D-JA-AS (4-9-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



FLASHCARD

Everyone counts.

The goal of the 2020 Census of American Samoa is to count everyone by collecting information about all adults, children, and babies living in American Samoa.

Census data are important.

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of American Samoa, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

Taking part is your civic duty.

Completing the 2020 Census of American Samoa is required. It is a way to say I count.

Your information is confidential.

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

Use this flashcard to answer questions from the 2020 Census of American Samoa.

Please turn to the next page to begin using this 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

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
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 (4-9-2019)

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>	No	, not	t of	His	pani	ic, L	_atir	no, (or S	pan	ish	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>	Yes	s, Me	exica	an,	Me	xica	ın 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>	Yes	s, Pu	ierto	Ri	can											
example, Salvadoran, Dominican, Colombian, Guatemalan,	example, Salvadoran, Dominican, Colombian, Guatemalan,	Yes	s, Cı	ubar	ı												
		exa	example, Salvadoran, Dominican, Colombian, Guatemalan,														
		Г															

RACE

White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Chinese
Filipino
Asian Indian
Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.
Some other race − Print race or origin.

FORM D-JA-AS (4-9-2019) Page 3

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 \overline{k}	

Page 4

INTERNET

 Yes No Do you or any member of this household pay a cell procompany or Internet service provider to access the 	none
Internet? Yes No	
Do you or any member of this household have access Internet using a –	to the
internet using a –	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-AS (4-9-2019)

SOURCE OF WATER

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

ш	Public sewer
	Septic tank or cesspool
	Other

FORM D-JA-AS (4-9-2019) Page 5

CITIZEN or NATIONAL

ls th	is person a citizen or national of the United States?
	Yes, born in American Samoa
	Yes, born in another U.S. state or U.S. 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 ☐
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 (4-9-2019)

HEALTH INSURANCE

													Yes	No
a.	Insurar or unio													
b.	Insurar)		
Э.	Medica certain			65 8	and	olde	r, o	r pe	opl	e w	ith			
d.	Medica governi income	ment-a	ssistar	ісе р										
Э.	TRICA	RE or o	other m	nilitar	y he	ealth	car	е						
	VA (en	rolled f	or VA	healt	th ca	are)								
g.	Indian	Health	Servic	е										
า.	Any oth					ıranc	e o	he	alth	l				

PERIOD OF SERVICE

For	en did this person serve on active duty in the U.S. Armed ces? Mark X a box for EACH period in which this person yed, 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 (4-9-2019) Page 7

TRANSPORTATION TO WORK

	I'll I'll I'll I'll I'll I'll I'll I'll
How Mark	r did this person usually get to work LAST WEEK? K X ONE box for the method of transportation used for
mos	t 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
	Other method
	Other method

TYPE OF WORKER

PRI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
O	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
SEL	F-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-AS (4-9-2019)

D-JA-GE-AS (4-12-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

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Use this flashcard to answer questions from the 2020 Census of American Samoa.

Please turn to the next page to begin using this flashcard.

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, English, Italian, Lebanese, Egyptian, etc.
Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Chinese Vietnamese Native Hawaiian
Filipino
Asian Indian
Other Asian – Other Pacific Islander – Print, for example, Pakistani, Cambodian, Hmong, etc.

FORM D-JA-GE-AS (4-12-2019)

CITIZEN or NATIONAL

Are you a citizen or national of the United States?	
Yes, born in American Samoa	
Yes, born in another U.S. state or U.S. 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 you have 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 2 FORM D-JA-GE-AS (4-12-2019)

HEALTH INSURANCE

		Yes	No
a.	Insurance through a current or former employer or union (of you or another family member)		
b.	Insurance purchased directly from an insurance company (by you or another family member)		
Э.	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		
Э.	TRICARE or other military health care		
	VA (enrolled for VA health care)		
g.	Indian Health Service		
า.	Any other type of health insurance or health coverage plan – <i>Specify</i>		

PERIOD OF SERVICE

Mar	en did you serve on active duty in the U.S. Armed Forces? k X a box for EACH period in which you served, even if just 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-GE-AS (4-12-2019)

TRANSPORTATION TO WORK

How did you 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
Other method

TYPE OF WORKER

-1	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
iO\	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
EL	F-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 4 FORM D-JA-GE-AS (4-12-2019)

D-JA-GE-GU (4-12-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

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The goal of the 2020 Census of Guam is to count everyone by collecting information about all adults, children, and babies living in Guam.

