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 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

Start Here

Please print today’s date.

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.
### Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

1. **What is Person 1’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?**
   - Person 1

3. **What is Person 1’s sex?**
   - Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 1’s age and what is Person 1’s date of birth?**
   - Age (in years)
   - Month
   - Day
   - Year of birth
   - Print numbers in boxes.

5. **Is Person 1 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, Salvadorian, and so on.

6. **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.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Some other race – Print race.

### Person 2

1. **What is Person 2’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?**
   - Mark (X) ONE box.
   - Husband or wife
   - 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
   - Roomer or boarder
   - Housemate or roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

3. **What is Person 2’s sex?**
   - Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 2’s age and what is Person 2’s date of birth?**
   - Age (in years)
   - Month
   - Day
   - Year of birth
   - Print numbers in boxes.

5. **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, Salvadorian, and so on.

6. **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.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Some other race – Print race.

   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
What is Person 3's name?

- Last Name (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
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- 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.

- Age (in years)
- Month
- Day
- Year of birth

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.

What is Person 3'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
- Asian Indian
- Chinese
- Filipino
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Japanese
- Korean
- Vietnamese
- Other Asian – Print race, for example, Fijian, Tongan, and so on.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

What is Person 4's name?

- Last Name (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
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law

What is Person 4's sex? Mark (X) one box.
- Male
- Female

What is Person 4's age and what is Person 4's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

- Age (in years)
- Month
- Day
- Year of birth

Is Person 4 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.

What is Person 4'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
- Asian Indian
- Chinese
- Filipino
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Japanese
- Korean
- Vietnamese
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

Some other race – Print race.
What is Person 5’s name?

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

How is this person related to Person 1? Mark (X) ONE box.

<table>
<thead>
<tr>
<th>Husband or wife</th>
<th>Son-in-law or daughter-in-law</th>
<th>Other relative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological son or daughter</td>
<td>Adopted son or daughter</td>
<td>Roomer or boarder</td>
</tr>
<tr>
<td>Stepson or stepdaughter</td>
<td>Father or mother</td>
<td>Foster child</td>
</tr>
<tr>
<td>Grandchild</td>
<td>Parent-in-law</td>
<td>Other nonrelative</td>
</tr>
</tbody>
</table>

What is Person 5’s sex? Mark (X) ONE box.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

What is Person 5’s age and what is Person 5’s date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Age (in years) | Month | Day | Year of birth
|---------------|-------|-----|----------------|

Is Person 5 of Hispanic, Latino, or Spanish origin?

| No, not of Hispanic, Latino, or Spanish origin | Yes, Mexican, Mexican Amer., Chicano | Yes, Puerto Rican | Yes, Cuban | Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spanish, and so on. |

What is Person 5’s race? Mark (X) one or more boxes.

<table>
<thead>
<tr>
<th>White</th>
<th>Black, African Amer., or Negro</th>
<th>American Indian or Alaska Native – Print name of enrolled or principal tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>Japanese</td>
<td>Native Hawaiian</td>
</tr>
<tr>
<td>Chinese</td>
<td>Korean</td>
<td>Guamanian or Chamarro</td>
</tr>
<tr>
<td>Filipino</td>
<td>Vietnamese</td>
<td>Samoan</td>
</tr>
<tr>
<td>Other Asian – Print race, for example, Hmong, Laotian, Thai, Fijian, Tongan, and so on.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some other race – Print race</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.

We may call you for more information about them.

Person 6

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 7

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 8

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 9

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 10

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 11

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|

Person 12

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex | Male | Female | Age (in years) |
|----|------|--------|---------------|
Housing

Please answer the following questions about the house, apartment, or mobile home on the mailing label.

Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7.

