

#### **American Community Survey**

This booklet shows the content of the American Community Survey questionnaire.

#### **Start Here**

You have two ways to respond:



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

OR



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

#### Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



If you need help or have questions about completing this form, please call 1-800-354-7271.

¿NECESITA AYUDA? Llame al 1-877-833-5625.

For more information about the American Community Survey, visit our website at: census.gov/acs

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number

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- 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 2–7 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(INFO)(2024)** 

OMB No. 0607-0810 OMB No. 0607-0936



#### <u>Person 1</u>

(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 5 about name this house or apartment is owned, being bought, Hispanic origin and Question 6 about race. or rented. If there is no such person, start with the name For this survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 7 How is this person related to Person 1? X Person 1 Black of African Am. - Print, for example, What is Person 1's sex? Mark (X) ONE box. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. 🗸 Female Male What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not American Indian or Alaska Native - Print name of enrolled write the age in months. Write 0 as the age. or principal tribe(s), for example, Navajo Nation, Blackfeet Print numbers in boxes. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Age (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, etc. 🗸 Chinese Vietnamese Native Hawaiian **Filipino** Korean Samoan Asian Indian Chamorro Japanese Other Pacific Other Asian -Print, for example, Islander - Print, Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc. ₽ Marshallese, etc. ~ 



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Pers	son 2
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
What is Person 2's name?	5 Is Person 2 of Hispanic, Latino, or Spanish origin
_ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
iist ivalie	Yes, Cuban
How is this person related to Person 1?  Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	Milest in Powers 2/2 vaca?
Same-sex husband/wife/spouse	What is Person 2's race?  Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.   ✓
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example,
Brother or sister	African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc.
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of enrol or principal tribe(s), for example, Navajo Nation, Blacki
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et
Other relative	· ·
Roommate or housemate	
Foster child	Chinese Vietnamese Native Hawa
Other nonrelative	Filipino Korean Samoan
	Asian Indian Japanese Chamorro
What is Person 2's sex? Mark (X) ONE box.	Other Asian – Other Pacific
Male Female	Print, for example, Pakistani, Cambodian, Hmong, etc.   Print, for example, For example, Tongan, Fijian, Marshallese, e
What is Person 2's age and what is Person 2's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Hmong, etc.   Marshallese, e
write the age in months. Write 0 as the age.  Print numbers in boxes.	
Age (in years) Month Day Year of birth	Some other race – Print race or origin.



What is Person 3's name?  Last Name (Please print)  First Name  MI  How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse  Opposite-sex unmarried partner  Same-sex husband/wife/spouse  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	E: Please answer BOTH Question 5 about anic origin and Question 6 about race. his survey, Hispanic origins are not races rson 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 – Professional P
What is Person 3's name?  Last Name (Please print)  First Name  MI  How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse  Opposite-sex unmarried partner  Same-sex husband/wife/spouse  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	Anic origin and Question 6 about race. his survey, Hispanic origins are not races rson 3 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin (es, Mexican, Mexican Am., Chicano (es, Puerto Rican (es, Cuban (es, another Hispanic, Latino, or Spanish origin – Proor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   is Person 3's race?  (X) one or more boxes AND print origins.  Nhite – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.  African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
Last Name (Please print)    Note	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 – Profer example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.  Is Person 3's race?  (X) one or more boxes AND print origins.  Nhite – Print, for example, German, Irish, English, talian, Lebanese Egyptian, etc.  African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
First Name  How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Prior example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Is Person 3's race? (X) one or more boxes AND print origins.  Nhite – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.   Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Profer example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   is Person 3's race? (X) one or more boxes AND print origins.  Nhite − Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.   African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.   Somali, etc.   Y
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin − Profer example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Is Person 3's race?  (X) one or more boxes AND print origins.  Nhite − Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.   African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	Associated as the complete service of the complete ser
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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	is Person 3's race?  (X) one or more boxes AND print origins.  Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc.  African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
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	(X) one or more boxes <b>AND</b> print origins.  Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc.  Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
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	(X) one or more boxes <b>AND</b> print origins.  Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc.   Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethicsomali, etc.
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	(X) one or more boxes <b>AND</b> print origins.  Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc.   Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethicsomali, etc.
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	Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethio
Biological son or daughter  Adopted son or daughter  Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law	Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc.
Adopted son or daughter  Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law	African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. 7
Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law	African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. 7
Brother or sister Father or mother Grandchild Parent-in-law	Somali, etc. 7
Father or mother Grandchild Parent-in-law	Σ Σmerican Indian or Alaska Native – Print name of en
Grandchild Parent-in-law	Δmerican Indian or Δlaska Native – <i>Print name of enr</i>
Parent-in-law	American Indian or Alaska Native – Print name of enr
	or principal tribe(s), for example, Navajo Nation, Blac
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e
0.11	raditional devermient, wome Estimo community, t
Other relative	
Roommate or housemate	Chinese Vietnamese Native Haw
- Foster Child	Filipino Korean Samoan
Other nomerative	Asian Indian Japanese Chamorro
What is Person 3's sex? Mark (X) ONE box.	Other Asian – Other Pacif
Male Female	Print, for example, Islander – For example, for example,
C	Cambodian, Tongan, Fijia
date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Hmong, etc. ₹ Marshallese,
Print numbers in boxes.  Age (in years) Month Day Year of birth	
	Some other race – Print race or origin. д



Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin – Prinfor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.		F	or	eanic origin and Question 6 this survey, Hispanic origin	ns are	not races.
What is Person 4's race?   Mark (X) ONE box.		5 ls	_	•	-	_
Yes, Puerto Rican   Yes, Cuban   Yes, Cuban   Yes, another Hispanic, Latino, or Spanish origin - Print for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 7	Last Name (Flease plint)			<b>No,</b> not of Hispanic, Latino, or Sp	anish	origin
Yes, Cuban   Yes, Cuban   Yes, Cuban   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Part of the example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Part of the example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Part of the example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.   Part of the example of the e			7		ano	
Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Salvadoran, Dominican, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Latino, or Spanish origin - Prit for example, Autorian, Ecuadorian, etc.   Yes, another Hispanic, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Colombian, Gustemalan, Spaniard, Ecuadorian, etc.   Yes, another Hispanic, Colombian, etc.   Yes, another Hispanic, Colombian, His	First Name	MI				
How is this person related to Person 1?  Mark (X) ONE box.  Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse 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 Other relative Roommate or housemate Foster child Other nonrelative Mhat is Person 4's sage and what is Person 4's hate of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes.  Mark (X) One or more boxes AND print origins. White - Print, for example, German, Irish, English, Italian, Lebaness, Egyptian, etc.  White - Print, for example, German, Irish, English, Italian, Lebaness, Egyptian, etc.  Same-sex unmarried partner Black or African Am Print, for example, African Amierican, Jamaican, Haitian, Nigerian, Ethiop Samal, etc.  Same-sex unmarried partner Black or African Am Print, for example, African Amierican, Jamaican, Haitian, Nigerian, Ethiop Samal, etc.  Same-sex unmarried partner Black or African Am Print, for example, African Amierican, Jamaican, Haitian, Nigerian, Ethiop Samal, etc.  Same-sex unmarried partner Black or African Am Print, for example, African Amierican, Jamaican, Haitian, Nigerian, Ethiop Samal, etc.  Same-sex unmarried partner Black or African Am Print, for example, African Amierican, Jamaican, Haitian, Nigerian, Ethiop Samal, etc.  Samal Indian or Alaska Native - Print name of enro or principal tribe(s), for example, Navigo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese  Chinese  Chinese  Vietnamese  Native Hawa Bilipino  Chinese  Chinese  Vietnamese  Native Hawa Bilipino  Other Asian - Print, for example, Navigo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et C.  Chinese  Chinese  Vietnamese  Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chinese						
Opposite-sex unmarried partner	How is this person related to Person 1?  Mark (X) ONE box.			for example, Salvadoran, Dominio	an, Col	lombian,
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  Other relative  Roommate or housemate  Foster child  Other nonrelative  What is Person 4's sex? Mark (X) ONE box.  Male  What is Person 4's seq and what is Person 4's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Age (in years)  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  Mark (X) one or more boxes AND print origins.  White - Print, for example, Farther, Frint, for example, Parity and particular or print name of enroor principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chamorro  Other Asian - Print, for example, Parity name of enroor principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chinese  Chamorro  Other Asian - Print, for example, Parity namican, Haitian, Nigerian, Ethiop Somal, etc. Print name of enroor principal tribe(s), for example, Parity namican, Haitian, Nigerian, Ethiop Somal, etc. Print name of enroor principal tribe(s), for example, Parity namican, Haitian, Nigerian, Ethiop Somal, etc. Print name of enroor principal tribe(s), for example, Parity namican, Haitian, Nigerian, Ethiop Somal, etc. Print name of enroor prin	Opposite-sex husband/wife/spouse					
Same-sex husband/wife/spouse   Mark (X) one or more boxes AND print origins.	Opposite-sex unmarried partner	6 W	/ha	t is Person 4's race?		
Biological son or daughter	Same-sex husband/wife/spouse		lark	(X) one or more boxes <b>AND</b>		_
Adopted son or daughter    Stepson or stepdaughter   Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc.   African Am. – Print, for example, African Am. – Print, for example, African Am. – Print, for example, African Am. – Print, name of enro or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.   Chinese   Vietnamese   Native Hawe   Filipino   Korean   Samoan   Asian Indian   Japanese   Chamorro   Other Pacific Islander – Print, for example, Pakisan, Cambodian, Hmong, etc.   Print, for example, Tongan, Fijian, Hmong, etc.   Print numbers in boxes.   Print	Same-sex unmarried partner			White – Print, for example, Germ Italian, Lebanese, Egyptian, etc.	an, Irisi Z	h, English,
Stepson or stepdaughter   Black or African Am Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc.   S	Biological son or daughter					