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Use this flashcard to answer questions from the 2020 Census of Guam.

Please turn to the next page to begin using this flashcard.

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 – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
	American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
П	Chinese Vietnamese Native Hawaiian
	Filipino
	Asian Indian
	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc.

FORM D-JA-GE-GU (4-12-2019)

CITIZEN or NATIONAL

Are	you a citizen or national of the United States?
	Yes, born in Guam
	Yes, born in another U.S. state or U.S. 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 you have 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 2 FORM D-JA-GE-GU (4-12-2019)

HEALTH INSURANCE

			Yes	No				
a.	Insurance through a cu or union (of you or ano	rrent or former employer ther family member)						
b.	Insurance purchased directly from an insurance company (by you or another family member)							
Э.	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							
Э.	TRICARE or other military health care							
f.	VA (enrolled for VA health care)							
g.	Indian Health Service							
h.	Any other type of healt coverage plan – Specif							

PERIOD OF SERVICE

When did you serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which you served, even if just for part of the period.	
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-GE-GU (4-12-2019)

TRANSPORTATION TO WORK

How did you 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
Other method

TYPE OF WORKER

Non-profit organization (including tax-exempt and charitable organizations) SOVERNMENT 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		
organizations) GOVERNMENT EMPLOYEE Local or territorial government (for example: public elementary school) Active duty U.S. Armed Forces or Commissioned Corps Federal government civilian employee GELF-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-profit company or organization
Local or territorial government (for example: public elementary school) Active duty U.S. Armed Forces or Commissioned Corps Federal government civilian employee ELF-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		
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	O	VERNMENT EMPLOYEE
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		
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		Active duty U.S. Armed Forces or Commissioned Corps
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		Federal government civilian employee
or farm Owner of incorporated business, professional practice, or farm Worked without pay in a for-profit family business or farm	SEL	F-EMPLOYED OR OTHER
or farm Worked without pay in a for-profit family business or farm		
• • • •		

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D-JA-GE-MI (4-12-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

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Use this flashcard to answer questions from the 2020 Census of the Commonwealth of the Northern Mariana Islands.

Please turn to the next page to begin using this flashcard.

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 – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Chinese Vietnamese Native Hawaiian
Filipino
Asian Indian
Other Asian – Other Pacific Islander – Print, for example, Pakistani, Cambodian, Hmong, etc.

FORM D-JA-GE-MI (4-12-2019)

CITIZEN or NATIONAL

-	Yes, born in the Commonwealth of the Northern Mariana Islands
	Yes, born in another U.S. state or U.S. 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

CON	It is the highest degree or level of school you have IPLETED? Mark X ONE box. If currently enrolled, mark or brevious grade or highest degree received.
NO S	SCHOOLING COMPLETED
	No schooling completed
NUR	SERY 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	H SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
COL	LEGE 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)
AFT	ER 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 2 FORM D-JA-GE-MI (4-12-2019)

HEALTH INSURANCE

													Yes	No
a.	Insurar or unio									oye	r			
b.	Insurar)			
Э.	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													
Э.	TRICARE or other military health care													
	VA (enrolled for VA health care)													
g.	Indian Health Service													
h.	Any oth						ce o	r he	alth	1				

PERIOD OF SERVICE

en did you serve on active duty in the U.S. Armed Forces? **K X a box for EACH period in which you served, even if just
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-GE-MI (4-12-2019)

TRANSPORTATION TO WORK

How	did you usually get to work LAST WEEK?
Mark	NONE box for the method of transportation used for
mosi	t 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
	Other method

TYPE OF WORKER

PRI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
GO	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
SEI	F-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

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D-JA-GE-VI (4-12-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

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Completing the 2020 Census of the U.S. Virgin Islands is required. It is a way to say I count.

Your information is confidential.

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

Use this flashcard to answer questions from the 2020 Census of the U.S. Virgin Islands.

Please turn to the next page to begin using this flashcard.

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 – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
	American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
П	Chinese Vietnamese Native Hawaiian
	Filipino
	Asian Indian
	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc.

