



THE Puerto Rico Community Survey

This booklet shows the content of the Puerto Rico Community Survey questionnaire.

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

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



If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

Please print today's date. Month Day Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question. Last Name First Name MI Area Code + Number How many people are living or staying at this address? • **INCLUDE** everyone who is living or staying here for more than 2 months. INCLUDE yourself if you are living here for more than 2 months. • **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less. • **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment. Number of people Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

USCENSUSBUREAU

FORM **ACS-1(INFO)(2008)PR KFI** (08-01-2007)

OMB No. 0607-0810



Person 1	Person 2
(Person 1 is the person living or staying here in whose name this house	1 What is Person 2's name? Last Name (Please print) First Name MI
or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)	How is this person related to Person 1? Mark (X) ONE box.
1 What is Person 1's name? Last Name (Please print) First Name MI How is this person related to Person 1? Person 1	Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law
What is Person 1's sex? Mark (X) ONE box. Male Female	What is Person 2's sex? Mark (X) ONE box. Male Female
What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 1 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Print numbers in boxes. Age (in years) Month Day Year of birth Print origin and Ouestion or Spanish origin? Print origin for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Print numbers in boxes. Note: Please answer BOTH Question 5 about Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origin and Ouestion 6 about race. For this survey, Hi	What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Age (in years) Month Day Year of birth Print origin and Ouestion 5 about Hispanic origin and Ouestion 6 about race. For this survey, Hispanic origins are not races. Spanish origin 7 Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Print numbers in boxes. Print origin and Ouestion 5 about Hispanic orig
What is Person 1's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.	What is Person 2's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. The state of the s
Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race.	Some other race – Print race.

Person 3	Person 4				
1 What is Person 3's name? Last Name (Please print) First Name	MI Last Name (Please print) First Name MI				
How is this person related to Person 1? Mark (X) ONE box. Husband or wife Biological son or daughter Adopted son or daughter Brother or sister Brother or mother Father or mother Parent-in-law What is Person 3's sex? Mark (X) ONE box. Male Female What is Person 3's age and what is Person 3's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth	Biological son or daughter Adopted son or daughter Roomer or boarder				
 NOTE: Please answer BOTH Question 5 about Hispanic origin an Question 6 about race. For this survey, Hispanic origins are not rate. Is Person 3 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	Roces. Reces. Reces.				
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Asian Indian Chinese Korean Guamanian or Cham Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Filipino Uietnamese Samoan Other Asian – Print race, Other Pacific Islander –				
Some other race – Print race.	Some other race – Print race.				

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Porson 6 Last Name (Please print) First Name			First Name	NAL	We may call you for more inform	ation about them. 📈	
Note: Descendence Descen	ast Name (Flease print)		-irst ivairie		Person 6		
Note: Descendence Descen					Last Name (Please print)	First Name	
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Biological son or daughter							
Adopted son or daughter		nughtor		auginter-in-law			
Stepson or stepdaughter		_	=		Carr Mala Tamala	O ma (im vecama)	
Brother or sister		•				Age (in years)	
Father or mother	_	gnter			Person 7		
Parent-in-law Parent-in-la				ner	Last Name (Please print)	First Name	
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that is Person 5's sex? Mark (X) ONE box. Male Female Female Female Female Female Female Female Female Female First Name	Grandchild		Other nonrelative	/e			
Mate Female	Parent-in-law						
Male	Vhat is Person 5's s	ex? Mark (X) ONE	box.		Sex Male Female	Age (in years)	
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Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Some other race – Print race.					Sex Male Female	Age (in years)	
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Sex Male Female Age (in years)	_ Some other race –	Print race.					
i Awe illi venisi					Sex Male Female	Age (in years)	

