Survey of Income and Program Participation 2025 Survey Year

Field Representative's Flashcard and Information Booklet



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Privacy Act Statement

CARD A

RELATIONSHIP TO REFERENCE PERSON

- 1 Opposite-sex husband/wife/spouse
- 2 Opposite-sex unmarried partner
- 3 Same-sex husband/wife/spouse
- 4 Same-sex unmarried partner
- 5 Child
- 6 Grandchild
- 7 Parent
- 8 Sibling
- **9 –** Parent/child-in-law (mother/father, son/daughter-in-law)
- 10 Brother/sister-in-law
- 11 Aunt/uncle, niece/nephew
- 12 Other relative
- 13 Foster child
- **14** Housemate/roommate
- 15 Roomer/boarder
- **16** Other non-relative

CARD B

HISPANIC ORIGIN

- 1 Mexican, Mexican American, Chicano
- 2 Puerto Rican
- 3 Cuban
- 4 Salvadoran
- **5** Dominican
- 6 Colombian
- 7 Other Hispanic, Latino or Spanish origin

B

CARD C

RACE

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander

C

CARD D

ATTAINING CITIZENSHIP

- 1 Naturalized
- **2 –** Military service (own or spouse's)
- **3** Adoption by U.S. citizen parent(s)
- **4** Born in the United States or one of its Island Areas (for example: American Samoa, Guam, Northern Marianas, Puerto Rico, U.S. Virgin Islands)
- **5 –** Born outside the U.S. to parents who were U.S. citizens

D

CARD E

IMMIGRATION STATUS AT TIME OF ENTRY

- Immediate relative or family-sponsored permanent resident
- 2 Employment-based permanent resident
- 3 Other permanent resident
- **4** Granted refugee status or granted asylum
- **5 –** Non-immigrant (for example: diplomatic, student, business, or tourist visa)

E

F

CARD F

EDUCATIONAL ATTAINMENT

- **31** Less than 1st grade
- 32 1st, 2nd, 3rd, or 4th grade
- **33** 5th or 6th grade
- **34** 7th or 8th grade
- **35 -** 9th grade
- **36** 10th grade
- **37 –** 11th grade
- 38 12th grade, no diploma
- **39** High school graduate (diploma, GED, or equivalent)
- **40** Some college credit, but less than 1 year
- **41** 1 or more years of college, no degree (regular Junior college, college or university)
- **42 –** Associate's degree (2-year college)
- **43** Bachelor's degree (for example: BA, AB, BS)
- **44** Master's degree (for example: MA, MS, MBA, MSW)
- **45** Professional School degree [for example: MD (doctor), DDS (dentist), JD (lawyer)]
- **46** Doctorate degree (for example: Ph.D., Ed.D.)

G

CARD G

REASONS JOB ENDED

Involuntary work-related reasons

- 1 Plant or company closed down or moved
- 2 Slack work or business conditions
- 3 Position or shift abolished
- 4 Temporary or seasonal job completed
- **5** Discharged or fired
- 6 Other involuntary reason

Voluntary work-related reasons

- **7** Quit to take another job
- 8 Unsatisfactory work arrangements
- 9 Quit for some other reason

Personal reasons

- 10 Retirement
- 11 Taking care of children
- 12 Other family or personal obligations
- 13 Own health concerns or own illness
- **14** Own injury
- **15** School or training
- 16 Other personal reason

REASONS BUSINESS ENDED

- 1 Retirement
- 2 Taking care of children
- **3** Other family or personal obligations
- **4** Own health concerns or own illness
- **5** Own injury
- 6 School or training
- 7 Went bankrupt or business failed
- 8 Sold business or transferred ownership
- 9 To start other business or take a job
- **10 –** Season ended for a seasonal business
- 11 Quit for some other reason

CARD H

TYPE OF PAY RATES

TYPE OF PAY RATE IN THE FIRST MONTH OF JOB/BUSINESS

- **1** Annual salary (pay rate for the year)
- 2 Actual gross amount earned in the year
- 3 Pay per hour
- 4 Pay per week
- **5** Pay every two weeks
- 6 Pay per month
- **7 -** Pay twice a month
- **8** Some other way (report monthly average)