FORM D-JA-GE-VI (4-12-2019)

CITIZEN or NATIONAL

	you a citizen or national of the United States?
Ш	Yes, born in the U.S. Virgin Islands
ш	Yes, born in another U.S. state or U.S. 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 you have 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 2 FORM D-JA-GE-VI (4-12-2019)

HEALTH INSURANCE

												Yes	No
a.	Insurar or unio									oye	r		
b.	Insurar)		
Э.	Medica certain			ole 6	5 and	l olde	er, o	r pe	opl	e w	ith		
d.	Medica govern income	ment-a	assist	ance									
Э.	TRICA	RE or	other	milit	tary h	ealth	ı car	е					
	VA (en	rolled	for V	A he	alth c	are)							
g.	Indian	Health	Serv	/ice									
h.	Any oth						ce o	r he	alth	1			

PERIOD OF SERVICE

en did you serve on active duty in the U.S. Armed Forces? k X a box for EACH period in which you served, even if just
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-GE-VI (4-12-2019)

TRANSPORTATION TO WORK

How did you 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
Other method

TYPE OF WORKER

PRI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
GO	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
SEL	F-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 4 FORM D-JA-GE-VI (4-12-2019)

D-JA-GE-VI(S) (4-12-2019)

Num. de OMB No. 0607-1006: Aprobado hasta 11/30/2021



TARJETA DE REFERENCIA PARA EL CUESTIONARIO INDIVIDUAL DEL CENSO

Todos cuentan.

Los datos del censo son importantes.

La Constitucií n de los EE. UU. requiere un censo cada 10 aèos. Cuando usted responde al Censo del 2020 de las Islas Vggenes de los EE. UU., estÜ haciendo su parte para ayudar a su comunidad a planificar para hospitales y escuelas, apoyar programas locales, mejorar servicios de emergencia, construir caminos, informar a las empresas que desean agregar puestos de trabajo y mÜs.

Participar es su deber coico.

Su informacií n es confidencial.

La ley federal protege sus respuestas. Sus respuestas se pueden usar solo para producir estad
çsticas y no pueden ser usadas en su contra por ninguna agencia del gobierno o tribunal.

Use esta tarjeta de referencia para responder preguntas del Censo del 2020 de las Islas V\u03c3genes de los EE. UU.

Por favor, da vuelta a la siguiente pÜgina para comenzar a usar esta tarjeta de referencia.

ORIGEN HISPANO

No, no 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 salvadoreèo, dominicano, colombiano, guatemalteco, espaèol, ecuatoriano, etc.

RAZA

Blanca libanäs	– Es , egij	criba pcio,	, po etc.	r eje 	трі	lo, a	lem	ıÜh,	irla	ndä	s, ii	nglä	is, i	taliano,
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FORM D-JA-GE-VI(S) (4-12-2019) PÜgina 1

CIUDADANO(A) o NACIONAL

Sç nacido(a) en las Islas Vçgenes de los EE. UU.
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 ciudadano(a) de los EE. UU. por naturalizacií n − Escriba el aèo de naturalizacií n.
No, no ciudadano(a) o nacional de los EE. UU. (residente permanente)
No, no ciudadano(a) o nacional de los EE. UU. (residente temporal)
(residente temperal)

GRADO o NIVEL DE EDUCACIÓN MÁS ALTO

¿CuÜ es el grado o nivel de educacií n müs alto que ha COMPLETADO? Marque 🗷 UNA casilla. Si estÜ matriculado(a) actualmente, marque el grado o nivel müs alto que haya recibido previamente.
NO HA COMPLETADO NINGÔN GRADO
☐ No ha completado ningôn grado
GUARDERÇA 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 CRÄDITOS UNIVERSITARIOS
Algunos cräditos universitarios, pero menos de 1 aèo de cräditos universitarios
1 aèo o mÜs de cräditos universitarios, sin tçulo
Tṛulo asociado universitario (por ejemplo: AA, AS)
Tçtulo de licenciatura universitaria (por ejemplo: BA, BS)
DESPUÄS DEL TŒULO DE LICENCIATURA UNIVERSITARIA
Tœulo de maestrœ (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
Tœulo profesional müs allü de un tœulo de licenciatura universitaria (por ejemplo: MD, DDS, DVM, LLB, JD)
Tţulo de doctorado (por ejemplo: PhD, EdD)

PÜgina 2

FORM D-JA-GE-VI(S) (4-12-2019)