Housing

Please answer the following questions about the house, apartment, or mobile home at the		A Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to	Does this house, apartment, or mobile home have -					
	address on the mailing label.	question 7a.	a. hot and cold running water?					
			b. a flush toilet?					
	Which best describes this building? Include all apartments, flats, etc., even if	How many cuerdas is this house or mobile home on?	c. a bathtub or shower?					
ı	vacant.	Less than 1 cuerda → SKIP to question 6	d. a sink with a faucet?					
ı	☐ A mobile home☐ A one-family house detached from any	☐ 1 to 9.9 cuerdas	e. a stove or range?					
ı	other house	10 or more cuerdas	f. a refrigerator?					
	A one-family house attached to one or more housesA building with 2 apartments	5 IN THE PAST 12 MONTHS, what	g. telephone service from which you can both make and receive calls? <i>Include</i>					
ı	☐ A building with 3 or 4 apartments	were the actual sales of all agricultural products from this property?	cell phones.					
ı	A building with 5 to 9 apartments							
ı	☐ A building with 10 to 19 apartments	None that the choice	9 How many automobiles, vans, and trucks of one-ton capacity or less are kept at					
ı	A building with 20 to 49 apartments	\$1 to \$999 \$1,000 to \$2,499	home for use by members of this					
ı	A building with 50 or more apartments	\$2,500 to \$4,999	household?					
ı	Boat, RV, van, etc.	\$5,000 to \$9,999	None					
ı		□ \$10,000 or more						
2	About when was this building first built?		2 3					
Ī	2000 or later – Specify year –	6 Is there a business (such as a store or						
ı	2000 of later opening your	barber shop/ or a medical office on this property?	5					
		Z Yes	6 or more					
ı	☐ 1990 to 1999	No						
ı	☐ 1980 to 1989		0 Which FUEL is used MOST for heating this					
ı	☐ 1970 to 1979	a. How many separate rooms are in this	house, apartment, or mobile home?					
ı	1960 to 1969	house, apartment, or mobile home? Rooms must be separated by built-in	Gas: from underground pipes serving the					
ı	1950 to 1959	archways or walls that extend out at least	neighborhood Gas: bottled, tank, or LP					
ı	1940 to 1949	6 inches and go from floor to ceiling.	Electricity					
ı	1939 or earlier	INCLUDE bedrooms, kitchens, etc. EVCLUDE bethrooms, parehas, balancias,	Fuel oil, kerosene, etc.					
ı		 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 	Coal or coke					
3	When did PERSON 1 (listed on page 2)	Number of rooms	Wood					
Γ	move into this house, apartment, or mobile home?		☐ Solar energy					
ı	Month Year		Other fuel					
		b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".	No fuel used					
		Number of bedrooms						

Housing (continued)

of electricity for this house, apartment, or mobile home? Last month's cost – Dollars	IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card? Yes No	Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.
OR Included in rent or condominium fee No charge or electricity not used D. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee	Is this house, apartment, or mobile home part of a condominium? Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars What are the annual real estate taxes on THIS property?
Included in electricity payment entered above No charge or gas not used IN THE PAST 12 MONTHS, what was	OR None No	Annual amount – Dollars .00 OR
the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge	Is this house, apartment, or mobile home- Mark (X) ONE box. Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent? → SKIP to C	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR
I. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.	□ None
	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any	
	meals? Yes No	

Housing (continued)

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 20a	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? Yes, home equity loan Yes, second mortgage Yes, second mortgage and home equity loan No → SKIP to	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars S OR No regular payment required → SKIP to question 20a	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR No regular payment required	
c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on This mobile home and its site? Exclude real estate taxes. Annual costs – Dollars	
Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	\$.00	

