTICE

INFORMATION CONTAINED IN THIS ADDRESS REGISTER IS CONFIDENTIAL.

ALL ENTRIES MADE IN THIS ADDRESS REGISTER MUST BE LEGIBLE, COMPLETE, AND ACCURATE.

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

TRANSITORY LOCATIONS ADDRESS REGISTER 2020 Census of American Samoa

1. IDENTIFICATION
County
BCU
Book of

	2. ASSIGNMENT INFORMATION							
	Name – Please Print		Telephone Number	Date	Certification Statement – I certify that the information is true to the best of my knowledge and the work completed according to Census Bureau procedures.			
				Assigned Completed	The Crew Leader and all Enumerators must sign this certification statement.			
Crew Leader	 							
Enumerator								
Reassigned Enun	nerator							
Reassigned Enun	nerator							
		3. ENUMERA	ATOR DAILY PROGI	RESS RECORD (LISTIN	G)			
Transitory Units Listed	Date							
	Number							
4. ENUMERATOR DAILY PROGRESS RECORD (ENUMERATION)								
Transitory Units Enumerated	Date							
	Number							

Remarks



Census 2020
American Samoa

5. OFFICE	USE ONLY	
Name of Reviewer	Date	Initials

The contents of this Address Register are confidential by law (Title 13, U.S. Code). It may be seen only by sworn persons with a need to know and used solely for statistical purposes.

Before sending to the Census Office, verify the following: The Enumerator has made entries in a legible manner. All appropriate fields are completed in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units. There are no duplicate addresses listed in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units. There is an entry of 0 in Pop. Count for vacant units in the Address Listing Page for Transitory Locations and Address Listing Page for Transitory Units. The Enumerator completed the Assignment Information section.

SPECIAL NOTICE

INFORMATION CONTAINED IN THIS ADDRESS REGISTER IS CONFIDENTIAL.

ALL ENTRIES MADE IN THIS ADDRESS REGISTER MUST BE LEGIBLE, COMPLETE, AND ACCURATE.



ADDRESS LISTING PAGE FOR HOUSING UNITS

2020 Census of American Samoa

	American Samoa									County		BCU _	
Line No.	Questionnaire ID	Date Listed	Map Spot No.	Development/Building Name OR Subdivision/Place Name	Address No.	Complete Street Name OR (9)	Apt/Unit No.	Villa (Village OR (13)		ge OR Rema		
			MUID		Address Type	Physical Location Description	ZIP Code	Estate - U.S. Vi	rgin Islands Only				
(1)	(2)	(3)	(5)	(6)	(8)	(10)	(12)		14)		(*	15)	
(1)	(2)	(3)	(4)	(6)	(7)	9)	(11)	(13)		(15)			
			(5)			10)	(12)	(14)					
	(16) Case Status – Enumeration		(17) Contact Attemp Enumeration (Ta	ots – (18) Mailable? (19) Date Enu (ally) (Y/N/DK)	imerated (20) Case S	tatus – FFU	(21) Contact Attempts – FFU (Tally)	(22) Pop. Count	(23) QC Action	(24) JIC1		(25) JIC2	
(1)	(2)	(3)	(4)	(6)	(7)	9)	(11)	(13)		(15)			
	← — — — — — APPLY LABEL HERE — − APPLY		(5)		(8)	10)	(12)	(14)					
	(16) Case Status – Enumeration		(17) Contact Attemp Enumeration (Ta	ots – (18) Mailable? (19) Date Enu	imerated (20) Case S	tatus – FFU	(21) Contact Attempts – FFU (Tally)	(22) Pop. Count	(23) QC Action	(24) JIC1		(25) JIC2	
(1)	(2)	(3)	(4)	(6)	(7)	9)	(11)	(13)		(15)			
	← — — — — — APPLY LABEL HERE — –	→	(5)		(8)	10)	(12)	(14)					
	(16) Case Status – Enumeration	I	(17) Contact Attemp Enumeration (Ta	ots – (18) Mailable? (19) Date Enu (ally) (Y/N/DK)	Imerated (20) Case S	tatus – FFU	(21) Contact Attempts – FFU (Tally)	(22) Pop. Count	(23) QC Action			T	
										(24) JIC1		(25) JIC2	
	Address Type Codes	Case State			eviations	Additional Remarks			1		Page '	Totals	
M - I	Other	A – Appointment CI – Conducted Interview GC – Gated Community LB – Language Barrier NC – No Contact	NV – Left Notice of RA – Restricted Ac RE – Refusal UN – Unsafe OT – Other	Apt – Apartment	No. – Number Pop. – Populatior QC – Quality Co	ontrol				Occupied HUs	Vacant HUs	GQs	TLs

FORM **D-ARLP-TL-AS** (11-13-2018)

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



ADDRESS LISTING PAGE FOR TRANSITORY LOCATIONS

2020 Census of American Samoa

STATES OF F	ican Samoa									County	BCU												
Transitory Location	Transitory Location ID Date As		Location ID Date Assi		Transitory Location ID		Transitory Location ID		Fransitory Location ID		nsitory Location ID		ransitory Location ID		Map Spot No.	Transitory Location Name	Address No.	Complete Street Name OR	Apt/Unit/Slip No.		age OR	Transitory Loc Contact	t Name
			(3)		(6)	(8)	(10)		(12)	(14)													
			MUID		TL Type	Physical Location Description	ZIP Code	Estate – U.S. Virgin Islands Only		Title	Telephone Number												
(1)		(2)	(4)	(5)	(7)	(9)	(11)		(13)	(15)	(16)												
(1)		(2)	(3)	(5)	(6)	(8)	(10)	(12)		(14)													
			(4)		(7)	(9)	(11)	(13		(15)	(16)												
(17) Establishment Open between 3/29/2020 and 4/16/2020? (Y/N)		(18) Case Status – Enur	neration	(19) Contact Attempts – Enumeration (Tally) (20) Mailable? (Y/N/DK)	(21) Date Enumerated	(22) Case Status – FFU	(23) Contact Attempts – FFU (Tally)	(24) Pop. Count	(25) QC Action	(26) JIC1	(27) JIC2												
TL Ty	pe Codes		Abbreviations		Remarks				•														
10 - Campground 20 - Recreational Vehicle Park 30 - Marina 40 - Hotel and Motel Case Status Codes A - Appointment EC - Enumeration Complete GC - Gated Community LB - Language Barrier 50 - Racetrack 60 - Circus or Carnival 90 - Other Transitory Locations FFU - Field MUID - Multi No Num Pop Pop. QC - Qual TL - Tran TU - Tran			Collection Unit Followup Unit Identification																				
			Pop. – Popu QC – Quali TL – Trans TU – Trans	lation ty Control sitory Location																			