African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc.  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  What is Person 4's sex? Mark (X) ONE box.  Male  What is Person 4's sex? Mark (X) ONE box.  What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Grandchild  American Indian or Alaska Native – Print name of enro or principal trible(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.  Filipino  Chinese  Vietnamese  Native Hawa  Filipino  Korean  Samoan  Asian Indian  Japanese  Chamorro  Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.  Marshallese, to the age.  Print numbers in boxes.  African American, Jamaican, Haitian, Nigerian, Ethiop  Somali, etc.  American Indian or Alaska Native – Print name of enro or principal trible(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Navive Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.  Print for example, Pakistani, Cambodian, Hmong, etc.  Marshallese, to the age.  Print numbers in boxes.  Somali, etc.  American Indian or Alaska Native – Print name of enro or principal trible(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Navive Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.  Print name of enro or principal trible(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Navajo Nation, Black Tribe, Mayan, Aztec, Navajo Navajo Nation, Black Tribe, Mayan, Aztec, Navajo Navajo Nation, Black Tribe, Mayan, Aztec, Navajo Navajo Nation, Black Tribe, Mayan, Aztec, Navajo Nava	Adopted son or daughter					
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  What is Person 4's sex? Mark (X) ONE box.  Male  Permale  What is Person 4's age and what is Person 4's late of birth?  Person 4's age and what is Person 4's late of birth?  Print numbers in boxes.  Gree (in years)  Month Day Year of birth  American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese  Vietnamese  Native Hawa  Chinese  Vietnamese  Native Hawa  Filipino  Korean  Samoan  Other Pacific Islander – Print, for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Mark (X) ONE box.  Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Mark (X) ONE box.  Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Mark (X) ONE box.	Stepson or stepdaughter			Black of African Am. – Print, for e	xampl	e, igerian. Ethiol
Grandchild Parent-in-law Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Male Permale	Brother or sister					J = 1 , 1 = 1,
Parent-in-law  Parent-in-law  Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative  Male  Person 4's sex? Mark (X) ONE box.  Male  Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Ge (in years) Month  Day  Year of birth  American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et and Traditional Government, Nome Eskimo Com	Father or mother			?>>˙		
Parent-in-law  Or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.  Other relative  Roommate or housemate  Foster child  Other nonrelative  Inat is Person 4's sex? Mark (X) ONE box.  Male  Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Ge (in years)  Month  Day  Year of birth  Or principal tribe(s), for example, Navajo Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.  Filipino  Korean  Samoan  Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc.  Marshallese, or months. Write 0 as the age.  Print numbers in boxes.  Ge (in years)  Month  Day  Year of birth	Grandchild		5) r	American Indian or Alaska Native	_ Print	name of enro
Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative  In the person 4's sex? Mark (X) ONE box.  Male  Person 4's sex? Mark (X) ONE box.  Other Asian —  Print, for example, Pakistani, Cambodian, Hmong, etc.   In the age in months. Write 0 as the age.  Print numbers in boxes.  Ge (in years) Month Day Year of birth  Traditional Government, Nome Eskimo Community, etc.  Traditional Government, Nome Eskimo Community, etc.  Chinese  Native Hawa  Samoan  Asian Indian  Japanese  Chamorro  Other Asian —  Print, for example, Pakistani, Cambodian, Hmong, etc.   Marshallese, etc.  Warshallese, etc.  Traditional Government, Nome Eskimo Community, etc.  Mative Hawa  Samoan  Other Asian —  Print, for example, Torgan, Fijiar Marshallese, etc.  Marshallese, etc.  Year of birth	Parent-in-law			or principal tribe(s), for example,	Navajo	Nation, Black
Roommate or housemate  Foster child Other nonrelative  What is Person 4's sex? Mark (X) ONE box.  Male  What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Asian Indian  Japanese  Chamorro  Other Asian —  Print, for example,  Pakistani,  Cambodian,  Hmong, etc.  Marshallese, of the control	Son-in-law or daughter-in-law					
Chinese	Other relative					
Other nonrelative    Filipino	Roommate or housemate			_		
What is Person 4's sex? Mark (X) ONE box.  Other Asian —  Print, for example, Pakistani, Cambodian, Hmong, etc.   Print numbers in boxes.  Other Asian —  Print, for example, Pakistani, Cambodian, Hmong, etc.   Print numbers in boxes.  Nage (in years) Month Day Year of birth	Foster child				H	Native Hawa
What is Person 4's sex? Mark (X) ONE box.  Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc.  Print numbers in boxes.  Indee (in years) Month Day Year of birth  Other Pacific Islander — Print, for example, Pr	Other nonrelative		_		H	
Male  Male  Print, for example, Pakistani, Cambodian, Hmong, etc. What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Age (in years)  Month  Day  Year of birth	What is Person 4's sex? Mark (X) ONE box				Ш	
What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.  Print numbers in boxes.  Age (in years) Month Day Year of birth				Print, for example, Pakistani,		Islander – Pr for example,
Print numbers in boxes.  Age (in years) Month Day Year of birth	<b>late of birth?</b> For babies less than 1 year ol	<b>n 4's</b> d, do not		Hmong, etc. <sub>₹</sub>		Marshallese, e
age (in years) Month Day Year of birth						
Some other race – Print race or origin.		f birth		Some other race Print race	riain	
				Some other race – Film race or c	rigin. 📡	7