TYPE OF PAY RATE AFTER A CHANGE

- 1 Paid an annual salary
- 2 Paid by the hour
- **3** Paid by the week
- **4** Paid once every two weeks
- 5 Paid once a month
- 6 Paid twice a month
- **7** Paid some other way (report monthly average)

Н

CARD I

REASONS FOR PART-TIME WORK

- **1** Could not find full-time job
- 2 Wanted to work part-time
- 3 Temporarily unable to work full-time because of own injury
- 4 Temporarily unable to work full-time because of own health concerns or own illness
- 5 Unable to work full-time because of chronic health condition or disability
- **6** Taking care of children or other persons
- 7 Full-time workweek is less than 35 hours
- 8 Slack work or business conditions
- 9 Participated in a job-sharing arrangement
- 10 On vacation
- 11 In school
- **12 -** Other

CARD J

REASONS ABSENT WITHOUT PAY (2+ WEEKS)

- 1 On layoff
- 2 Slack work or business conditions
- **3 –** Vacation, scheduled time off, or personal days
- 4 Teacher on an 8-, 9-, or 10-month contract
- 5 Own health concerns, injury, illness, or medical problems
- 6 Taking care of children
- **7 –** Other family or personal obligations
- **8 –** Pregnancy, childbirth, maternity leave, or paternity leave
- 9 Labor dispute
- 10 Weather affected job
- **11** Civic, jury, or military duty
- **12** Other

CARD K

REASONS FOR NOT WORKING AT A PAID JOB OR BUSINESS

- **1** Temporarily unable to work because of own injury
- 2 Temporarily unable to work because of own health concerns or own illness
- **3 –** Unable to work because of chronic health condition or disability
- 4 Retired
- **5** Pregnancy or childbirth
- 6 Taking care of children or other persons
- 7 Going to school
- 8 Unable to find work
- 9 On layoff
- **10** Not interested in working at a job
- **11 –** Usually worked 15 or more hours per week without pay in a family business or farm
- **12 -** Other

K

CARD L

RANGE OF VALUES FOR AMOUNT RECEIVED

- **1 -** Less than \$200
- **2 -** \$200-399
- **3 -** \$400-599
- **4 -** \$600-799
- **5 -** \$800 or more

L

CARD M

WORK SCHEDULE

- 1 Regular daytime schedule
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (one that changes regularly from days to evenings to nights)
- 5 Split shift (one that consists of two distinct periods each day)
- **6** Irregular schedule (one that changes from day to day)
- **7** Other (specify)

ANNUAL PROGRAM INCOME TYPES

Veterans Affairs (VA) Benefits

- 1 Service-connected disability compensation
- 2 Veterans' pension
- 3 Other VA payments
- 4 G.I. Bill benefits
- 5 Insurance proceeds

Disability Income

- Payments from a sickness, accident, or disability insurance policy
- 2 Employer disability payments
- 3 Pension from a company or union, including income from profit sharing
- 4 Federal Civil Service or other Federal civilian employee pension
- 5 State government pension
- 6 Local government pension
- 7 Military retirement pay
- 8 U.S. Government Railroad Retirement
- 9 Black Lung benefits
- 10 Other disability income

Retirement Income

- Pension from a company or union, including income from a profit-sharing plan
- 2 Federal Civil Service or other Federal Civilian employee pension
- 3 State government pension
- 4 Local government pension
- 5 Military retirement pay
- 6 U.S. Government Railroad Retirement
- 7 National Guard or Reserve Forces retirement
- 8 Other retirement income

Survivor Income

- Pension from a company or union, including income from a profit-sharing plan
- 2 Veterans' compensation or pension
- 3 Federal Civil Service or other Federal civilian employee pension
- 4 U.S. Government Railroad Retirement
- **5** State government pension
- **6** Local government pension
- 7 Income from a paid-up life insurance policy or annuity
- 8 Military retirement pay
- 9 Black Lung benefits
- **10 –** Workers' Compensation
- **11 –** Payments from an estate or trust
- 12 National Guard or Reserve Forces retirement
- 13 Other survivor income

CARD O

TYPES OF ASSETS — PART 1

- **1A** U.S. Government savings bonds or U.S. Government securities
- **2A** Checking account
- **2B** Savings account
- **2C** Money market deposit account or money market fund
- **2D** Certificate of deposit (CD)
- **3A** Mutual funds
- 3B Stocks