Census 2020

ADDRESS LISTING PAGE FOR TRANSITORY UNITS

2020 Census of American Samoa

	American Samoa							County	BCU	
Line No.	Questionnaire ID	Date Listed	Map Spot No.	Address No.	Complete Street Name OR (8)	(10)		Rema	ırks	
(1)	(2)	(3)	MUID (5)	TL Type (7)	Physical Location Description (9)	ZIP Code (11)	Estate – U.S. Virgin Islands Only (13)	(14))	
(1)	(2)		(4)	(6)	(8)	(10)	(12)		,	
			(5)	(7)	(9)	(11)	(13)			
	(15) Case Status – Enumeration	(16) Contact Atte Enumeration	act Attempts – eration (Tally) (17) Mailable? (18) Date Enumerated (19) Case Status – FFU (17) Case Status – FFU		e Status – EFU (20) Contact Attempts – FFU (Tally) (21) Pop. Count		(20) Contact Attempts – FFU (Tally) (21) Pop. Count (22) QC Action		(23) JIC1 ((24) JIC2
(1)	(2)	(3)	(4)	(6)	(8)	(10)	(12)	(14)		
	← APPLY LABEL HERE >		(5)	(7)	(9)	(11)	(13)			
	(15) Case Status – Enumeration	(16) Contact Atte Enumeration	empts – (17) Maila n (Tally) (Y/N/	able? (18) Date Er	oumerated (19) Case Status – FFU		(20) Contact Attempts – Count FFU (Tally) (21) Pop. Count	(23) JIC1 ((24) JIC2	
(1)	(3) ————— APPLY LABEL HERE —————>		(3) (4) (6)		(8)		(12)	(14)		
	ALLET LABLE TILLIL		(5)	(7)	(9)	(11)	(13)			
	(15) Case Status – Enumeration	(16) Contact Atte Enumeration	empts – (17) Maila n (Tally) (Y/N/	able? (18) Date Er	numerated (19) Case Status – FFU		(20) Contact (21) Pop. (22) QC Action Count FFU (Tally)	(23) JIC1 ((24) JIC2	
								(20) 0101	24) 0102	
A-	- Appointment Apt - Apartment	Additional R	emarks					Page T	otals	
GC -	Conducted Interview - Gated Community - Language Barrier Mark Contact MUID - Multi-Unit Identification							TUs HU	s GQs	
NV.	- No Contact - Left Notice of Visit - Restricted Access MOID - Multi-Onit Identification No Number Pop Population									
RE -	- Refusal - Unsafe - Other QC - Quality Control Y/N/DK - Yes, No, or Don't Know	v								



United States

NOTICE OF VISIT

American Samoa

The Census Bureau is conducting the 2020 Census of American **Samoa**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on
If you have questions, please call the phone number below during normal business hours (Monday through Friday, a.m. to p.m.).
Phone Number () – –

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

The Census Bureau is required by law to protect your information (Title 13, U.S. Code, Section 9). The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household. We are conducting the 2020 Cenus under the authority of Title 13, U.S. Code, Sections 141, 193 and 221. By law, the Census Bureau can only use your respones to produce statistics. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybesecurity risks through screening of the systems that transmit your data.

For more information about how we protect your information, please visit our Web site at census.gov and click on "Data Protection and Privacy Policy" at the bottom of the home page. This page also includes information about the collection, storage, and use of these records. Click on "System of Records Notices (SORN)" and look for Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program.

ENUMERATOR USE ONLY

Case ID Map Spot No.



United States

NOTICE OF VISIT

American Samoa

The Census Bureau is conducting the **2020 Census of American Samoa**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

	An enumerator will return on
	If you have questions, please call the phone number
Ì	below during normal business hours
	(Monday through Friday, a.m. to p.m.).
	Phone Number ()

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Case ID



NOTICE OF VISIT

Guam

The Census Bureau is conducting the **2020 Census of Guam**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on
If you have questions, please call the phone number below during normal business hours (Monday through Friday, a.m. to p.m.).
Phone Number () – –

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ENUMERATOR USE ONLY

Case ID

Map Spot No.



Census 2020

NOTICE OF VISIT

Guam

The Census Bureau is conducting the **2020 Census of Guam**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on
If you have questions, please call the phone number
below during normal business hours
(Monday through Friday, a.m. to p.m.).
Phone Number () – –

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Case ID



Census 2020

NOTICE OF VISIT

Commonwealth of the Northern Mariana Islands

The Census Bureau is conducting the **2020 Census of the Commonwealth of the Northern Mariana Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on
If you have questions, please call the phone number below during normal business hours (Monday through Friday, a.m. to p.m.).
Phone Number ()

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ENUMERATOR USE ONLY

Case ID Map Spot No.



Census 2020

NOTICE OF VISIT

Commonwealth of the Northern Mariana Islands

The Census Bureau is conducting the **2020 Census of the Commonwealth of the Northern Mariana Islands**. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

an enumerator will return on
you have questions, please call the phone number
elow during normal business hours
Monday through Friday, a.m. to p.m.).
Phone Number ()

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

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Case ID



United States

NOTICE OF VISIT

U.S. Virgin Islands

The Census Bureau is conducting the 2020 Census of the U.S. Virgin Islands. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on
If you have questions, please call the phone number below during normal business hours (Monday through Friday, a.m. to p.m.).
Phone Number () – –

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the interview will take 40 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx.xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

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ENUMERATOR USE ONLY

Case ID Map Spot No.



D-NV-VI(E/S) (11-15-2018)

United States

NOTICE OF VISIT

U.S. Virgin Islands

The Census Bureau is conducting the 2020 Census of the U.S. Virgin Islands. An enumerator stopped by today to complete a census questionnaire for your household, but you were not home. An enumerator will return to complete your census questionnaire.

An enumerator will return on	
If you have questions, please call the phone number below during normal business hours	
(Monday through Friday, a.m. to p.m.).	
Phone Number ()	

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Case ID



Census 2020

AVISO DE VISITA

U.S. Virgin Islands

La Oficina del Censo de los EE. UU. estÜ realizando el **Censo del 2020** de las Islas **Vírgenes de los EE. UU.** Un enumerador pasí por su casa hoy para completar el cuestionario del censo para su hogar, pero usted no estaba. Un enumerador regresarÜ para completar su cuestionario del censo.

Un enumerador regresarÜ el
Si usted tiene preguntas, llame al nômero de teläfono que figura a continuacií n durante el horario habitual de atencií n (de lunes a viernes, de a. m. to p. m.).
Nômero de teläfono: ()

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Tgulo 13 del Cí digo de los EE. UU.). La Oficina del Censo calcula que completar la entrevista tomarÜ 40 minutos como promedio. Esta recopilacií n de informacií n ha sido aprobada por la Oficina de Administracií n yPresupuesto (OMB, por sus siglas en ingläs). El nômero de aprobacií n de ocho dgitos de la OMB xxxx- xxxx confirma la aprobacií n. De no mostrarse este nômero, no podramos realizar el censo.

La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Tqulo 13 del Cí digo de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadasticas. Segôn la Ley Federal para el Fortalecimiento de la Seguridad InformÜica de 2015, sus datos estÜn protegidos de los riesgos de la seguridad en la internet mediante controles en los sistemas que transmiten sus datos.