SEGURO MÉDICO

		Yes	No
a.	Seguro a traväs de su empleador o sindicato (union), actual o previo (suyo o de cualquier otro miembro de la familia)		
b.	Seguro adquirido directamente de una compaèça de seguro (por usted 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 discapacidades		
e.	TRICARE u otro seguro de salud militar		
f.	Administracií n de Veteranos (VA) (inscrito[a] en el sistema de cuidado de salud militar de la VA)		
g.	Servicio de Salud Indio (Indian Health Service)		
h.	Cualquier otro tipo de seguro de salud o plan de cobertura de salud – Especifique		

PERÍODO DE SERVICIO

los	uündo estuvo usted en servicio activo en las Fuerzas Armadas de EE. UU.? Marque X una casilla para CADA peropdo durante el cual ed prestí servicio activo, aunque fuera solo por parte del peropdo.
	Septiembre del 2001 o despuäs
	Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pärsico)
	Mayo del 1975 a julio del 1990
	Äpoca de Vietnam (agosto del 1964 a abril del 1975)
	Febrero del 1955 a julio del 1964
	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

FORM D-JA-GE-VI(S) (4-12-2019)
PÜgina 3

TRANSPORTE AL TRABAJO

Mar mÜs	que 🗷 UNA casilla para el medio de transporte que utilizí por distancia.
	Automí vil, camií n o van/autobôs privado
	Van/autobôs pôblico
	Taxi
	Motocicleta
	Bicicleta
	Caminí
	Avií n o hidroavií n
	Lancha, ferri o taxi acuÜtico
	Trabají en el hogar
	Otro mätodo

TIPO DE TRABAJADOR

Empresa u organizacií n con fines de lucro 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 de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal EMPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPLEO Propietario(a) de un negocio, prüctica profesional o finca no incorporados Propietario(a) de un negocio, prüctica profesional o finca incorporados	EMPLEADO(A) DEL SECTOR PRIVADO Empresa u organizacií n con fines de lucro 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 de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal EMPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPLEO Propietario(a) de un negocio, prüctica profesional o finca no incorporados Propietario(a) de un negocio, prüctica profesional o finca incorporados Trabajo sin paga en un negocio o finca de la familia con	en	uÜ de las siguientes opciones describe mejor su empleo la nana pasada o el empleo mÜs reciente en los ôltimos cinco
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incorporados Trabajo sin paga en un negocio o finca de la familia con	incorporados ☐ Trabajo sin paga en un negocio o finca de la familia con		

PÜgina 4

FORM D-JA-GE-VI(S) (4-12-2019)

D-JA-GU (4-9-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



FLASHCARD

Everyone counts.

The goal of the 2020 Census of Guam is to count everyone by collecting information about all adults, children, and babies living in Guam.

Census data are important.

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of Guam, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

Taking part is your civic duty.

Completing the 2020 Census of Guam is required. It is a way to say I count.

Your information is confidential.

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

Use this flashcard to answer questions from the 2020 Census of Guam.

Please turn to the next page to begin using this 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

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
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 (4-9-2019)

HISPANIC ORIGIN

☐ No	o, not of Hispanic, Latino, or Spanish origin
Yes	s, Mexican, Mexican Am., Chicano
Yes	s, Puerto Rican
Yes	s, Cuban
exa	s, another Hispanic, Latino, or Spanish origin – Print, for ample, Salvadoran, Dominican, Colombian, Guatemalan, aniard, Ecuadorian, etc.

RACE

White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Chinese
Filipino
Asian Indian
Other Asian – Other Pacific Islander – Print, for example, Pakistani, Cambodian, Hmong, etc.
Some other race − Print race or origin. ✓

FORM D-JA-GU (4-9-2019) Page 3

BUILDING TYPE

	ch 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

At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?			
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 FORM D-JA-GU (4-9-2019)

INTERNET

☐ Yes ☐ No	
Do you or any member of this household pay a cell pl company or Internet service provider to access the Internet?	hone
Yes	
□ No	
Do you or any member of this household have access Internet using a –	to the
internet using a –	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 ✓	

SOURCE OF WATER

J	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

Public sewer
Septic tank or cesspool
Other

FORM D-JA-GU (4-9-2019)

CITIZEN or NATIONAL

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-GU (4-9-2019)