0

CARD P

TYPES OF ASSETS — PART 2

- **3C** Municipal or corporate bonds
- **5A** Life insurance policies (including employer-provided policies)
- **4A** Rental property
- **5B** Other real estate (for example: a vacation home or an undeveloped lot)
- **5E** Annuities and trusts
- 5F Businesses as an investment only
- 4C Other financial investments (for example: coins, jewelry, artwork, mortgages paid to him/her, loans owed to him/her, royalties, cryptocurrency, or cash kept in a secure location outside of a bank account)
- 2F Educational or college savings account
- **5C** Cars, vans, and trucks
- **5D** Motorcycles, boats, and recreational vehicles (RVs)

P

CARD Q

TYPES OF DENTAL PROFESSIONALS

- Dentists
- Dental or oral surgeons
- Orthodontists
- Dental hygienists
- Dental technicians
- Dental assistants
- Other dental specialists

Q

CARD R

TYPES OF HEALTH PROFESSIONALS

- Physicians
- Nurses, nurse practitioners
- Paramedics
- Health aides
- Physician assistants
- Chiropractors
- Midwives, nurse midwives
- Optometrists, ophthalmologists
- Podiatrists
- Physical therapists
- Speech therapists
- Occupational therapists
- Audiologists
- Psychiatrists, psychologists
- Psychiatric social workers

R

CARD T

LABOR FORCE CALENDAR NUMBERED WEEKS FOR (2024)

	JANUARY											
	S	М	Т	W	Т	F	S					
1		1	2	3	4	5	6					
2	7	8	9	10	11	12	13					
3	14	15	16	17	18	19	20					
4	21	22	23	24	25	26	27					
5	28	29	30	31								

		F	EBR	UAR	Y		
	S	M	Т	W	Т	F	S
5					1	2	3
6	4	5	6	7	8	9	10
7	11	12	13	14	15	16	17
8	18	19	20	21	22	23	24
9	25	26	27	28	29		

	MARCH											
	S	M	Т	W	Т	F	S					
9						1	2					
10	3	4	5	6	7	8	9					
11	10	11	12	13	14	15	16					
12	17	18	19	20	21	22	23					
13	24	25	26	27	28	29	30					
14	31											

	APRIL									
	S	M	Т	W	Т	F	S			
14		1	2	3	4	5	6			
15	7	8	9	10	11	12	13			
16	14	15	16	17	18	19	20			
17	21	22	23	24	25	26	27			
18	28	29	30							

	MAY										
	S	М	Т	W	Т	F	S				
18				1	2	3	4				
19	5	6	7	8	9	10	11				
20	12	13	14	15	16	17	18				
21	19	20	21	22	23	24	25				
22	26	27	28	29	30	31					

	JUNE											
	S	M	Т	W	Т	F	S					
22							1					
23	2	3	4	5	6	7	8					
24	9	10	11	12	13	14	15					
25	16	17	18	19	20	21	22					
26	23	24	25	26	27	28	29					
27	30											

Т

CARD T — continued

LABOR FORCE CALENDAR NUMBERED WEEKS FOR (2024)

	JULY										
	S	М	Т	W	Т	F	S				
27		1	2	3	4	5	6				
28	7	8	9	10	11	12	13				
29	14	15	16	17	18	19	20				
30	21	22	23	24	25	26	27				
31	28	29	30	31							

	AUGUST											
	S	M	Т	W	Т	F	S					
31					1	2	3					
32	4	5	6	7	8	9	10					
33	11	12	13	14	15	16	17					
34	18	19	20	21	22	23	24					
35	25	26	27	28	29	30	31					

	SEPTEMBER											
	S	M	Т	W	Т	F	S					
36	1	2	3	4	5	6	7					
37	8	9	10	11	12	13	14					
38	15	16	17	18	19	20	21					
39	22	23	24	25	26	27	28					
40	29	30										

	OCTOBER										
	S	M	Т	W	Т	F	S				
40			1	2	3	4	5				
41	6	7	8	9	10	11	12				
42	13	14	15	16	17	18	19				
43	20	21	22	23	24	25	26				
44	27	28	29	30	31						
				·							

	NOVEMBER											
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44						1	2					
45	3	4	5	6	7	8	9					
46	10	11	12	13	14	15	16					
47	17	18	19	20	21	22	23					
48	24	25	26	27	28	29	30					