Para obtener müs informacií n sobre cí mo protegemos su informacií n, visite nuestro sitio web census.gov y haga clic en "Data Protection and Privacy Policy" (Normas de proteccií n de datos y privacidad) en la parte inferior de la pügina principal. La pügina sobre proteccií n de datos y normas deprivacidad tambiān incluye informacií n sobre la recopilacií n, almacenamiento y uso de esos registros. Haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros Escritos) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

PARA USO DEL ENUMERADOR SOLAMENTE

Identificacií n del caso

Nôm. de punto en el mapa



Census 2020

AVISO DE VISITA

U.S. Virgin Islands

La Oficina del Censo de los EE. UU. estÜ realizando el **Censo del 2020 de las Islas Vírgenes de los EE. UU.** Un enumerador pasí por su casa hoy para completar el cuestionario del censo para su hogar, pero usted no estaba. Un enumerador regresarÜ para completar su cuestionario del censo.

	Un enumerador regresarÜ el
	Si usted tiene preguntas, llame al nômero de teläfono que figura a continuacií n durante el horario habitual de atencií n (de lunes a
4	viernes, de a. m. to p. m.).
	Nômero de teläfono: ()

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Tţulo 13 del Cí digo de los EE. UU.). La Oficina del Censo calcula que completar la entrevista tomarÜ 40 minutos como promedio. Esta recopilacií n de informacií n ha sido aprobada por la Oficina de Administracií n yPresupuesto (OMB, por sus siglas en ingläs). El nômero de aprobacií n de ocho dgitos de la OMB xxxx- xxxx confirma la aprobacií n. De no mostrarse este nômero, no podrçamos realizar el censo.

La Oficina del Censo de los EE. UU. estÜ obligada por ley a proteger su informacií n. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Tdulo 13 del Cí digo de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadasticas. Segôn la Ley Federal para el Fortalecimiento de la Seguridad InformÜica de 2015, sus datos estÜn protegidos de los riesgos de la seguridad en la internet mediante controles en los sistemas que transmiten sus datos.

Para obtener müs informacií n sobre cí mo protegemos su informacií n, visite nuestro sitio web census.gov y haga clic en "Data Protection and Privacy Policy" (Normas de proteccií n de datos y privacidad) en la parte inferior de la pügina principal. La pügina sobre proteccií n de datos y normas deprivacidad tambian incluye informacií n sobre la recopilacií n, almacenamiento y uso de esos registros. Haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros Escritos) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

PARA USO DEL ENUMERADOR SOLAMENTE

Identificacií n del caso

Nôm. de punto en el mapa

D-JA-AS (7-10-2018)

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



ENUMERATOR FLASHCARD



WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

_		
н	łow	is this person related to Person 1? Mark X ONE box.
[Opposite-sex husband/wife/spouse
[Opposite-sex unmarried partner
[Same-sex husband/wife/spouse
J	4	Same-sex unmarried partner
		Biological son or daughter
		Adopted son or daughter
		Stepson or stepdaughter
[Brother or sister
		Father or mother
[Grandchild
[Parent-in-law
[Son-in-law or daughter-in-law
[Other relative
[Roommate or housemate
[Foster child
[Other nonrelative

Page 2 FORM D-JA-AS (7-10-2018)

HISPANIC ORIGIN

Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin — Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.	Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin — <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan,</i>	_ r	lo, not	of His	panio	, Lati	no,	or S	par	nish	ori	gin			
Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan,</i>	Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin — <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan,</i>] _Y	es, Me	xican,	Mexi	ican A	۱m.,	Chi	can	0					
Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan,</i>	Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan,</i>	Υ	es, Pue	erto R	ican										
example, Salvadoran, Dominican, Colombian, Guatemalan,	example, Salvadoran, Dominican, Colombian, Guatemalan,	Υ	'es, Cul	ban											
		е	xample,	Salvad	doran,	Domi	nica							t, for	
		ſ													

RACE

White – Print, for example Egyptian, etc.	ample, Ger	man, Iri	sh, Ei	nglish,	Italia	n, Le	banese,
Black or African Am Jamaican, Haitian, Nig						ericar	ı,
Community, etc.							
	Vietnam			Nativ		awaii	an
 Filipino	Korean			Sam	oan		an
 Filipino	Korean Japanes			Same Char Othe Print, Tonga	oan norro r Pa for e an, F	o cific examp ijian,	Islander –
 Filipino Asian Indian Other Asian – Print, for example, Pakistani, Cambodian	Korean Japanes			Same Char Othe Print, Tonga	oan norro r Pa for e an, F	o cific examp ijian,	Islander – ole,

FORM D-JA-AS (7-10-2018) Page 3

BUILDING TYPE

_	
	ch best describes this building? Ide all apartments, flats, etc., even if vacant.
	A mobile home
	A one-family house detached from any other house
	A one-family house attached to one or more houses
	Two houses (American Samoa only)
	Three or more houses (American Samoa only)
	A building with 2 apartments
	A building with 3 or 4 apartments
	A building with 5 to 9 apartments
	A building with 10 to 19 apartments
	A building with 20 to 49 apartments
	A building with 50 or more apartments
	Boat, RV, van, etc.

COMPUTER USE

types of computers?	Yes	No
a. Desktop or laptop		
b. Smartphone		
c. Tablet or other portable wireless computer		
d. Some other type of computer − Specify		

INTERNET

At this house, apartment, or mobile home – do you or member of this household have access to the Internet ☐ Yes ☐ No → SKIP to question 12	
Do you or any member of this household pay a cell phecompany or internet service provider to access the internet? ☐ Yes ☐ No → SKIP to question 12	none
Do you or any member of this household have access Internet using a –	to the
a. Cellular data plan for a smartphone or other mobile device?	Tes NO
 b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? 	
c. Satellite Internet service installed in this household?	
d. Dial-up Internet service installed in this household?	
e. Some other service? – Specify service	

Page 4 FORM D-JA-AS (7-10-2018)

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from — Mark X all that apply. A public system? A cistern, catchment, tanks, or drums? A delivery vendor or water truck? A supermarket or grocery store? Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

	What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark N ONE box.
	□ Public sewer
	Septic tank or cesspool
	Other
,	

FORM D-JA-AS (7-10-2018)
Page 5

CITIZEN or NATIONAL

Is this person a citizen or national of the United States?
☐ Yes, born in American Samoa → SKIP to question 11a
Yes, born in another U.S. state or territory
Yes, born abroad of U.S. citizen or U.S. national parent or parents
Yes, U.S. citizen by naturalization – Print year of naturalization
□ No, not a U.S. citizen or U.S. national (permanent resident)
No, not a U.S. citizen or U.S. national (temporary resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

What is the highest degree or level of school this person has COMPLETED? – Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
NO SCHOOLING COMPLETED
☐ No schooling completed
NURSERY OR PRESCHOOL THROUGH GRADE 12
Nursery school, preschool or pre-kindergarten
☐ 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: MD, DDS, DVM, LLB, JD)
Doctorate degree (for example: PhD, EdD)

Page 6 FORM D-JA-AS (7-10-2018)

HEALTH INSURANCE

		Yes	No
a.	Insurance through a current or former employer or union (of this person or another family member)		
b.	Insurance purchased directly from an insurance company (by this person or another family member)		
C.	Medicare, for people 65 and older, or people with certain disabilities		
d.	Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		
e.	TRICARE or other military health care		
f.	VA (enrolled for VA health care)		
g.	Indian Health Service		
h.	Any other type of health insurance or health coverage plan – Specify		
h.			