	13194063
Pers	son 5
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races
What is Person 5's name?	Is Person 5 of Hispanic, Latino, or Spanish origi
ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
THE TABLE	Yes, Cuban
How is this person related to Person 1?  Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Pri for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 5's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes <b>AND</b> print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ⊋
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic
Brother or sister	Somali, etc.
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Haw
Other nonrelative	☐ Filipino ☐ Korean ☐ Samoan
	Asian Indian Japanese Chamorro
Nhat is Person 5's sex? Mark (X) ONE box.	Other Asian – Other Pacifi  Print. for example. Islander – P
Male Female	Pakistani, for example,
What is Person 5's age and what is Person 5's	Cambodian, Tongan, Fijia Hmong, etc. <sub>▼</sub> Marshallese,
date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	
Print numbers in boxes.  Age (in years) Month Day Year of birth	
Type (iii years) Iviolitii Day real of birth	☐ Some other race – Print race or origin.



through Person 12. We may call yo	e living or staying here, print their names in the spaces for our for more information about them. $_{\overrightarrow{k}}$	r Person 6
Person 6  Last Name (Please print)	First Name	MI
Sex Male Female	Age (in years)	
Person 7  Last Name (Please print)	First Name	MI
Sex Male Female	Age (in years)	
Person 8  Last Name (Please print)	First Name	MI
Sex  Male Female	Age (in years)	
Last Name (Please print)	First Name	MI
Sex	Age (in years)	
Last Name (Please print)	First Name	MI
Sex Male Female	Age (in years)	
Person 11  Last Name (Please print)	First Name	MI
Sex Male Female	Age (in years)	
Person 12  Last Name (Please print)	First Name	MI
Sex Male Female	Age (in years)	

## Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.
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  Boat, RV, van, etc.	How many acres is this house or mobile home on  Less than 1 acre → SKIP to question 6a  1 to 9.9 acres 10 or more acres  IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?  None  \$1,000 to \$2,499  \$2,500 to \$4,999
About when was this building first built?  2020 or later – Specify year  2010 to 2019  2000 to 2009  1990 to 1999  1980 to 1989	\$5,000 to \$9,999 \$10,000 or more  a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.  INCLUDE bedrooms, kitchens, etc.  EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.  Number of rooms
<ul> <li>1970 to 1979</li> <li>1960 to 1969</li> <li>1950 to 1959</li> <li>1940 to 1949</li> <li>1939 or earlier</li> </ul> When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year	b. How many of these rooms are bedrooms?  Count as bedrooms those rooms you would list if the house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "O Number of bedrooms



## Housing (continued)

have –	Yes	No	ac	cess to the Internet using a	_	
a. hot and cold running water?			a.	cellular data plan for a smartphone or other mobile	Yes	No
b. a bathtub or shower?				device?		
c. a sink with a faucet?				broadband (high speed) Internet service such as cable,		
d. a stove or range?				fiber optic, or DSL service installed in this household?		
e. a refrigerator?			C.	satellite Internet service installed in this household?		
Can you or any member of this			d.	dial-up Internet service installed in this household?		
both make and receive phone of this house, apartment, or mob Include calls using cell phones, la tother phone devices.	ile hon	ne?	e.	some other service? Specify service <sub>₹</sub>		
Yes				Α		
No			12 H	ow many automobiles, vans	, and tr	ucks of
At this house, apartment, or m	obile ł	ome –	us	ne-ton capacity or less are k se by members of this house	ept at h hold?	ome for
do you or any member of this l or use any of the following typ	househ	old own		None		
or acc any or and renearing cyp	Yes	No		1		
a. Desktop or laptop				2		
b. Smartphone			1 X	3		
c. Tablet or other portable wireless computer			T	4		
d. Some other type of computer  Specify				5		
- Cpoon, <sub>k</sub>				6 or more		
	~			hich FUEL is used MOST for		g this
At this house, apartment, or m	obile	ome –		<b>ouse, apartment, or mobile l</b> ark (X) one box for the fuel use		
do you or any member of this access to the Internet?	nouseh	old have		Gas: Natural gas from underg	ground p	oipes servin
Yes, by paying a cell phone co	mpany	or		Gas: Bottled or tank (propane	hutane	etc)
Internet service provider		2001/05		Electricity	, batane	,, 0.0.,
Yes, without paying a cell pho Internet service provider → Sk	(IP to qu	estion 12		Fuel oil, kerosene, etc.		
No access to the Internet at the or mobile home → SKIP to que				Coal or coke		
,				Wood		
				Solar energy		
				Other fuel		
				No fuel used		