	DECEMBER										
	S	М	Т	W	Т	F	S				
49	1	2	3	4	5	6	7				
50	8	9	10	11	12	13	14				
51	15	16	17	18	19	20	21				
52	22	23	24	25	26	27	28				
53	29	30	31								

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CARD T — continued

LABOR FORCE CALENDAR NUMBERED WEEKS FOR (2025)

JANUARY									
	S	M	Т	W	Т	F	S		
53				1	2	3	4		
54	5	6	7	8	9	10	11		
55	12	13	14	15	16	17	18		
56	19	20	21	22	23	24	25		
57	26	27	28	29	30	31			

FEBRUARY									
	S	М	Т	W	Т	F	S		
57							1		
58	2	3	4	5	6	7	8		
59	9	10	11	12	13	14	15		
60	16	17	18	19	20	21	22		
61	23	24	25	26	27	28			

MARCH								
	S	M	Т	W	Т	F	S	
61							1	
62	2	3	4	5	6	7	8	
63	9	10	11	12	13	14	15	
64	16	17	18	19	20	21	22	
65	23	24	25	26	27	28	29	
66	30	31						

APRIL									
	S	М	Т	W	Т	F	S		
66			1	2	3	4	5		
67	6	7	8	9	10	11	12		
68	13	14	15	16	17	18	19		
69	20	21	22	23	24	25	26		
70	27	28	29	30					

MAY									
	S M T W T F S								
70					1	2	3		
71	4	5	6	7	8	9	10		
72	11	12	13	14	15	16	17		
73	18	19	20	21	22	23	24		
74	25	26	27	28	29	30	31		

JUNE									
	S M T W T F S								
75	1	2	3	4	5	6	7		
76	8	9	10	11	12	13	14		
77	15	16	17	18	19	20	21		
78	22	23	24	25	26	27	28		
79	29	30							

Τ

CARD U

TRANSPORTATION TO WORK

Select All That Apply:

- 1 Drove own vehicle
- 2 Rider in someone else's vehicle/van pool
- **3** Bus
- 4 Rail
- **5** Other public transportation
- 6 Walked
- 7 Bicycled
- 8 Drove company vehicle
- 9 Worked at home
- **10** Other

CARD W

REASONS FOR MOVE

Family Reasons

- **1** Change in marital/relationship status
- 2 To move into own apartment or house
- 3 Other family-related reason

Job Reasons

- **4** New job or job transfer
- 5 To look for work or lost job
- 6 To be closer to school or work
- 7 Other job-related reason

Housing/Neighborhood Reasons

- 8 Wanted to own home, not rent
- 9 Wanted a better quality apartment or house
- 10 Wanted a better neighborhood
- **11** Cheaper housing
- **12 –** Other housing-related or neighborhood-related reason

Other Reasons

- **13 –** Disaster loss (for example: fire, flood, hurricane, etc.)
- 14 Eviction/foreclosure
- **15** Always lived here (never moved)
- **16** Other reason (specify)

W

CARD X

REASONS FOR NO EMPLOYER-SPONSORED HEALTH INSURANCE

- 1 Too expensive
- 2 Haven't worked for this employer long enough
- **3** Part-time, temporary, or contract employee
- **4** Not eligible (for any other reason)
- **5** Healthy (haven't needed health insurance)
- **6** Able to get care elsewhere (such as a health clinic)
- **7** Already covered under someone else's plan
- 8 Dissatisfied or don't believe in insurance
- 9 Missed enrollment window
- **10 –** Too difficult or confusing to apply (for example: language barriers, no time)
- **11 -** Other

X

CARD Y

REASONS FOR NO PRIVATE HEALTH INSURANCE

- 1 Too expensive
- 4 Denied or not eligible
- **5** Healthy (haven't needed health insurance)
- **6** Able to get care elsewhere (such as a health clinic)
- 7 Have another kind of coverage
- 8 Dissatisfied or don't believe in insurance
- 9 Missed enrollment window
- **10 –** Too difficult or confusing to apply (for example: language barriers, no time)
- **11 -** Other

Y

CARD Z

REASONS FOR NO PUBLIC HEALTH INSURANCE

- 4 Denied or not eligible
- **5** Healthy (haven't needed health insurance)
- **6** Able to get care elsewhere (such as a health clinic)
- 8 Dissatisfied or don't believe in insurance
- **9** In waiting period or missed enrollment window
- **10 –** Too difficult or confusing to apply (for example: language barriers, no time)
- **11 -** Other