PERIOD OF SERVICE

Forces?	d this person serve on active duty in the U.S. Armed Mark (X) a box for EACH period in which this person even if just for part of the period.
	September 2001 or later
	August 1990 to August 2001 (including Persian Gulf War)
	May 1975 to July 1990
	Vietnam Era (August 1964 to April 1975)
	February 1955 to July 1964
	Korean War (July 1950 to January 1955)
	January 1947 to June 1950
	World War II (December 1941 to December 1946)
	November 1941 or earlier

FORM D-JA-AS (7-10-2018)

TRANSPORTATION TO WORK

How did this person usually get to work LAST WEEK? Mark X ONE box for the method of transportation used for most of the distance. Car, truck, or private van/bus Public van/bus Taxicab Motorcycle Bicycle Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a Other method
 Public van/bus Taxicab Motorcycle Bicycle Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a
 Public van/bus Taxicab Motorcycle Bicycle Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a
 Motorcycle Bicycle Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a
Bicycle Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a
 Walked Plane or seaplane Boat, ferry, or water taxi Worked from home → SKIP to question 43a
 □ Plane or seaplane □ Boat, ferry, or water taxi □ Worked from home → SKIP to question 43a
 □ Boat, ferry, or water taxi □ Worked from home → SKIP to question 43a
☐ Worked from home → SKIP to question 43a
Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark NONE box.

PRIVATE SECTOR EMPLOYEE

For-profit company of organization
Non-profit organization (including tax-exempt and charitable
organizations)
VERNMENT EMPLOYEE

Local or territorial government (for example: pub	olic
elementary school)	

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

SELF-EMPLOYED OR OTHER

Owr	er o	f non-	incorpora	ated b	business,	profession	al
pract	ice,oı	r 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

Page 8 FORM D-JA-AS (7-10-2018)

D-JA-MI (7-11-2018)

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



ENUMERATOR FLASHCARD



WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc.
 on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

Г		
	How	v is this person related to Person 1? Mark X ONE box.
		Opposite-sex husband/wife/spouse
		Opposite-sex unmarried partner
		Same-sex husband/wife/spouse
		Same-sex unmarried partner
		Biological son or daughter
		Adopted son or daughter
	T	Stepson or stepdaughter
		Brother or sister
		Father or mother
		Grandchild
		Parent-in-law
		Son-in-law or daughter-in-law
		Other relative
		Roommate or housemate
		Foster child
		Other nonrelative

Page 2 FORM D-JA-MI (7-11-2018)

HISPANIC ORIGIN

ш	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
	Yes, Puerto Rican
	Yes, Cuban
]	Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i>

RACE

	White - Print, f Egyptian, etc.		mple,	Germa	n, Iri:	sh, E	ngli	ish, I	talia	n, Le	ebai	nese,
6	Black or Africa Jamaican, Haitia									erica	n,	
V												
	Community -t-										то	
	Chinage		Vietr				N.I.	o tiv re	o III			
	Chinese			names	e					awai		
			Kore		e		S	ative amo	an	awai		
	Chinese Filipino	lle,	Kore	an	е		Si C O Pi	amo ham other	oan norro Pa for e	awai	iian Isla ple,	ander –
	Chinese Filipino Asian Indian Other Asian – Print, for examp Pakistani, Camb	lle,	Kore	an	e		Si C O Pi	amo ham other	oan norro Pa for e	awai	iian Isla ple,	ander –

FORM D-JA-MI (7-11-2018) Page 3

BUILDING TYPE

ſ	
	nich best describes this building? lude all apartments, flats, etc., even if vacant.
	A mobile home
	A one-family house detached from any other house
	A one-family house attached to one or more houses
	Two houses (American Samoa only)
	Three or more houses (American Samoa only)
	A building with 2 apartments
	A building with 3 or 4 apartments
	A building with 5 to 9 apartments
	A building with 10 to 19 apartments
	A building with 20 to 49 apartments
	A building with 50 or more apartments
	Boat, RV, van, etc.

COMPUTER USE

types of computers?	Yes	No
a. Desktop or laptop		
b. Smartphone		
c. Tablet or other portable wireless computer		
d. Some other type of computer − Specify		

Page 4

INTERNET

At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?	y
YesNo → SKIP to question 12	
Do you or any member of this household pay a cell phonocompany or internet service provider to access the internet?	e
☐ Yes ☐ No → SKIP to question 12	
Do you or any member of this household have access to Internet using a –	the
	Yes No
a. Cellular data plan for a smartphone or other mobile device?	
b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	
c. Satellite Internet service installed in this household?	
d. Dial-up Internet service installed in this household?	
e. Some other service? – Specify service	

FORM D-JA-MI (7-11-2018)

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from — Mark X all that apply. A public system? A cistern, catchment, tanks, or drums? A delivery vendor or water truck? A supermarket or grocery store? Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

	What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark N ONE box.
	□ Public sewer
	Septic tank or cesspool
	Other
,	

FORM D-JA-MI (7-11-2018)
Page 5

CITIZEN or NATIONAL

Yes, born in the Commonwealth of the Northern Mariana Islands → SKIP to question 11a
Yes, born in another U.S. state or territory
Yes, born abroad of U.S. citizen or U.S. national parent or parents
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization
No, not a U.S. citizen or U.S. national (permanent resident)
No, not a U.S. citizen or U.S. national (temporary resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

What is the highest degree or level of school this person has COMPLETED? — Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school, preschool or pre-kindergarten Kindergarten Grade 1 through 11 — Specify grade 1 — 11 I 2th grade — NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE
□ No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 □ Nursery school, preschool or pre-kindergarten □ Kindergarten □ Grade 1 through 11 – Specify grade 1 – 11 □ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential
NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school, preschool or pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
Nursery school, preschool or pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
Grade 1 through 11 – Specify grade 1 – 11 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential
Regular high school diploma GED or alternative credential
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)

Page 6 FORM D-JA-MI (7-11-2018)

HEALTH INSURANCE

		Yes	No
a.	Insurance through a current or former employer or union (of this person or another family member)		
b.	Insurance purchased directly from an insurance company (by this person or another family member)		
C.	Medicare, for people 65 and older, or people with certain disabilities		
d.	Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		
e.	TRICARE or other military health care		
f.	VA (enrolled for VA health care)		
g.	Indian Health Service		
h.	Any other type of health insurance or health coverage plan – Specify		
h.			