## Housing (continued)

Last month's cost – Dollars	Voc Nather in the second of the
	Yes → What is the required monthly homeowners association fee
\$ .00	and/or condominium fee? For renters, answer only if you pay
OR	the fee in addition to your rent;
Included in rent or condominium fee	otherwise, mark the "None" box.  Monthly amount – Dollars
No charge or electricity not used	\$ .00
LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR
Last month's cost – Dollars	None
\$ 0.00	□ No
,	Is this house, apartment, or mobile home –  Mark (X) ONE box.
Included in rent or condominium fee	Owned by you or someone in this household
Included in electricity payment entered above	with a mortgage or loan? Include home equity lo
No charge or gas not used	Owned by you or someone in this household free and clear (without a mortgage or loan)?
IN THE PAST 12 MONTHS, what was the cost	Rented?
of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	Occupied without payment of rent? → SKIP to on the next page
Past 12 months' cost – Dollars	
\$0,000.00	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	Curerwice, evan to queenen rei
Included in rent or condominium fee  No charge	8 a. What is the monthly rent for this house,
Two charge	apartment, or mobile home?
IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	Monthly amount – Dollars
house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	\$ .00
Past 12 months' cost – Dollars	b. Does the monthly rent include any meals?
\$ 0,000.00	Yes
OR	□ No
Included in rent or condominium fee	
No charge or these fuels not used	
I THE PAST 12 MONTHS, did you or any ember of this household receive benefits om the Food Stamp Program or SNAP (the upplemental Nutrition Assistance Program)? o NOT include WIC, the School Lunch Program, or esistance from food banks.	
Yes	



## Housing (continued)

	I .
Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
Otherwise, SKIP to E .	Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
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	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
0.000.000	Yes, insurance included in mortgage payment
\$,	No, insurance paid separately or no insurance
What are the annual real estate taxes on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on
Annual amount – <i>Dollars</i>	THIS property?
\$ .00	Yes, home equity loan  Yes, second prortgage
OR	
None	Yes, second mortgage and home equity loan
What is the annual payment for fire, hazard, and	No SKIP to D
flood insurance on THIS property?	b. How much is the regular monthly payment on
Annual amount – <i>Dollars</i>	equity loans on THIS property?
\$ 0.00	Monthly amount – Dollars
OR	\$
None	OR
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	No regular payment required
Yes, mortgage, deed of trust, or similar debt  Yes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
No → SKIP to question 23a	4 What are the total annual costs for personal property taxes, site rent, registration fees, and
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	license fees on THIS mobile home and its site?  Exclude real estate taxes.
Monthly amount – Dollars	Annual costs – Dollars
\$ 00.000.00	\$ 00,000.00
OR	
No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.



#### Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
ist Name	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a bacheloy's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	Revirently enrolled, mark the previous grade or highest degree received.
Yes, U.S. citizen by naturalization – Print year	NO SCHOOLING COMPLETED
of naturalization ⊋	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
140, Not a 3.3. ditizen	Grade 1 through 11 – Specify
When did this person come to live in the	grade 1 – 11 –
United States? If this person came to live in the United States more than once, print latest year.	
Year	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)