HEALTH INSURANCE

		Yes	No
а.	Insurance through a current or former employer or union (of this person or another family member)		
Э.	Insurance purchased directly from an insurance company (by this person or another family member)		
Э.	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		
9.	TRICARE or other military health care		
	VA (enrolled for VA health care)		
g.	Indian Health Service		
า.	Any other type of health insurance or health coverage plan – <i>Specify</i>		

PERIOD OF SERVICE

Whe	en did this person serve on active duty in the U.S. Armed
For	ces? Mark X a box for EACH period in which this person ed, even if just for part of the period.
SCIV	ed, even in 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 (4-9-2019)

TRANSPORTATION TO WORK

How	did this person usually get to work LAST WEEK?
Mark	(X ONE box for the method of transportation used for to the distance.
111031	tor 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
	Other method

TYPE OF WORKER

PRI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
(O	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
EL	F-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 (4-9-2019)

D-JA-MI (4-9-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



FLASHCARD

Everyone counts.

The goal of the 2020 Census of the Commonwealth of the Northern Mariana Islands is to count everyone by collecting information about all adults, children, and babies living in the Commonwealth of the Northern Mariana Islands.

Census data are important.

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of the Commonwealth of the Northern Mariana Islands, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

Taking part is your civic duty.

Completing the 2020 Census of the Commonwealth of the Northern Mariana Islands is required. It is a way to say I count.

Your information is confidential.

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

Use this flashcard to answer questions from the 2020 Census of the Commonwealth of the Northern Mariana Islands.

Please turn to the next page to begin using this 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

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
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 (4-9-2019)

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, English, Italian, Lebanese, Egyptian, etc.
	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
	American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
	Chinese
	Filipino
	Asian Indian
	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc.
	Some other race − Print race or origin. ✓

FORM D-JA-MI (4-9-2019)

BUILDING TYPE

	Which best describes this building? Include 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

At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?							
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 FORM D-JA-MI (4-9-2019)

INTERNET

mpany or Internet service provider to access the ernet? Yes	
Yes	
NI.	
No	
you or any member of this household have access to the ernet using a – Ye	s No
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?	
Satellite Internet service installed in this household?	
Dial-up Internet service installed in this household?	
Some other service? – Specify service 📈	

SOURCE OF WATER

4	A public system?
1	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

Public sewer
Septic tank or cesspool
Other

FORM D-JA-MI (4-9-2019) Page 5

CITIZEN or NATIONAL

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-MI (4-9-2019)

HEALTH INSURANCE

													Yes	No
a.	Insurar or unio													
э.	Insurance purchased directly from an insurance company (by this person or another family member)													
Э.	Medica certain			ole 6	5 and	d old	er, c	r pe	eop	le w	ith			
d.	Medica govern income	ment-a	assist	ance										
Э.	TRICARE or other military health care													
f.	VA (enrolled for VA health care)													
g.	Indian	Health	Serv	vice										
h.	Any oth						ce o	r he	alth	า				

PERIOD OF SERVICE

Whe	en did this person serve on active duty in the U.S. Armed			
For	ces? Mark 🗷 a box for EACH period in which this person ed, even if just for part of the period.			
	September 2001 or later			
	August 1990 to August 2001 (including Persian Gulf War)			
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	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 (4-9-2019)

TRANSPORTATION TO WORK

How	did this person usually get to work LAST WEEK?
Mark	NE box for the method of transportation used for
most	t 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
	Other method

TYPE OF WORKER

'NI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
O	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
EL	F-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 (4-9-2019)

D-JA-VI (4-9-2019)

OMB No. 0607-1006: Approval Expires 11/30/2021



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Do include:

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- Roommates.
- Boarders.
- People staying here on April 1, 2020 who have no permanent place to live.

RELATIONSHIP

Р	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
	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

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, English, Italian, Lebanese, Egyptian, etc.
Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
Chinese
Filipino
Asian Indian
Other Asian – Other Pacific Islander – Print, for example, Print, for example, Tongan, Fijian, Marshallese, etc.
Some other race − Print race or origin. ✓

FORM D-JA-VI (4-9-2019)
Page 3

BUILDING TYPE

	Thich best describes this building? clude 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

At this house, apartment, or mobile home – do you omember of this household own or use any of the fol types of computers?	
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 FORM D-JA-VI (4-9-2019)

INTERNET

□ No	
Do you or any member of this household pay a cell p company or Internet service provider to access the Internet?	hone
Yes	
□ No	
Do you or any member of this household have acces Internet using a –	s to the
internet using a –	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 ✓	

SOURCE OF WATER

	A public system?
)	A cistern, catchment, tanks, or drums?
	A delivery vendor or water truck?
	A supermarket or grocery store?
3	Some other source (a standpipe, spring, individual well, etc.)?