PERIOD OF SERVICE

Forces?	d this person serve on active duty in the U.S. Armed Mark (X) a box for EACH period in which this person even if just for part of the period.
	September 2001 or later
	August 1990 to August 2001 (including Persian Gulf War)
	May 1975 to July 1990
	Vietnam Era (August 1964 to April 1975)
	February 1955 to July 1964
	Korean War (July 1950 to January 1955)
	January 1947 to June 1950
	World War II (December 1941 to December 1946)
	November 1941 or earlier

FORM D-JA-MI (7-11-2018)

TRANSPORTATION TO WORK

Mai	rk 🗶	d this person usually get to work LAST WEEK? ONE box for the method of transportation used for
mos	st of	the distance.
		Car, truck, or private van/bus
		Public van/bus
		Taxicab
		Motorcycle
		Bicycle
		Walked
		Plane or seaplane
		Boat, ferry, or water taxi
		Worked from home → SKIP to question 43a
		Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark X ONE box.

Ear-profit company or organization

PRIVATE SECTOR EMPLOYEE

	or-profit company or organization
1	Non-profit organization (including tax-exempt and charitable organizations)
GOV	VERNMENT EMPLOYEE

Local or territorial government (for example: public
elementary school)

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

Page 8 FORM D-JA-MI (7-11-2018) **D-JA-GU** (7-11-2018)

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



ENUMERATOR FLASHCARD



WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address m
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc.
 on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

F	low	is this person related to Person 1? Mark X ONE box.
[Opposite-sex husband/wife/spouse
[Opposite-sex unmarried partner
[Same-sex husband/wife/spouse
		Same-sex unmarried partner
		Biological son or daughter
	J	Adopted son or daughter
		Stepson or stepdaughter
		Brother or sister
		Father or mother
		Grandchild
		Parent-in-law
		Son-in-law or daughter-in-law
		Other relative
		Roommate or housemate
		Foster child
		Other nonrelative

Page 2 FORM D-JA-GU (7-11-2018)

HISPANIC ORIGIN

No, not of Hispanic, Latino, or Spanish origin
Yes, Mexican, Mexican Am., Chicano
Yes, Puerto Rican
Yes, Cuban
Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i>

RACE

	White Brief for exemple Courses high English Helian Laborator	
	White — Print, for example, German, Irish, English, Italian, Lebane Egyptian, etc.	ese,
	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.	
X		
	American Indian or Alaska Native – Print name of enrolled or tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Azte Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.	
	Chinese	
	Filipino	
	Filipino	ndar —
	Filipino	nder –
	Filipino	
	Filipino	
	Filipino	

FORM D-JA-GU (7-11-2018)

BUILDING TYPE

	ich best describes this building? ude all apartments, flats, etc., even if vacant.
	A mobile home
	A one-family house detached from any other house
	A one-family house attached to one or more houses
	Two houses (American Samoa only)
	Three or more houses (American Samoa only)
	A building with 2 apartments
	A building with 3 or 4 apartments
	A building with 5 to 9 apartments
	A building with 10 to 19 apartments
	A building with 20 to 49 apartments
	A building with 50 or more apartments
	Boat, RV, van, etc.

COMPUTER USE

types of computers?	Yes	No
a. Desktop or laptop		
b. Smartphone		
c. Tablet or other portable wireless computer		
d. Some other type of computer – Specify		

INTERNET

n [At this house, apartment, or mobile home – do you or any number of this household have access to the Internet? Yes No → SKIP to question 12 To you or any member of this household pay a cell phonompany or Internet service provider to access the internet? Yes No → SKIP to question 12		
li	o you or any member of this household have access to nternet using a – Cellular data plan for a smartphone or other mobile device?	the Yes	No
b	. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?		
С	. Satellite Internet service installed in this household?		
d	. Dial-up Internet service installed in this household?		
е	. Some other service? – Specify service 📈		

Page 4 FORM D-JA-GU (7-11-2018)

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from — Mark X all that apply. A public system? A cistern, catchment, tanks, or drums? A delivery vendor or water truck? A supermarket or grocery store? Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

	What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark N ONE box.
	□ Public sewer
	Septic tank or cesspool
	Other
,	

FORM D-JA-GU (7-11-2018)
Page 5

CITIZEN or NATIONAL

1- 41-	is now an action of the United Otates
Is th	is person a citizen or national of the United States?
ш	Yes, born in Guam → SKIP to question 11a
	Yes, born in another U.S. state or territory
	Yes, born abroad of U.S. citizen or U.S. national parent or parents
	Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization
	No, not a U.S. citizen or U.S. national (permanent resident)
	No, not a U.S. citizen or U.S. national (temporary resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

1
What is the highest degree or level of school this person has COMPLETED? – Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
NO SCHOOLING COMPLETED
☐ No schooling completed
NURSERY OR PRESCHOOL THROUGH GRADE 12
Nursery school, preschool or pre-kindergarten
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: MD, DDS, DVM, LLB, JD)
Doctorate degree (for example: PhD, EdD)

Page 6 FORM D-JA-GU (7-11-2018)

HEALTH INSURANCE

Is this person CURRENTLY covered by any of the fol types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	lowing		
	Yes	No	
a. Insurance through a current or former employer or union (of this person or another family member)			
b. Insurance purchased directly from an insurance company (by this person or another family member)			
c. Medicare, for people 65 and older, or people with certain disabilities			
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability			
e. TRICARE or other military health care			
f. VA (enrolled for VA health care)			
g. Indian Health Service			
h. Any other type of health insurance or health coverage plan – Specify			

PERIOD OF SERVICE

Forces?	id this person serve on active duty in the U.S. Armed Mark X a box for EACH period in which this person even if just for part of the period.
	September 2001 or later
, ,	August 1990 to August 2001 (including Persian Gulf War)
	May 1975 to July 1990
	Vietnam Era (August 1964 to April 1975)
	February 1955 to July 1964
	Korean War (July 1950 to January 1955)
	January 1947 to June 1950
	World War II (December 1941 to December 1946)
	November 1941 or earlier

FORM D-JA-GU (7-11-2018)

TRANSPORTATION TO WORK

П	ow die	d this person usually get to work LAST WEEK?
M	ark 🗶	ONE box for the method of transportation used for the distance.
		Car, truck, or private van/bus
		Public van/bus
		Taxicab
		Motorcycle
		Bicycle
		Walked
		Plane or seaplane
		Boat, ferry, or water taxi
		Worked from home → SKIP to question 43a
		Other method

TYPE OF WORKER

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 (since 2015).

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark NONE box.

PRIVATE SECTOR EMPLOYEE

	For-profit company or organization		
0	Non-profit organization (including tax-exempt and charitable		
	organizations)		
GO	VERNMENT EMPLOYEE		
au	VEHIAMENT EIM EOTEE		

Local or territorial government (for example: public
elementary school)

Active duty U.S. Armed Forces or Commissioned Co
--

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

Page 8 FORM D-JA-GU (7-11-2018)

D-JA-VI (7-11-2018)

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



ENUMERATOR FLASHCARD



WHO TO COUNT

We need to count people where they live and sleep most of the time.