	Pe	rson 1	this	person	highest degree or level of school has COMPLETED? Mark (X) ONE box.			his person live in this lar ago?	house o	r apar	tment
Ę	Pleas then	se copy the name of Person 1 from Page 2, continue answering questions below.	high	nest degre	nrolled, mark the previous grade or ee received.			Person is under 1 year of question 15	old → <i>SK</i>	(IP to	
١		Name	NO S		ING COMPLETED			Yes, this house → SKIP	to quest	ion 15	
١					nooling completed			No. outside Puerto Rico	and the		
١	First	Name MI	NUR		R PRESCHOOL THROUGH GRADE 12			United States – Print na country, or U.S. Virgin I below; then SKIP to que	me of fo slands, (reign Guam,	etc.,
١	11130	varie ivii			y school			below; then SKIP to que	estion 15		,
١				Kinderg	-						
Ź	Whe	e was this person born?		Grade 1	1 through 11 – <i>Specify</i> 1 – 11 –						
		In the United States – Print name of state.					Ш	No, different house in Pr United States	uerto Ric	o or th	ie
١				10:1	J	b. \	Wher	e did this person live	l year a	go?	
١	П	Outside the United States – Print Puerto Rico or		•	ade – NO DIPLOMA		Addr	ess Hopment or condomin	ium nai		
١		name of foreign country, or U.S. Virgin Islands, Guam, etc.	HIGH		OL GRADUATE			ber and street name	iuiii iiai	iie	
١		Guani, etc.		_	r high school diploma						
					alternative credential						
8	Is thi	s person a citizen of the United States?			R SOME COLLEGE						
١		Yes, born in Puerto Rico → SKIP to 10a		Some college	college credit, but less than 1 year of credit))	Nam	e of city, town, or pos	t office		
١		Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or		1 or mo	ore years of college credit, no degree						
١	_	Northern Marianas		Associa	ate's degree (for example: AA, AS)						
١	Ш	Yes, born abroad of U.S. citizen parent or parents		Bachelo	or's degree (for example: BA, BS)			e of municipio in Puer county	to Rico	or	
١		Yes, U.S. citizen by naturalization – <i>Print year</i>	AFT	ER BACH	HELOR'S DEGREE						
١		of naturalization /		Master'	's degree (for example: MA, MS, MEng,						
١				•	ional dayroa beyond a bachalor's dagra			r Puerto Rico or			
١		No, not a U.S. citizen		(for exa	sional degree bevond a bachelor's degre ample: MD, DDS, DVM, LLB, JD)	,e	name	e of U.S. state	ZIP Co	ode	
				Doctora	ate degree (for example: PhD, EdD)						'
9	When Puer	n did this person come to live in to Rico? Print numbers in boxes.									
١	Year		2 Wha	at is this	person's ancestry or ethnic origin?	15 ls 1	this n	person CURRENTLY co	vered b	v anv	of the
١				$\langle \rangle \gg$		fol	lowii	ng types of health ins	urance (or heal	lth
								ge plans? Mark "Yes" or age in items a – h.	INO TOI	EACH	туре
Ų		any time IN THE LAST 3 MONTHS, has this rson attended school or college? Include only	(For	example	e: Italian, Jamaican, African Am.,	a	Ingur	ance through a current o	ır	Yes	No
١	nu	rsery or preschool, kindergarten, elementary hool, home school, and schooling which leads	Cam	nbodian,	Cape Verdean, Norwegian, Dominican, dian, Haitian, Korean, Lebanese, Polish,		forme	er employer or union (of on or another family mer	f this	П	П
١	to	a high school diploma or a college degree.			exican, Taiwanese, Ukrainian, and so on.)		ance purchased directly			
١		No, has not attended in the last 3 months → SKIP to guestion 11)			an ins	surance company (by thi on or another family mer	S		
١		Yes, public school, public college	a. D	nglish a	s person speak a language other than t home?						
١		Yes, private school, private college,		Yes			or pe	care, for people 65 and c ople with certain disabili	ties	ш	Ш
١		home school			→ SKIP to guestion 14a	d.	Medi	caid, Medical Assistance ind of government-assis	, or		
١		hat grade or level was this person attending? ark (X) ONE box.	١		•		plán t	for those with low incom		П	П
١	Г	Nursery school, preschool	b. W	vhat is ti	his language?			disability			
١		Kindergarten						ARE or other military hea		ш	Ш
١		Grade 1 through 12 – Specify	Fo	or examp	ole: Korean, Italian, Spanish, Vietnamese	- f. '	VA (ir used	ncluding those who have or enrolled for VA health	e ever n care)		
١		grade 1 – 12 –	1		does this person speak English?			n Health Service	,		
		K	Г		well	l h	Δην. σ	other type of health incu	rance		
		College undergraduate veers /freehman to		Well		11.	or he	alth coverage plan – Spe	ecify _	Ш	Ш
		College undergraduate years (freshman to senior)		Not					K		
		Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)			at all						



	Person 1 (continued)	In the PAST 12 MONTHS did this person get –	
1	serious difficulty hearing? Yes No	Yes No a. Married? b. Widowed? c. Divorced?	U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty during the last 12 months, but not now
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	How many times has this person been married? Once Two times Three or more times	Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 27a No, never served in the military → SKIP to question 28a
F	Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. a. Because of a physical, mental, or emotional	Year Year	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War)
	condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No	Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a. Has this person given birth to any children in	September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964
	 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	the past 12 months? Yes No	February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	bathing? Yes No	 4 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 25 	a. Does this person have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 28a
G	Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes	b. What is this person's service-connected disability rating?
1	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No	No → SKIP to question 25 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher
1	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	