SEWAGE DISPOSAL

Public sewer
Septic tank or cesspool
Other

FORM D-JA-VI (4-9-2019) Page 5

CITIZEN or NATIONAL

ls ti	nis person a citizen or national of the United States?
	Yes, born in the U.S. Virgin Islands
	Yes, born in another U.S. state or U.S. 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
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Nursery school, preschool, or pre-kindergarten
☐ Kindergarten
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12th grade – NO DIPLOMA
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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 (4-9-2019)

HEALTH INSURANCE

														Yes	No
a.	Insurar or unio														
э.	Insurance purchased directly from an insurance company (by this person or another family member)														
Э.	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														
Э.	TRICARE or other military health care														
f.	VA (enrolled for VA health care)														
g.	Indian	Heal	th Se	rvice											
n.	Any otl						ırand	се о	r he	ealtl	า				

PERIOD OF SERVICE

Forces? served, e Sep Aug May Viet Feb Kore Janu Wor	this person serve on active duty in the U.S. Armed Mark A a box for EACH period in which this person ven if just for part of the period. tember 2001 or later ust 1990 to August 2001 (including Persian Gulf War) 1975 to July 1990 nam Era (August 1964 to April 1975)
Served, e Sep Aug May Viet Feb Kore Janu	ven if just for part of the period. tember 2001 or later ust 1990 to August 2001 (including Persian Gulf War) 1975 to July 1990
Aug May Vieti Feb Kore Janu Wor	ust 1990 to August 2001 (including Persian Gulf War)
May Viete Feb Kore Janu Wor	1975 to July 1990
Viet	
Feb Kore Janu Wor	nam Era (August 1964 to April 1975)
☐ Kore ☐ Janu ☐ Wor	
☐ Janu	ruary 1955 to July 1964
Wor	ean War (July 1950 to January 1955)
	uary 1947 to June 1950
□ Nov	ld War II (December 1941 to December 1946)
	ember 1941 or earlier

FORM D-JA-VI (4-9-2019)

TRANSPORTATION TO WORK

How	did this person usually get to work LAST WEEK?
Mark	(X ONE box for the method of transportation used for to the distance.
111031	tor 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
	Other method

TYPE OF WORKER

'KI	VATE SECTOR EMPLOYEE
	For-profit company or organization
	Non-profit organization (including tax-exempt and charitable organizations)
GO'	VERNMENT EMPLOYEE
	Local or territorial government (for example: public elementary school)
	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
SEL	F-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 (4-9-2019)

D-JA-VI(S) (4-12-2019)

Num. de OMB No. 0607-1006: Aprobado hasta 11/30/2021



TARJETA DE REFERENCIA

Todos cuentan.

El objetivo del Censo del 2020 de las Islas Vggenes de los EE. UU. es contar a todos mediante la recopilacií n de informacií n sobre adultos, nièos y bebäs que vivan en las Islas Vggenes de los EE. UU.

Los datos del censo son importantes.

La Constitucií n de los EE. UU. requiere un censo cada 10 aèos. Cuando usted responde al Censo del 2020 de las Islas Vggenes de los EE. UU., estÜ haciendo su parte para ayudar a su comunidad a planificar para hospitales y escuelas, apoyar programas locales, mejorar servicios de emergencia, construir caminos, informar a las empresas que desean agregar puestos de trabajo y mÜs.

Participar es su deber coico.

Su informacií n es confidencial.

La ley federal protege sus respuestas. Sus respuestas se pueden usar solo para producir estad
çsticas y no pueden ser usadas en su contra por ninguna agencia del gobierno o tribunal.

Por favor, da vuelta a la siguiente pügina para comenzar a usar esta tarjeta de referencia.

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\u00fcrel, 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 aquçel 1 de abril de 2020 y que no tienen lugar permanente donde vivir.