Do NOT include:

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2020
- People in jail, prison, detention facility, etc. on April 1, 2020

Do include:

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2020 who have no permanent place to live

RELATIONSHIP

_		
	How	is this person related to Person 1? Mark X ONE box.
		Opposite-sex husband/wife/spouse
		Opposite-sex unmarried partner
		Same-sex husband/wife/spouse
	B	Same-sex unmarried partner
		Biological son or daughter
	P	Adopted son or daughter
	K	Stepson or stepdaughter
		Brother or sister
	6	Father or mother
		Grandchild
		Parent-in-law
		Son-in-law or daughter-in-law
		Other relative
		Roommate or housemate
		Foster child
		Other nonrelative

Page 2 FORM D-JA-VI (7-11-2018)

HISPANIC ORIGIN

ш	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
	Yes, Puerto Rican
	Yes, Cuban
]	Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i>

RACE

White – Print, for example, German, Irish, Er Egyptian, etc.	nglish, Italian, Lebanese,
Black or African Am. – Print, for example, Jamaican, Haitian, Nigerian, Ethiopian, Soma	
Community, etc.	
Chinese	Native Hawaiian
Chinese	Native Hawaiian Samoan
	Samoan Chamorro
Filipino Korean	Samoan
Filipino Korean Asian Indian Japanese Other Asian – Print, for example, Pakistani, Cambodian,	Samoan Chamorro Other Pacific Islander – Print, for example, Tongan, Fijian,

FORM D-JA-VI (7-11-2018)

Page 3

BUILDING TYPE

_		
		ch best describes this building?
	IIIGIU	de all apartments, flats, etc., even if vacant.
		A mobile home
		A one-family house detached from any other house
		A one-family house attached to one or more houses
		Two houses (American Samoa only)
		Three or more houses (American Samoa only)
		A building with 2 apartments
		A building with 3 or 4 apartments
		A building with 5 to 9 apartments
		A building with 10 to 19 apartments
		A building with 20 to 49 apartments
		A building with 50 or more apartments
		Boat, RV, van, etc.

COMPUTER USE

types of computers?	Yes	No
a. Desktop or laptop		
b. Smartphone		
c. Tablet or other portable wireless computer		
d. Some other type of computer − Specify		

Page 4

INTERNET

At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?								
☐ Yes ☐ No → SKIP to question 12								
Do you or any member of this household pay a cell phone company or internet service provider to access the internet?								
☐ Yes ☐ No → SKIP to question 12								
Do you or any member of this household have access Internet using a –	to the							
and a	Yes No							
a. Cellular data plan for a smartphone or other mobile device?								
 Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? 								
c. Satellite Internet service installed in this household?								
d. Dial-up Internet service installed in this household?								
e. Some other service? – Specify service								
	_							

FORM D-JA-VI (7-11-2018)

SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from — Mark X all that apply. A public system? A cistern, catchment, tanks, or drums? ■ A delivery vendor or water truck? A supermarket or grocery store? Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark X ONE box.
☐ Public sewer
Septic tank or cesspool
Other

FORM D-JA-VI (7-11-2018)
Page 5

CITIZEN or NATIONAL

Yes, born in the U.S. Virgin Islands → SKIP to question 11a
Yes, born in another U.S. state or territory
Yes, born abroad of U.S. citizen or U.S. national parent or parents
Yes, U.S. citizen by naturalization – Print year of naturalization
No, not a U.S. citizen or U.S. national (permanent resident)

HIGHEST DEGREE or LEVEL OF SCHOOL

What is the highest degree or level of school this person has COMPLETED? – Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
NO SCHOOLING COMPLETED
No schooling completed
NURSERY OR PRESCHOOL THROUGH GRADE 12
Nursery school, preschool or pre-kindergarten
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: MD, DDS, DVM, LLB, JD)
Doctorate degree (for example: PhD, EdD)

Page 6 FORM D-JA-VI (7-11-2018)

HEALTH INSURANCE

 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low 	
 company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of 	
with certain disabilities d. Medicaid, Medical Assistance, or any kind of	
	ш
incomes or a disability	
e. TRICARE or other military health care	
f. VA (enrolled for VA health care)	
g. Indian Health Service	
h. Any other type of health insurance or health coverage plan – Specify	

PERIOD OF SERVICE

Forces?	d this person serve on active duty in the U.S. Armed Mark (X) a box for EACH period in which this person even if just for part of the period.
	September 2001 or later
	August 1990 to August 2001 (including Persian Gulf War)
	May 1975 to July 1990
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	February 1955 to July 1964
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	January 1947 to June 1950
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	November 1941 or earlier

FORM D-JA-VI (7-11-2018)

TRANSPORTATION TO WORK

Hov	w dic	d this person usually get to work LAST WEEK?	
		ONE box for the method of transportation used for the distance.	
		Car, truck, or private van/bus	
		Public van/bus	
		Taxicab	
		Motorcycle	
		Bicycle	
		Walked	
		Plane or seaplane	
		Boat, ferry, or water taxi	
		Worked from home → SKIP to question 43a	
		Other method	
		Ť	

TYPE OF WORKER

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Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

	For-profit company of organization
D	Non-profit organization (including tax-exempt and charitable
	organizations)
GO	VERNMENT EMPLOYEE

Ц	Local or territorial	government	(for	example:	public
	elementary school)				

ш	Active	duty	U.S.	Armed	Forces	or	Commissioned	Corps
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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

Page 8 FORM D-JA-VI (7-11-2018)

D-JA-VI(S) (8-2-2018)

Nôm. de OMB xxxx-xxxx: Aprobado hasta xx/xx/xxxx



TARJETA DE REFERENCIA PARA ENUMERADORES



A QUIÉN CONTAR

Necesitamos contar a las personas donde viven y duermen la mayor parte del tiempo.

NO incluya:

- Estudiantes universitarios que no viven en esta direccií n la mayor parte del aèo.
- Personal de las Fuerzas Armadas que vive fuera de aquç
- Personas que estaban en un hogar de ancianos o nursing home, un hospital para enfermos mentales, etc. el 1 de abril de 2020.
- Personas que estaban en una c\u00fccel, una prisi\u00ed n, un centro de detenci\u00ed n, etc. el 1 de abril de 2020.

Incluya:

- Bebäs y nièos que viven aquç incluyendo a hijos de crianza (foster).
- Compaèeros de casa o cuarto.
- Inquilinos.
- Personas que se quedaban aquç el 1 de abril de 2020 y que no tienen lugar permanente donde vivir.

