13190012

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

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

INFORMATIONAL COPY

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.
Month Day Year

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.

U S C E N S U S B U R E A U

FORM **ACS-1(INFO)(2010)KFI**
(05-14-2009)

OMB No. 0607-0810

13190020

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?
Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.
Age (in years) | Month | Day | Year of birth

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

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, Salvadoran, Spaniard, 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 ☐ Japanese ☐ Native Hawaiian
☐ Chinese ☐ Korean ☐ Guamanian or Chamorro
☐ Filipino ☐ Vietnamese ☐ Samoan
☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, 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?
Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.
Age (in years) | Month | Day | Year of birth

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

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, Salvadoran, Spaniard, 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 ☐ Japanese ☐ Native Hawaiian
☐ Chinese ☐ Korean ☐ Guamanian or Chamorro
☐ Filipino ☐ Vietnamese ☐ Samoan
☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*

☐ Some other race – *Print race.*

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Person 3

1 What is Person 3'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 3's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 3's age and what is Person 3's date of birth?
Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.

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

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

5 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.*

6 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
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*
- ☐ Some other race – *Print race.*

Person 4

1 What is Person 4'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 4's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 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.
Print numbers in boxes.

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

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

5 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.*

6 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
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*
- ☐ Some other race – *Print race.*

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Person 5

1 What is Person 5'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 5's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 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.
Print numbers in boxes.

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

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

5 Is Person 5 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.*

6 What is Person 5'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
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*
- ☐ Some other race – *Print race.*

➜ **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

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)**

Person 9

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 10

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)**

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Housing

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

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
- ☐ Boat, RV, van, etc.

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

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

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 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

b. How many of these rooms are bedrooms?
Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms

8 Does this house, apartment, or mobile home have –

	Yes	No
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

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Housing (continued)

11 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$ .00

OR

☐ Included in rent or condominium fee

☐ No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$ .00

OR

☐ Included in rent or condominium fee

☐ Included in electricity payment entered above

☐ No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$ .00

OR

☐ Included in rent or condominium fee

☐ No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$ .00

OR

☐ Included in rent or condominium fee

☐ No charge or these fuels not used

12 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

13 Is this house, apartment, or mobile home part of a condominium?

☐ Yes ➔ **What is the monthly condominium fee?** *For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.*

Monthly amount – *Dollars*

$ .00

OR

☐ None

☐ No

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

☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*

☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?

☐ Rented?

☐ Occupied without payment of rent? ➔ *SKIP to* **C**

B *Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.*

15 a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – *Dollars*

$ .00

b. Does the monthly rent include any meals?

☐ Yes

☐ No

C *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.*

16 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*

$ .00

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

Annual amount – *Dollars*

$ .00

OR

☐ None

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

Annual amount – *Dollars*

$ .00

OR

☐ None

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Housing (continued)

19 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**

- ☐ Yes, mortgage, deed of trust, or similar debt
- ☐ Yes, contract to purchase
- ☐ No ➔ *SKIP to question 20a*

b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase.*

Monthly amount – *Dollars*

$ .00

OR

- ☐ No regular payment required ➔ *SKIP to question 20a*

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- ☐ Yes, taxes included in mortgage payment
- ☐ No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- ☐ Yes, insurance included in mortgage payment
- ☐ No, insurance paid separately or no insurance

20 **a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?**

- ☐ Yes, home equity loan
- ☐ Yes, second mortgage
- ☐ Yes, second mortgage and home equity loan
- ☐ No ➔ *SKIP to* **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – *Dollars*

$ .00

OR

- ☐ No regular payment required

D *Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to* **E** *.*

21 **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*

$ .00

E *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.*

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Person 1

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

Last Name

First Name MI

7 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.*

8 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 Marianas
- ☐ 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

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

Year

10 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 degree.*

- ☐ 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)*

11 What is the highest degree or level of school this person has COMPLETED? *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

- ☐ Some college credit, but less than 1 year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

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

12 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)*

13 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.)

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

- ☐ Yes
- ☐ No → *SKIP to question 15a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old → *SKIP to question 16*
- ☐ Yes, this house → *SKIP to question 16*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16*
- ☐ No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

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**

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Person 1 (continued)

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

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

17 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 serious difficulty seeing even when wearing glasses?

☐ Yes
☐ No

G *Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*

18 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

☐ Yes
☐ No

b. Does this person have serious difficulty walking or climbing stairs?

☐ Yes
☐ No

c. Does this person have difficulty dressing or bathing?