PARENTESCO

que 🔀 UNA casilla. Esposo(a) del sexo opuesto
Pareja no casada del sexo opuesto
Esposo(a) del mismo sexo
Pareja no casada del mismo sexo
Hijo(a) biolí gico(a) o de sangre
Hijo(a) adoptivo(a)
Hijastro(a)
Hermano(a)
Padre o madre
Nieto(a)
Suegro(a)
Yerno o nuera
Otro pariente
Roommate o compaèero(a) de casa
Hijo(a) foster
Otra persona que no es pariente

PÜgina 2

ORIGEN HISPANO

No,	no	es	de	orig	en l	hisp	anc	, lat	tino	о е	spa	ièol					
Sç r	nex	icar	no,	mex	kica	noa	mei	ricar	10,	chic	anc)					
Sç p	oue	rtori	riqu	eèo													
Sç d	cuba	ano															
Sç o salv ecua	ado	reè	0, 0	lom	inic	ano	o, la , cc	atino olom	o o e bia	espa no,	aèo gua	l – l aten	Esci nalte	riba, eco,	po	r eje oaèd	emp ol,

RAZA

	Blanca – Escriba, por ejemplo, alemÜh, irlandäs, ingläs, italiano,libanäs, egipcio, etc.
	Negra o afroamericana – Escriba, por ejemplo, afroamericano, jamaiquino, haitiano, nigeriano, et@pe, somalç etc.
	por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
	China
	Filipina Coreana Samoana
Н	India asiÜtica
ш	Otra asi\(\text{Uica} - \) Escriba, por ejemplo, pakistan\(\text{c}\) camboyano, hmong, etc. Otra de las islas del Pacifico – Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.
	Alaura chus vana. Facuiba la vana a al cuivan
	Alguna otra raza – Escriba la raza o el origen.

FORM D-JA-VI(S) (4-12-2019)

TIPO DE EDIFICIO

uÜ describe mejor este edificio? Incluya todos los apartamentos, os, etc., aunque estän 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 apartamentos o mÜs
Embarcacií n, vehœulo recreativo (RV), van, etc.

USO DE COMPUTADORA

computadoras?	Yes	No
a. Computadora de escritorio o computadora portÜtil		
b. Teläfono inteligente (smartphone)		
c. Tableta u otra computadora inalÜmbrica portÜtil		
d. Algôn otro tipo de computadora - Especifique ✓		

PÜgina 4

INTERNET

□ Sç		
No		
¿Paga usted o algôn otro miembro de este hogar a una compaèça de teläfonos celulares o a un proveedor de se de internet para tener acceso a internet?	rvicio	
□ Sç		
□ No		
Tiene usted o algôn otro miembro de este hogar acces	0	
a internet a traväs de un –	Yes	No
a. Plan de datos celulares para un teläfono inteligente (smartphone) u otro dispositivo mí vil?		
 Servicio de internet de banda ancha (alta velocidad) tales como servicio de cable, fibra í ptica o DSL instalado en este hogar? 		
c. Servicio de internet por satälite instalado en este hogar?		
 Servicio de internet de conexií n Dial-up instalado en este hogar? 		
e. Algôn otro servicio? – Especifique el servicio 🗾		

FORM D-JA-VI(S) (4-12-2019)

FUENTE DE AGUA

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 CLOACALES

	Alcantarillado o desagõe pôblico
П	Tanque säptico o pozo ciego
П	Otro
	Olio

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CIUDADANO(A) o NACIONAL

Sç nacido(a) en las Islas Vçgenes de los EE. UU.
Sç nacido(a) en otro estado de los EE. UU. 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 aèo de naturalizacií n.
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)

TÍTULO O NIVEL DE EDUCACIÓN MÁS ALTO

¿CuÜ es el tœulo o nivel de educacií n mÜs alto que esta persona ha COMPLETADO? Marque X UNA casilla. Si estÜ matriculada actualmente, marque el grado escolar anterior o el tœulo mÜs alto recibido.
NO HA COMPLETADO NINGÔN TỰULO
☐ No ha completado ningôn grado
GUARDERÇA O PREESCOLAR HASTA GRADO 12
Guarderça, preescolar o prekindergarten
☐ Kindergarten
☐ Grado 1 al 11 – Especifique el grado, 1 – 11
Grado 12 – SIN DIPLOMA
GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA (HIGH SCHOOL)
☐ Diploma de escuela secundaria o preparatoria (high school)
GED o examen equivalente
UNIVERSIDAD O ALGUNOS CRÄDITOS UNIVERSITARIOS
Algunos cräditos universitarios, pero menos de 1 aèo de cräditos universitarios
☐ 1 aèo o mÜs de cräditos universitarios, sin tţulo
Tḍulo asociado universitario (por ejemplo: AA, AS)
Tḍulo de licenciatura universitaria (por ejemplo: BA, BS)
DESPUÄS DEL TŒULO DE LICENCIATURA UNIVERSITARIA
Tựulo de maestrœ (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
Tœulo profesional müs allü de un tœulo de licenciatura universitaria (por ejemplo: MD, DDS, DVM, LLB, JD)
T