PARENTESCO

г		
	¿Có Mar	mo está esta persona relacionada con la Persona 1? que X UNA casilla.
l		Esposo(a) del sexo opuesto
l		Pareja no casada del sexo opuesto
		Esposo(a) del mismo sexo
l	B	Pareja no casada del mismo sexo
l		Hijo(a) biolí gico(a) o de sangre
ľ		Hijo(a) adoptivo(a)
ľ		Hijastro(a)
l		Hermano(a)
		Padre o madre
		Nieto(a)
		Suegro(a)
		Yerno o nuera
		Otro pariente
		Roommate o compaèero(a) de casa
		Hijo(a) foster
l		Otra persona que no es pariente

PÜgina 2

ORIGEN HISPANO

esta persona de origen hispano, latino o español? No, no es de origen hispano, latino o espaèol
Sç mexicano, mexicanoamericano, chicano
Sç puertorriqueèo
Sç cubano
Sç de otro origen hispano, latino o espaèol – Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.

RAZA

Negra o afroamericana – Escriba, por ejemplo, afroamericano, jamaiquino, haitiano, nigeriano, etíope, somalí, etc. Indogena de las Amäricas o nativa de Alaska – Escriba el nombo de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principo por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Nativillage of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. China Vietnamita Nativa de Hawü Filipina Coreana Samoana	
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	tive
· ·	
☐ India asiÜtica ☐ Japonesa ☐ Chamorra	
Otra asiÜtica – Escriba, por ejemplo, pakistani, camboyano, hmong, etc. Otra de las islas del Pacifico – Escriba, por ejemplo, tongano, fiyiano de las Islas Marshall, etc	0,
Alguna otra raza – Escriba la raza o el origen. 🕌	

TIPO DE EDIFICIO

	ál describe mejor este edificio? Incluya todos los apartamentos, s, etc., aunque estén desocupados.
	Una casa mí vil
	Una casa para una sola familia, separada de otras casas
	Una casa para una sola familia, unida a una o mÜs casas
	Dos casas (Samoa Estadounidense solamente)
	Tres o mÜs casas (Samoa Estadounidense solamente)
	Un edificio con 2 apartamentos
	Un edificio con 3 o 4 apartamentos
	Un edificio con 5 a 9 apartamentos
	Un edificio con 10 a 19 apartamentos
	Un edificio con 20 a 49 apartamentos
	Un edificio con 50 o mÜs apartamentos
	Embarcacií n, vehçulo recreativo (RV), van, etc.

USO DE COMPUTADORA

En esta casa, apartamento o casa móvil, ¿tiene o usa otro miembro de este hogar alguno de los siguientes computadoras?		lgún
computationas ?	Sç	No
a. Computadora de escritorio o computadora portÜtil		
b. Teläfono inteligente		
c. Tableta u otra computadora inalÜmbrica portÜtil		
d. Algôn otro tipo de computadora - Especifique ✓		

PÜgina 4

INTERNET

En esta casa, apartamento o casa móvil, ¿tiene usted o al miembro de este hogar acceso a internet?	gún o	tro
□ Sç □ No → PASE a la pregunta 12		
¿Paga usted o algún otro miembro de este hogar a una er telefonía celular o a un proveedor de servicio de internet acceso a internet?		
☐ Sç ☐ No → PASE a la pregunta 12		
¿Tiene usted o algún otro miembro de este hogar acceso a internet a través de un –	Sç	No
a. Plan de datos celulares para un teläfono inteligente u otro dispositivo mí vil?		
b. Servicio de internet de banda ancha (alta velocidad) tales como servicio de cable, fibra í ptica o <i>DSL</i> instalado en este hogar?		
c. Servicio de internet por satälite instalado en este hogar?		
d. Servicio de internet de conexií n <i>Dial-up</i> instalado en este hogar?		
e. Algun otro servicio? – Especifique el servicio		

FUENTE DE AGUA

En 2019, ¿esta casa, apartamento o casa móvil recibió aqua de -Marque X todas las opciones que correspondan. Un sistema pôblico? Una cisterna, zona de captacií n de agua, tanques o tambores? Un servicio de entrega o un camií n cisterna? Un supermercado o tienda de comestibles? Alguna otra fuente (un tubo vertical, manantial, pozo individual, etc.)?

ELIMINACIÓN DE AGUAS RESIDUALES

¿Cu esta	uál es el medio PRINCIPAL de eliminación de aguas cloacales de a casa, apartamento o casa móvil? Marque 💢 UNA casilla.
	Alcantarillado o desagõe pôblico
	Tanque säptico o pozo ciego
5	Otro
V	

CIUDADANO(A) o NACIONAL

¿Es esta persona ciudadana o nacional de los Estados Unidos? Sç nacido(a) en las Islas Vçgenes de los EE. UU. → PASE a la pregunta 11a Sç nacido(a) en otro estado o territorio de los EE. UU. Sç nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU. Sç es ciudadano(a) de los EE. UU. por naturalizacií n – Escriba el año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente) No, no es ciudadano(a) o nacional de los EE. UU. (residente temporal)	Sç nacido(a) en las Islas Vøgenes de los EE. UU. → PASE a la pregunta 11a Sç nacido(a) en otro estado o territorio de los EE. UU. Sç nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU. Sç es ciudadano(a) de los EE. UU. por naturalizacií n – Escriba el año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. No, no es ciudadano(a) o nacional de los EE. UU.	Sç nacido(a) en las Islas Vøgenes de los EE. UU. → PASE a la pregunta 11a Sç nacido(a) en otro estado o territorio de los EE. UU. Sç nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU. Sç es ciudadano(a) de los EE. UU. por naturalizacií n – Escriba el año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. No, no es ciudadano(a) o nacional de los EE. UU.	 Sç nacido(a) en las Islas Vøgenes de los EE. UU. → PASE a la pregunta 11a Sç nacido(a) en otro estado o territorio de los EE. UU. Sç nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU. Sç es ciudadano(a) de los EE. UU. por naturalizació n – Escriba el año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. No, no es ciudadano(a) o nacional de los EE. UU. 		
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 año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente) No, no es ciudadano(a) o nacional de los EE. UU. 	año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	 año de naturalización. No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente) No, no es ciudadano(a) o nacional de los EE. UU. 		Sç nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU.
(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.		Sç es ciudadano(a) de los EE. UU. por naturalizacií n – Escriba el año de naturalización.
(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.	(residente permanente) No, no es ciudadano(a) o nacional de los EE. UU.		