☐ Yes
☐ No

H *Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*

19 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

20 What is this person's marital status?

☐ Now married
☐ Widowed
☐ Divorced
☐ Separated
☐ Never married ➔ *SKIP to* **I**

21 In the PAST 12 MONTHS did this person get –

	Yes	No
a. Married?	☐	☐
b. Widowed?	☐	☐
c. Divorced?	☐	☐

22 How many times has this person been married?

☐ Once
☐ Two times
☐ Three or more times

23 In what year did this person last get married?

Year

! *Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.*

24 Has this person given birth to any children in the past 12 months?

☐ Yes
☐ No

25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

☐ Yes
☐ No ➔ *SKIP to question 26*

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

☐ Yes
☐ No ➔ *SKIP to question 26*

c. How long has this grandparent been responsible for the(se) grandchild(ren)? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

☐ Less than 6 months
☐ 6 to 11 months
☐ 1 or 2 years
☐ 3 or 4 years
☐ 5 or more years

26 Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

☐ Yes, now on active duty
☐ Yes, on active duty during the last 12 months, but not now
☐ Yes, on active duty in the past, but not during the last 12 months
☐ No, training for Reserves or National Guard only ➔ *SKIP to question 28a*
☐ No, never served in the military ➔ *SKIP to question 29a*

27 When did this person serve on active duty in the U.S. Armed Forces? *Mark (X) a box for EACH period in which this person served, even if just for part of the period.*

☐ September 2001 or later
☐ August 1990 to August 2001 (including Persian Gulf War)
☐ September 1980 to July 1990
☐ May 1975 to August 1980
☐ Vietnam era (August 1964 to April 1975)
☐ March 1961 to July 1964
☐ February 1955 to February 1961
☐ Korean War (July 1950 to January 1955)
☐ January 1947 to June 1950
☐ World War II (December 1941 to December 1946)
☐ November 1941 or earlier

28 a. Does this person have a VA service-connected disability rating?

☐ Yes (such as 0%, 10%, 20%, ... , 100%)
☐ No ➔ *SKIP to question 29a*

b. What is this person's service-connected disability rating?

☐ 0 percent
☐ 10 or 20 percent
☐ 30 or 40 percent
☐ 50 or 60 percent
☐ 70 percent or higher

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Person 1 (continued)

29 **a. LAST WEEK, did this person work for pay at a job (or business)?**

- ☐ Yes ➔ *SKIP to question 30*
- ☐ No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No ➔ *SKIP to question 35a*

30 **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.*

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

31 **How did this person usually get to work LAST WEEK?** *If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus or trolley bus
- ☐ Streetcar or trolley car
- ☐ Subway or elevated
- ☐ Railroad
- ☐ Ferryboat
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked at home ➔ *SKIP to question 39a*
- ☐ Other method

J *Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.*

32 **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

33 **What time did this person usually leave home to go to work LAST WEEK?**

Hour : Minute

- ☐ a.m.
- ☐ p.m.

34 **How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

K *Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.*

35 **a. LAST WEEK, was this person on layoff from a job?**

- ☐ Yes ➔ *SKIP to question 35c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➔ *SKIP to question 38*
- ☐ No ➔ *SKIP to question 36*

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?

- ☐ Yes ➔ *SKIP to question 37*
- ☐ No

36 **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 38*

37 **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- ☐ Yes, could have gone to work
- ☐ No, because of own temporary illness
- ☐ No, because of all other reasons (in school, etc.)

38 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **L**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 47*

39 **a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.**

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- ☐ 50 to 52 weeks
- ☐ 48 to 49 weeks
- ☐ 40 to 47 weeks
- ☐ 27 to 39 weeks
- ☐ 14 to 26 weeks
- ☐ 13 weeks or less

40 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

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Person 1 (continued)

L *Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.*

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.*

41 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?

42 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

43 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)*

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

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

45 What kind of work was this person doing? *(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)*

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

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 → $ .00
☐ 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 → $ .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $ .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $ .00
☐ No
TOTAL AMOUNT for past 12 months

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.

☐ Yes → $ .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $ .00
☐ 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 → $ .00
☐ No
TOTAL AMOUNT for past 12 months

48 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 $ .00 ☐ Loss
TOTAL AMOUNT for past 12 months

➔ **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.**

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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.

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Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

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For Census Bureau Use

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EDIT CLERK | TELEPHONE CLERK

JIC1 | JIC2

JIC3 | JIC4

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

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

Form ACS-1(INFO)(2010)KFI (05-14-2009)