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SEGURO MÉDICO

		Sç	No
а.	Seguro a traväs de su empleador o sindicato (union), actual o previo (de esta persona o de cualquier otro miembro de la familia)		
ο.	Seguro adquirido directamente de una compaèça de seguro (por esta persona o por cualquier otro miembro de la familia)		
Э.	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 discapacidades		
e.	TRICARE u otro seguro de salud militar		
f.	Administracií n de Veteranos (VA) (inscrito[a] enel sistema de cuidado de salud militar de la VA)		
g.	Servicio de Salud Indio (Indian Health Service)		
h.	Cualquier otro tipo de seguro de salud o plan de cobertura de salud – Especifique		

PERÍODO DE SERVICIO

Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pärsico) Mayo del 1975 a julio del 1990 Äpoca de Vietnam (agosto del 1964 a abril del 1975) Febrero del 1955 a julio del 1964 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	parte del per
Golfo Pärsico) Mayo del 1975 a julio del 1990 Äpoca de Vietnam (agosto del 1964 a abril del 1975) Febrero del 1955 a julio del 1964 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)	Septiembre del 2001 o despuäs
 Äpoca de Vietnam (agosto del 1964 a abril del 1975) Febrero del 1955 a julio del 1964 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) 	
Febrero del 1955 a julio del 1964 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)	Mayo del 1975 a julio del 1990
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)	Äpoca de Vietnam (agosto del 1964 a abril del 1975)
 Enero del 1947 a junio del 1950 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946) 	Febrero del 1955 a julio del 1964
Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)	Guerra de Corea (julio del 1950 a enero del 1955)
del 1946)	Enero del 1947 a junio del 1950
Noviembre del 1941 o antes	
	Noviembre del 1941 o antes

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TRANSPORTE AL TRABAJO

¿Cí	mo llegí esta persona habitualmente al trabajo LA SEMANA
PAS	SADA? Marque 🗴 UNA casilla para el medio de transporte que zí por mÜs distancia.
Guilz	ir por mas distancia.
	Automí vil, camií n o van/autobôs privado
	Van/autobôs pôblico
	Taxi
	Motocicleta
	Bicicleta
	Caminí
	Avií n o hidroavií n
	Lancha, ferri o taxi acuÜtico
	Trabají en el hogar
	Otro mätodo

TIPO DE TRABAJADOR

exentas de impuestos y organizaciones benäficas) MPLEADO(A) DEL GOBIERNO Gobierno local o territorial (por ejemplo: escuela primaria pôblica) Servicio activo en las Fuerzas Armadas de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal	Empresa u organizacií n con fines de lucro	
MPLEADO(A) DEL GOBIERNO Gobierno local o territorial (por ejemplo: escuela primaria pôblica) Servicio activo en las Fuerzas Armadas de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal MPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPL Propietario(a) de un negocio, prüctica profesional o finca		
(por ejemplo: escuela primaria pôblica) Servicio activo en las Fuerzas Armadas de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal MPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPL Propietario(a) de un negocio, prüctica profesional o finca	Organización sin fines de lucro (incluyendo organizacione exentas de impuestos y organizaciones benäficas)	es
(por ejemplo: escuela primaria pôblica) Servicio activo en las Fuerzas Armadas de EE. UU. o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal MPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPL Propietario(a) de un negocio, prüctica profesional o finca	LEADO(A) DEL GOBIERNO	
o en los Cuerpos Comisionados Empleado(a) civil del gobierno federal MPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPL Propietario(a) de un negocio, prüctica profesional o finca		
Propietario(a) de un negocio, prüctica profesional o finca		
	Empleado(a) civil del gobierno federal	
	LEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMP	LEC
Propietario(a) de un negocio, prüctica 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	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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