PÜgina 6

GRADO o NIVEL DE EDUCACIÓN MÁS ALTO

¿Cuál es el grado o nivel de educación más alto que esta persona ha completado? Marque X UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.								
NO HA COMPLETADO NINGÚN GRADO								
No ha completado ningôn grado								
GUARDERÍA O PREESCOLAR HASTA GRADO 12								
Guarderça, preescolar o prekindergarten								
☐ Kindergarten								
Grado 1 al 11 - Especifique el grado, del 1 al 11								
Grado 12 – SIN DIPLOMA								
GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA								
☐ Diploma de escuela secundaria o preparatoria								
GED o examen equivalente								
UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS								
Algunos cräditos universitarios, pero menos de 1 aèo de cräditos universitarios								
1 aèo o mÜs de cräditos universitarios, sin tœulo								
☐ Tḍulo asociado universitario (por ejemplo: AA, AS)								
☐ Tḍulo de licenciatura universitaria (por ejemplo: BA, BS)								
DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA								
Tựulo de maestrça (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)								
Trulo profesional müs allü de un trulo de licenciatura universitaria (por ejemplo: MD, DDS, DVM, LLB, JD)								
Trulo de doctorado (por ejemplo: PhD, EdD)								

SEGURO MÉDICO

,	Sç	No
a. Seguro a traväs de su empleador o sindicato (union), actual o previo (de esta persona o de cualquier otro miembro de la familia)		
 Seguro adquirido directamente de una compaèça de seguro (por esta persona o por cualquier otro miembro de la familia) 		
c. Medicare, para personas que tienen 65 aèos o mÜs, o personas con ciertas discapacidades		
 d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para personas con bajos ingresos o con discapacidad 		
e. TRICARE u otro seguro de salud militar		
f. Administracií n de Veteranos (VA) (se ha inscrito en el sistema de cuidado de salud militar de la VA)	4	
g. Servicio de Salud Indo (Indian Health Service)		K
h. Cualquier otro tipo de seguro de salud o plan de cobertura de salud – Especifique		
	•	

PERÍODO DE SERVICIO

-			
	de lo	s E	prestó esta persona servicio activo en las Fuerzas Armadas E. UU.? Marque X una casilla para CADA período durante el persona prestó servicio, aunque fuera solo por parte del período.
			Septiembre del 2001 o despuäs
		9	Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pärsico)
			Mayo del 1975 a julio del 1990
ł			Äpoca de Vietnam (agosto del 1964 a abril del 1975)
1			Febrero del 1955 a julio del 1964
	V		Guerra de Corea (julio del 1950 a enero del 1955)
			Enero del 1947 a junio del 1950
			Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
			Noviembre del 1941 o antes

TRANSPORTE AL TRABAJO

PASAD	llegó esta persona habitualmente al trabajo LA SEMANA A? Marque V UNA casilla para el medio de transporte que utilizó distancia.
	Automí vil, camií n o <i>van</i> /autobôs privado
	Van/autobôs pôblico
	Taxi
	Motocicleta
	Bicicleta
	Caminí
	Avií n o hidroavií n
	Lancha, ferri o taxi acuÜtico
	Trabají en el hogar → PASE a la pregunta 43a
	Otro mätodo

PÜgina 8

TIPO DE TRABAJADOR

DESCRIPCIÓN DEL EMPLEO

La siguiente serie de preguntas se refiere al tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual la persona trabajó más horas. Si esta persona no tenía empleo la semana pasada, describa su empleo más reciente en los últimos cinco años (desde 2015).

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos cinco años (desde 2015)? Marque 💢 UNA casilla.

EMPLEADO(A) DEL SECTOR PRIVADO

			Em	presa	u org	anizacií	'n	con	fines	de	lucre
--	--	--	----	-------	-------	----------	----	-----	-------	----	-------

Organizacií n **sin fines de lucro** (incluso organizaciones exentas de impuestos y organizaciones benäficas)

EMPLEADO(A) DEL GOBIERNO

Gobierno local o territorial (por ejemplo: escuela primaria pôblica)

Servicio activo en las Fuerzas Armadas o en los Cuerpos Comisionados de los EE. UU.

Empleado(a) civil del **gobierno federal**

EMPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPLEO

Dueño(a) de un negocio, pr
 üctica profesional o finca incorporados

Trabajo **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o müs por semana



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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-AS** (6-14-2018)



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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-MI** (6-14-2018)





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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-GU** (6-14-2018)





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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-VI(E/S)** (6-14-2018)



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Sus respuestas son confidenciales

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Título 13 del Código de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadísticas. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

El Título 13 del Código de los EE. UU. protege la confidencialidad de toda su información. Violar la confidencialidad de una persona encuestada es un delito federal que acarrea sanciones severas, incluso una sentencia de hasta cinco años en una prisión federal, una multa de hasta \$250,000, o ambas. Solo personas autorizadas tienen acceso a los datos almacenados, y la información que usted proporcione a la Oficina del Censo puede ser usada solamente por un número limitado de personas autorizadas que han jurado de por vida proteger la confidencialidad de sus respuestas individuales. Sus respuestas no pueden ser usadas en su contra por ninguna agencia o tribunal del gobierno.

Para obtener más información sobre cómo protegemos su información, visite nuestro sitio web census.gov y haga clic en "Data Protection and Privacy Policy" en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros; haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Tqulo 13 del Cí digo de los EE. UU.). La Oficina del Censo calcula que completar el cuestionario tomarÜ 40 minutos como promedio. Esta recopilacií n de informacií n ha sido aprobada por la Oficina de Administracií n y Presupuesto (OMB, por sus siglas en inglâs). El nômero de aprobacií n de ocho digitos de la OMB aparece en la parte inferior izquierda de este aviso confirma la aprobacií n. De no mostrarse este nômero, no podramos realizar el censo.

Los comentarios sobre el cÜculo de tiempo y esfuerzo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrí nico a <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project XXXX-XXXX" como tema.

For a copy of this information in English, see the reverse side. (Para ver esta information en inglés, véase al dorso.)

Nôm. de OMB XXXX-XXXX: Aprobado hasta XX/XX/XXXX

FORM **D-CN-VI(E/S)** (6-14-2018)



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La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Título 13 del Código de los EE. UU. Por ley, la Oficina del Censo solo puede usar sus respuestas para producir estadísticas. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

El Título 13 del Código de los EE. UU. protege la confidencialidad de toda su información. Violar la confidencialidad de una persona encuestada es un delito federal que acarrea sanciones severas, incluso una sentencia de hasta cinco años en una prisión federal, una multa de hasta \$250,000, o ambas. Solo personas autorizadas tienen acceso a los datos almacenados, y la información que usted proporcione a la Oficina del Censo puede ser usada solamente por un número limitado de personas autorizadas que han jurado de por vida proteger la confidencialidad de sus respuestas individuales. Sus respuestas no pueden ser usadas en su contra por ninguna agencia o tribunal del gobierno.

Para obtener más información sobre cómo protegemos su información, visite nuestro sitio web census.gov y haga clic en "Data Protection and Privacy Policy" en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros; haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Tœulo 13 del Cí digo de los EE. UU.). La Oficina del Censo calcula que completar el cuestionario tomarÜ 40 minutos como promedio. Esta recopilacií n de informacií n ha sido aprobada por la Oficina de Administracií n y Presupuesto (OMB, por sus siglas en ingläs). El nômero de aprobacií n de ocho degitos de la OMB aparece en la parte inferior izquierda de este aviso confirma la aprobacií n. De no mostrarse este nômero, no podræmos realizar el censo.

Los comentarios sobre el cÜculo de tiempo y esfuerzo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrí nico a <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project XXXX-XXXX" como tema.

For a copy of this information in English, see the reverse side. (Para ver esta información en inglés, véase al dorso.)

Nôm. de OMB XXXX-XXXX: Aprobado hasta XX/XX/XXXX