	Person 1 (continued)		
	Toron T (sontinuou)	Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
8	a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 32.	Yes
			No → SKIP to question 37
	Yes → SKIP to question 29 No – Did not work (or retired)	1 How many people, including this person,	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK? Person(s)	36 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes		Yes, could have gone to work
			No, because of own temporary illness
9	At had been the Blade as a second LIAOT	2 10/1-244:	No, because of all other reasons (in school, etc.)
	WEEK? If this person worked at more than one location, print where he or she worked most	What time did this person usually leave home to go to work LAST WEEK?	
	last week.	Hour Minute	When did this person last work, even for a few days?
	a. Address Development or condominium name	a.m.	
	Number and street name	p.m.	Within the past 12 months 1 to 5 years ago → SKIP to K
			☐ Over 5 years ago or never worked → SKIP to
		How many minutes did it usually take this person to get from home to work LAST WEEK?	question 46
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office		paid time off as work.
			☐ Yes → SKIP to question 39
		Answer questions 34 – 37 if this person	□ No
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise, SKIP to question 38a.	b. How many weeks DID this person work, even
	Yes	Sim to quosilor co.	for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	No, outside the city/town limits		50 to 52 weeks
	d. Name of municipio in Puerto Rico	a. LAST WEEK, was this person on layoff from a job?	48 to 49 weeks
	or U.S. county	Yes→ SKIP to question 34c	40 to 47 weeks
		No	27 to 39 weeks
	e. Enter Puerto Rico or name of U.S. state		14 to 26 weeks
	or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
		Yes, on vacation, temporary illness,	During the DACT 42 MONTHS in the INFERS
	f. ZIP Code	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
	I. Eli Gode	question 37	usually work each WEEK? Usual hours worked each WEEK
		No → SKIP to question 35	Osual Hours worked each WEEK
0	How did this person usually get to work LAST	c. Has this person been informed that he or she	
	WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	will be recalled to work within the next 6 months OR been given a date to return to work?	
	Car, truck, or van Motorcycle	Yes → SKIP to question 36	
	☐ Bus or trolley bus ☐ Bicycle	□ No	
	☐ Carro público ☐ Walked		
	Subway or elevated Worked at home → SKIP		
	Railroad to question 38a		
	Ferryboat Other method		
	Taxicab		



Person	1	(continued

Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.

40 – 45 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person – Mark (X) ONE box.

an employee of a PRIVATE FOR PROFIT
company or business, or of an individual, for
wages, salary, or commissions?
on ampleyees of a DDIVATE NOT FOR DDOCIT

an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?

a local GOVERNMENT employee (city, county, municipio, etc.)?

a state GOVERNMENT employee?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

order house, auto engine manufacturing, bank)

43 Is this mainly – Mark (X) one box.

manufacturing?

wholesale trade?

retail trade?

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

What kind of work was this person doing?
(For example: registered nurse, personnel manager,

(For example: registered nurse, personnel manager supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

46 INCOME IN THE PAST 12 MONTHS.

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

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

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

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

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

Ves - \$.000

TOTAL AMOUNT for past

b. Self-employment income from own nonfarm businesses or farm businesses, including

12 months

12 months

Proprietorships and partnerships. Report
NET income after business expenses.

Yes → \$.00

No

TOTAL AMOUNT for past Loss

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

Yes → \$.00

TOTAL AMOUNT for past 12 months

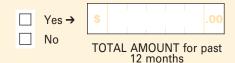
d. Social Security or Railroad Retirement.

Yes → S .000

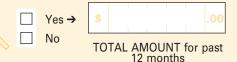
No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).



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



g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

☐ Yes → \$.00

TOTAL AMOUNT for past 12 months

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



TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

	None OR	\$.00	
TOTAL AMOUNT for past 12 months									Los

Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.



Person 2

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.





Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2, 3, and 4
 - answered all Housing questions
 - answered all Person questions for each person.
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

POP EDIT PHONE JIC1 JIC2 EDIT CLERK TELEPHONE CLERK JIC3 JIC4

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(INFO)(2008)PR KFI (08-01-2007)