1. 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
   - 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

2. About when was this building first built?
   - 2000 or later – Specify year
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

3. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
   Month Year

4. How many acres is this house or mobile home on?
   - Less than 1 acre → SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

5. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

6. Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

7. Which FUEL is used MOST for heating this house, apartment, or mobile home?
   - Gas: from underground pipes serving the neighborhood
   - Gas: bottled, tank, or LP
   - Electricity
   - Fuel oil, kerosene, etc.
   - Coal or coke
   - Wood
   - Solar energy
   - Other fuel
   - No fuel used

8. Does this house, apartment, or mobile home have –
   - a. hot and cold running water?
   - b. a flush toilet?
   - c. a bathtub or shower?
   - d. a sink with a faucet?
   - e. a stove or range?
   - f. a refrigerator?
   - g. telephone service from which you can both make and receive calls? Include cell phones?

9. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
   - None
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more

10. Which FUEL is used MOST for heating this house, apartment, or mobile home?
    - Gas: from underground pipes serving the neighborhood
    - Gas: bottled, tank, or LP
    - Electricity
    - Fuel oil, kerosene, etc.
    - Coal or coke
    - Wood
    - Solar energy
    - Other fuel
    - No fuel used

INFORMATIONAL COPY
### Housing (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</strong></td>
<td>Last month’s cost – Dollars 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No charge or electricity not used</td>
<td></td>
</tr>
<tr>
<td><strong>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</strong></td>
<td>Last month’s cost – Dollars 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No charge or gas not used</td>
<td></td>
</tr>
<tr>
<td><strong>c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home?</strong></td>
<td>Past 12 months’ cost – Dollars 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No charge</td>
<td></td>
</tr>
<tr>
<td><strong>d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?</strong></td>
<td>Past 12 months’ cost – Dollars 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No charge</td>
<td></td>
</tr>
</tbody>
</table>

### IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.

- Yes
- No

**b. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – Dollars 0.00

**b. Does the monthly rent include any meals?**

- Yes
- No

**c. Is this house, apartment, or mobile home part of a condominium?**

- Yes
- No

**c. Is this house, apartment, or mobile home – Mark (X) ONE box.**

- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

**d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?**

- Yes
- No

**d. What is the annual payment for fire, hazard, and flood insurance on THIS property?**

Annual amount – Dollars 0.00

**d. 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?

**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 0.00

**What are the annual real estate taxes on THIS property?**

Annual amount – Dollars 0.00

**What is the annual payment for fire, hazard, and flood insurance on THIS property?**

Annual amount – Dollars 0.00

**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.**

**E.**
19. 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

20. How much is the regular monthly mortgage payment on this property? Include payment only on first mortgage or contract to purchase.
- Monthly amount – Dollars
- OR
- No regular payment required ➔ SKIP to question 20a

21. 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

22. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on this property?
- Yes, insurance included in mortgage payment
- No, insurance paid separately or not required

23. 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

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.
Please copy the name of Person 1 from page 2, then continue answering questions below.

**Person 1**

**Last Name**

**First Name**

Where was this person born?

- In the United States – Print name of state.
- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization
- No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes.

- Year

a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college diploma.

- No, has not attended in the last 3 months → SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law 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
- NURSERY OR PRESCHOOL THROUGH GRADE 12
- 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)
- Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: DDS, MV, J.D., M.D., DVM, LL.B., J.D.)
- Doctorate degree (for example: PhD, Ed.D.)

What is this person’s ancestry or ethnic origin?

- (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 15a

What is this language?

- For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

a. Did this person live in this house or apartment 1 year ago?

- Yes
- No → SKIP to question 16

b. Where did this person live 1 year ago?

- Name of city, town, or post office
- Name of U.S. county or municipio in Puerto Rico
- Name of U.S. state or Puerto Rico
- ZIP Code

This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received.

- (For example: chemical engineering, elementary teacher education, organizational psychology)

Answer question 12 if this person has a bachelor’s degree or higher. Otherwise, SKIP to question 13.

- Name of city, town, or post office
- Name of U.S. county or municipio in Puerto Rico
- Name of U.S. state or Puerto Rico
- ZIP Code

If currently enrolled, mark the previous grade or highest degree received.

- NO SCHOOLING COMPLETED
- NURSERY OR PRESCHOOL THROUGH GRADE 12
- 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)
- Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: DDS, MV, J.D., M.D., DVM, LL.B., J.D.)
- Doctorate degree (for example: PhD, Ed.D.)