	A Did this never live in this house as another
Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
legree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 16
his question focuses on this person's ACHELOR'S DEGREE. Please print below the pecific major(s) of any BACHELOR'S DEGREES his person has received. (For example: chemical angineering, elementary teacher education, organizational psychology)	No, outside the United States and Puerto Rice Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then S
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish	
ligerian, Mexican, Taiwanese, Ukrainian, and so or	
	Name of U.S. state or
ligerian, Mexican, Taiwanese, Ukrainian, and so or  Does this person speak a language other	1.)
Does this person speak a language other than English at home?	Name of U.S. state or
ligerian, Mexican, Taiwanese, Ukrainian, and so or  Does this person speak a language other	Name of U.S. state or Puerto Rico  ZIP Code
Does this person speak a language other than English at home?	Name of U.S. state or
i. Does this person speak a language other than English at home?  ☐ Yes ☐ No → SKIP to question 15a	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or
Does this person speak a language other than English at home?  Yes  No → SKIP to question 15a  What is this language?	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from
Does this person speak a language other than English at home?  Yes  No → SKIP to question 15a  What is this language?	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  ZIP Code  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance
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, Vietnames.  How well does this person speak English?  Very well  Well	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (enrolled for VA health care)
Jigerian, Mexican, Taiwanese, Ukrainian, and so or the control of	Name of U.S. state or Puerto Rico  Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care



G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
Ð	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.  Yes	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
	<ul> <li>No → SKIP to question 18a</li> <li>Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?</li> </ul>	What is this person's marital status?  Now married
	Yes No	☐ Widowed ☐ Divorced ☐ Separated
8)	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes No  b. Is this person blind or does he/she have	Never married → SKIP to J on the next page  22 In the PAST 12 MONTHS did this person get –  Yes No  a. Married?
	serious difficulty seeing even when wearing glasses?  Yes No	b. Widowed?  c. Divorced?
1)	Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	How many times has this person been married?  Once Two times Three or more times
9	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes	In what year did this person last get married?  Year
	<ul> <li>No</li> <li>Does this person have serious difficulty walking or climbing stairs?</li> </ul>	
	<ul> <li>No</li> <li>c. Does this person have difficulty dressing or bathing?</li> <li>Yes</li> <li>No</li> </ul>	



	<b>A</b>		
Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.		
	Never served in the military → SKIP to question 30a		
L. d. DACT 40 MONTHO L. a. d. a. a. a. a. a.	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a		
In the PAST 12 MONTHS, has this person given birth to any children?	Now on active duty		
Yes	On active duty in the past, but not now		
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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 (Post 9/11)		
<ul><li>Yes</li><li>No → SKIP to question 27</li></ul>	August 1990 through August 2001 (including the Persian Gulf War)		
h. la 4hia anandu anand annuanthu naan anaihla fan	June 1975 through July 1990		
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or	August 1964 through May 1975 (including the Vietnam War)		
apartment?	February 1955 through July 1964		
<ul><li>Yes</li><li>No → SKIP to question 27</li></ul>	June 1950 through January 1955 (including the Korean War)		
	January 1947 through May 1950		
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild.	December 1941 through December 1946 (including World War II)		
answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier		
Less than 6 months	a. Does this person have a VA service-connected disability rating?		
6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)		
1 or 2 years	No → SKIP to question 30a		
3 or 4 years 5 or more years	b. What is this person's service-connected disability rating?		
	0 percent		
<b>&gt;</b>	10 or 20 percent		
	30 or 40 percent		
	50 or 60 percent		
	70 percent or higher		
	70 percent of migner		