7

CARD AA

FIVE TYPES OF MEDICARE PLANS

Choose ALL that apply:

	Туре	Description	Note
	Part A	Hospital Insurance	Free for most retired Americans
Original Medicare	Part B	Insurance for doctor's visits and other basic care	\$174.70 (in 2024) Usually deducted from SS check
•	Supplement	Acts as a second payer, to fill gaps in original Medicare. May be bought, or may be a retirement benefit from a former employer. Sometimes called a Medigap plan.	\$\$ May have additional premium
HMO or PPO	Part C	Advantage Plan Health insurance plan purchased from a private company that is used instead of original Medicare (replaces Part A & B and may also include prescription, vision, and/or dental coverage)	\$\$ May have additional premium
	Part D	Insurance from a private company that adds drug coverage to original Medicare	\$\$ Additional premium

AA

CARD BB

TYPE 2 RELATIONSHIP

- **1** Opposite-sex husband/wife/spouse
- **2 –** Opposite-sex unmarried partner
- 3 Same-sex husband/wife/spouse
- 4 Same-sex unmarried partner
- 5 Biological parent/child
- 6 Step parent/child
- 7 Adoptive parent/child
- 8 Grandparent/grandchild
- 9 Brother/sister
- 10 Parent/child-in-law
- 11 Brother/sister-in-law
- 12 Aunt/uncle, niece/nephew
- **13** Other relative (cousin, etc.)
- 14 Foster parent/child
- 15 Other non-relative

CARD CC SIPP Health Insurance FAQs

Health Insurance and Health Care Terms

Copayment or Copay:

- Fixed amount paid for a health care service or prescription, usually at the time of service.
- Amounts can vary by the type of service or prescription.

Deductible:

- Fixed amount of money you must pay for health care services before your health insurance begins to pay.
- Deductible amount is calculated yearly, so you have to meet a new deductible for each year of the policy.
- For many health insurance policies, you can use some services, like an emergency room visit, without meeting the deductible first.

Premium:

- Fixed amount of money paid on a regular basis for health coverage.
- Does not include copays, deductibles, or other expenses such as prescription costs.

Health Insurance Marketplace:

- Marketplace (or Exchange) coverage may be bought directly, as well as purchased through an employer (through the SHOP program).
- State specific websites help individuals, families, and small businesses find insurance coverage by comparing health insurance plans and prices, and to see if they qualify for reduced premiums and out—of—pocket costs.
- Plans purchased through the Marketplace may be partially or completely subsidized.

Subsidy:

- Money paid by the government to cover all or part of marketplace health insurance plan premiums.
- A subsidy may be in the form of a tax credit or reduced premium costs for the plan.
- Some Marketplace plans may be fully subsidized and so have \$0 premium costs for the enrollee.

CARD CC - continued

SIPP Health Insurance FAQs

CC

Small Business Health Options Program (SHOP) Marketplace:

• SHOP is a program that enables small businesses to purchase Marketplace health coverage for their employees.

CARD DD

PARENTAL LEAVE

TYPE OF LEAVE TAKEN FOR PREGNANCY OR BIRTH OF A CHILD

DD

- **1** Quit
- 2 Let go from the job
- 3 Paid maternity or paternity leave
- 4 Unpaid maternity or paternity leave
- 5 Paid sick leave
- 6 Unpaid sick leave
- 7 Disability leave
- 8 Paid vacation leave
- 9 Some other kind of leave

PRIVACY ACT STATEMENT

The U.S. Census Bureau is conducting the Survey of Income and Program Participation to gather information about employment, income, and the economic situation of persons and families who live in the United States. We are conducting this survey under the authority of Title 13, United States Code, sections 141 and 182. Section 9 of this law requires us to keep all information about you and your household strictly confidential. We may use this information only for statistical purposes.

The Privacy Act of 1974 (5 U.S.C. Section 552a) allows the sharing of information you provide with Census Bureau staff for work-related purposes as identified in the System of Records Notice COMMERCE/Census-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Participation in the survey is voluntary, and there are no penalties for failure to answer any questions. However, your cooperation is extremely important to insure the completeness and accuracy of the final results.