This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received.

- (For example: chemical engineering, elementary teacher education, organizational psychology)

Write the name of Person 1 from page 2.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Insurance through a current or former employer or union (of this person or another family member)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Insurance purchased directly from an insurance company (for this person or another family member)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Medicare, for people 65 and older, or people with certain disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. TRICARE or other military health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. VA (including those who have ever used or enrolled for VA health care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Indian Health Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Any other type of health insurance or health coverage plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Does this person have serious difficulty walking or climbing stairs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Does this person have difficulty dressing or bathing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. 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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. What is this person’s marital status?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Married?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Widowed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Divorced?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. How many times has this person been married?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Once</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Two times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Three or more times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. In the PAST 12 MONTHS did this person get married?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. In the PAST 12 MONTHS did this person get</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Married?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Widowed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Divorced?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. How many times has this person been married?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Once</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Two times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Three or more times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Has this person given birth to any children in the past 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. Has this person given birth to any children in the past 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. a. Does this person have a VA service-connected disability rating?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. What is this person’s service-connected disability rating?</td>
<td>0 percent</td>
<td>10 percent or higher</td>
</tr>
</tbody>
</table>
**Person 1 (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. <strong>LAST WEEK, did this person work for pay at a job (or business)?</strong></td>
<td>Yes □ No □ SKIP to question 30</td>
</tr>
<tr>
<td>30. <strong>At what location did this person work LAST WEEK?</strong></td>
<td>If this person worked at more than one location, print where he or she worked most last week.</td>
</tr>
<tr>
<td>31. <strong>How did this person usually get to work LAST WEEK?</strong></td>
<td>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.</td>
</tr>
<tr>
<td>32. <strong>How many people, including this person, usually rode to work in the car, truck, or van last week?</strong></td>
<td></td>
</tr>
<tr>
<td>33. <strong>What time did this person usually leave home to go to work LAST WEEK?</strong></td>
<td>Hour: □ Minute: □ a.m. □ p.m.</td>
</tr>
<tr>
<td>34. <strong>How many minutes did it usually take this person to get from home to work LAST WEEK?</strong></td>
<td>Minutes: □</td>
</tr>
<tr>
<td>35. <strong>Answer question 32 if you marked ‘Car, truck, or van’ in question 31. Otherwise, SKIP to question 33.</strong></td>
<td></td>
</tr>
<tr>
<td>36. <strong>How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</strong></td>
<td>Person(s):</td>
</tr>
<tr>
<td>37. <strong>Last week, could this person have started a job if offered one, or returned to work if recalled?</strong></td>
<td>Yes □ No □ SKIP to question 38</td>
</tr>
<tr>
<td>38. <strong>When did this person last work, even for a few days?</strong></td>
<td>Within the past 12 months □ 1 to 5 years ago □ 5 to 9 years ago □ 10 to 14 years ago □ Over 14 years ago or never worked □ SKIP to question 47</td>
</tr>
<tr>
<td>39. <strong>During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</strong></td>
<td>Yes □ No □ SKIP to question 38</td>
</tr>
<tr>
<td>40. <strong>During the LAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</strong></td>
<td>Yes □ No □ SKIP to question 40</td>
</tr>
<tr>
<td>41. <strong>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</strong></td>
<td>Yes □ No □ SKIP to question 36</td>
</tr>
<tr>
<td>42. <strong>c. Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work?</strong></td>
<td>Yes □ No □ SKIP to question 37</td>
</tr>
<tr>
<td>43. <strong>Last week, did this person work, even for as little as one hour?</strong></td>
<td>Yes □ No □ SKIP to question 35a</td>
</tr>
<tr>
<td>44. <strong>What was this person doing last week?</strong></td>
<td></td>
</tr>
<tr>
<td>45. <strong>a. LAST WEEK, did this person work for pay at a job (or business)?</strong></td>
<td></td>
</tr>
<tr>
<td>46. <strong>What was this person doing last week?</strong></td>
<td></td>
</tr>
<tr>
<td>47. <strong>At what location did this person work LAST WEEK?</strong></td>
<td>If this person worked at more than one location, print where he or she worked most last week.</td>
</tr>
<tr>
<td>48. <strong>How did this person usually get to work LAST WEEK?</strong></td>
<td>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.</td>
</tr>
<tr>
<td>49. <strong>How many people, including this person, usually rode to work in the car, truck, or van?</strong></td>
<td>Person(s):</td>
</tr>
<tr>
<td>50. <strong>What time did this person usually leave home to go to work LAST WEEK?</strong></td>
<td>Hour: □ Minute: □ a.m. □ p.m.</td>
</tr>
<tr>
<td>51. <strong>How many minutes did it usually take this person to get from home to work LAST WEEK?</strong></td>
<td>Minutes: □</td>
</tr>
<tr>
<td>52. <strong>Answer question 32 if you marked ‘Car, truck, or van’ in question 31. Otherwise, SKIP to question 33.</strong></td>
<td></td>
</tr>
<tr>
<td>53. <strong>How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</strong></td>
<td>Person(s):</td>
</tr>
<tr>
<td>54. <strong>Last week, could this person have started a job if offered one, or returned to work if recalled?</strong></td>
<td>Yes □ No □ SKIP to question 38</td>
</tr>
<tr>
<td>55. <strong>When did this person last work, even for a few days?</strong></td>
<td>Within the past 12 months □ 1 to 5 years ago □ 5 to 9 years ago □ 10 to 14 years ago □ Over 14 years ago or never worked □ SKIP to question 47</td>
</tr>
<tr>
<td>56. <strong>During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</strong></td>
<td>Yes □ No □ SKIP to question 38</td>
</tr>
<tr>
<td>57. <strong>During the LAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</strong></td>
<td>Yes □ No □ SKIP to question 40</td>
</tr>
<tr>
<td>58. <strong>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</strong></td>
<td>Yes □ No □ SKIP to question 36</td>
</tr>
<tr>
<td>59. <strong>c. Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work?</strong></td>
<td>Yes □ No □ SKIP to question 37</td>
</tr>
<tr>
<td>60. <strong>Last week, did this person work, even for as little as one hour?</strong></td>
<td>Yes □ No □ SKIP to question 35a</td>
</tr>
</tbody>
</table>

**Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.**
Person 1 (continued)

**41 – 46 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?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, 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 ➔ 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)

**Is this mainly** – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**47 INCOME IN THE PAST 12 MONTHS**

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

Mark (X) the “No” box to show types of income NOT received. If net income was a loss, mark the “Loss” box to the right of the dollar amount.

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

- a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
  - Yes ➔ TOTAL AMOUNT for past 12 months
  - No ➔ TOTAL AMOUNT for past 12 months
- b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
  - Yes ➔ TOTAL AMOUNT for past 12 months
  - No ➔ TOTAL AMOUNT for past 12 months
  - Loss
- c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
  - Yes ➔ TOTAL AMOUNT for past 12 months
  - No ➔ TOTAL AMOUNT for past 12 months
  - Loss

**d. Social Security or Railroad Retirement.**

- Yes ➔ TOTAL AMOUNT for past 12 months
- No ➔ TOTAL AMOUNT for past 12 months

**e. Supplemental Security Income (SSI).**

- Yes ➔ TOTAL AMOUNT for past 12 months
- No ➔ TOTAL AMOUNT for past 12 months

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

- Yes ➔ TOTAL AMOUNT for past 12 months
- No ➔ TOTAL AMOUNT for past 12 months

**g. Retirement, survivor, or disability pensions.** Do NOT include Social Security.

- Yes ➔ TOTAL AMOUNT for past 12 months
- No ➔ TOTAL AMOUNT for past 12 months

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

- Yes ➔ TOTAL AMOUNT for past 12 months
- No ➔ TOTAL AMOUNT for past 12 months
- Loss

**What was this person’s total income during the PAST 12 MONTHS?** Add entries in questions 47a to 47h; 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 TOTAL AMOUNT for past 12 months
- Loss

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.
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.
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.