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to		
1	Yes → SKIP to question 31	question 34.		
1	No – Did not work (or retired)			
1		33 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?		
1	Yes	Person(s)		
	No → SKIP to question 36a			
3	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	LAST WEEK, what time did this person's trip to work usually begin?  Hour Minute		
	a. Address (Number and street name)	a.m. p.m.		
ı	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?		
1	b. Name of city, town, or post office	Wilnutes		
1	Bi italine of city, totall, or post cities			
1				
1				
1	c. Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to		
1	Yes	question 40a.		
1				
1	No, outside the city/town limits			
	d. Name of county	a. LAST WEEK, was this person on layoff from a job?		
1		Yes → SKIP to question 36c		
1		□ No		
1	e. Name of U.S. state or foreign country			
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		
	f. ZIP Code	Yes, on vacation, temporary illness,		
1	II Zii Godo	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to		
1		question 39		
1		No → SKIP to question 37		
32	How did this person usually get to work LAST			
7	<b>WEEK?</b> Mark (X) ONE box for the method of	c. Has this person been informed that he or she		
		unill be recalled to morely within the perit G		
1	transportation used for most of the distance.	will be recalled to work within the next 6		
ı	Car, truck, or van	g months OR been given a date to return to work?		
	Car, truck, or van	and the OD bear when a data to return to see 12		
	Car, truck, or van  Bus  Motorcycle	g months OR been given a date to return to work?		
	Car, truck, or van  Bus  Subway or elevated rail  Long-distance train or	g months OR been given a date to return to work?  ☐ Yes → SKIP to question 38		
	Car, truck, or van  Bus  Motorcycle  Subway or elevated rail  Long-distance train or commuter rail  Warked from	g months OR been given a date to return to work?  ☐ Yes → SKIP to question 38		
	Car, truck, or van  Bus  Motorcycle  Subway or elevated rail  Long-distance train or  Walked	g months OR been given a date to return to work?  ☐ Yes → SKIP to question 38		



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes	
	No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness	did not work last week, describe the most recent employment in the past five years.
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describes this person's employment last week or the most
39	When did this person last work, even for a few days?	recent employment in the past 5 years?  Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
40	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count	Local government (for example: city or county school district)
	paid vacation, paid sick leave, and military service as work.	State government (including state colleges/universities)
	Yes → SKIP to question 41  No	Active duty U.S. Armed Forces or Commissioned Corps
	140	Federal government civilian employee
	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
	paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
	Weeks	Owner of incorporated business, professional practice, or farm
	During the DACT 42 MONTHS: Also MITTING	Worked without pay in a for-profit family business or farm for 15 hours or more per week
٧	WORKED, how many hours did this person usually work each WEEKS	b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?
	Usual hours worked each WEEK	Annourous
		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
		d. Was this mainly – Mark (X) ONE box.
		manufacturing?
		wholesale trade?
		retail trade?
		other (agriculture, construction, service, government, etc.)?



e.	What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
		☐ Yes → \$ .00
		No TOTAL AMOUNT for past 12 months
	<b>Describe this person's most important activities or duties.</b> (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
	and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).
		Yes → \$ .00
		No TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments from the state or local welfare office.
٠.,	NCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
	flark (X) the "Yes" box for each type of income this	☐ Yes → \$ .00
p T	erson received, and give your best estimate of the OTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 months
	NOTE: The "past 12 months" is the period from oday's date one year ago up through today.)	g. Retirement income, pensions, survivor or
	lark (X) the "No" box to show types of income	disability income. Include income from a previous employer or union, or any regular withdrawals or
	OT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.
	net income was a loss, mark the "Loss" box to the ght of the dollar amount.	Do not include Social Security.
Fo	or income received jointly, report the appropriate hare for each person – or, if that's not possible,	Yes → \$ .00
re	eport the whole amount for only one person and park the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
a.	. Wages, salary, commissions, bonuses, or≯ips	h. Any other sources of income received
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	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 → \$ .00	☐ Yes → \$ .00
	NO TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past
b	. Self-employment income from own nonfarm businesses or farm businesses, including	12 months
	proprietorships and partnerships. Report	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to
	NET income after business expenses.	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	☐ Yes → \$ , .00 ☐	dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	□ OR \$ □ □ □ □
c	Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for past
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	Yes → \$ .00	
	No TOTAL AMOUNT for past Loss	
	12 months	Continue with the questions for Person 2 on the



next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 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 2–7
  - 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.

47199-5240
e above your window of the

For Census Bureau Use					
POP	EDIT	PHONE	JIC1	JIC2	
EDIT CLEF	RK TE	LEPHONE CLERK	JIC3	JIC4	

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" 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)(2024) (05-15-2023)

