



THE American Community Survey

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

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

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



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

Month Day

Please print today's date.

7 /			
	Please print the name and telephone number of the pe filling out this form. We may contact you if there is a quest Last Name	erson wh stion.	no is
	Last Name		
	First Name	MI	
	Area Code + Number -		
>	How many people are living or staving 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.

FORM **ACS-1(INFO)(2009)KFI** (05-22-2008)

OMB No. 0607-0810

USCENSUSBUREAU



Person 1		Person 2				
(Person 1 is the person living or staying here in whose nam or apartment is owned, being bought, or rented. If there is			Person 2's name? e (Please print)	First N	ame	MI
person, start with the name of any adult living or staying h			his person related	d to Person 1? A		
What is Person 1's name? Last Name (Please print) How is this person related to Person 1?	MI	Biol Ado Step Brot	band or wife ogical son or daughter pted son or daughter son or stepdaughter her or sister er or mother adchild	r	Son-in-law or dau Other relative Roomer or board Housemate or roo Unmarried partne Foster child Other nonrelative	ler ommate er
Person 1 What is Person 1's sex? Mark (X) ONE box. Male Female	3		Person 2's sex? M			
What is Person 1's age and what is Person 1's date of Please report babies as age 0 when the child is less than 1 Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic Question 6 about race. For this survey, Hispanic origin Is Person 1 of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Yes, another Hispanic, Latino, or Spanish origin Argentinean, Colombian, Dominican, Nicaraguan, Salvador, and so on. Salvador, and so on.	ic origin and sare not races.	Age (in ye Age (in ye) Age (in ye) Age (in ye) NOTE: Questi Is Perso No, Yes, Yes, Yes, Arg	2,	O when the child at numbers in box th Day Year Part of the Control	is less than 1 year es. of birth bout Hispanic ori spanic origins are th origin?	igin and a not races.
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. _▼	Whi	Person 2's race? / te k, African Am., or Neg erican Indian or Alaska	gro		incipal tribe. _⊋
☐ Filipino ☐ Vietnamese ☐ Samoan ☐ Other Asian – Print race, for example, Hmong, Print race	nian or Chamorro acific Islander – se, for example, longan, and	Chir Filip Othe		Japanese Korean Vietnamese	Native Hawai Guamanian o Samoan Other Pacific Print race, for Fijian, Tongar so on.	or Chamorro Islander – r example,
Some other race – Print race.		Son	ne other race – <i>Print ra</i>	ace. 🍞		

Person	3	Person 4
What is Person 3's name? Last Name (Please print) Fi	rst Name MI	1 What is Person 4's name? Last Name (Please print) First Name MI
How is this person related to Person Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 3's sex? Mark (X) ONE Male Female What is Person 3's age and what is Person 3 age (in years) Month Day NOTE: Please answer BOTH Question Question 6 about race. For this survey is Person 3 of Hispanic, Latino, or Spanish of Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Niand so on. P	Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative box. erson 3's date of birth? hild is less than 1 year old. boxes. Year of birth n 5 about Hispanic origin and y, Hispanic origins are not races. anish origin? origin	How is this person related to Person 1? Mark (X) ONE box. Husband or wife
What is Person 3's race? Mark (X) one White Black, African Am., or Negro American Indian or Alaska Native — Prin Asian Indian Chinese Filipino Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	nt name of enrolled or principal tribe. e	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 Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black, African Am., or Negro Asian Indian or Alaska Native — Print name of enrolled or principal tribe. Other Asian — Print race, for example, Filian, Tongan, and so on. Filian American
Some other race – <i>Print race.</i>		Some other race – Print race.

hat is Person 5's name?	erson 5		If there are more than five peop print their names in the spaces We may call you for more informa	for Person 6 through Person
st Name (Please print)	First Nam	e MI	Person 6	<u> </u>
			Last Name (Please print)	First Name
ow is this person related to	Person 1? Mar	k (X) ONE box.	Zaot Hame (Fredeo print)	
Husband or wife		Son-in-law or daughter-in-law		
Biological son or daughter		Other relative		
Adopted son or daughter		Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdaughter		Housemate or roommate		,
Brother or sister		Unmarried partner	Person 7	First Norse
Father or mother		Foster child	Last Name (Please print)	First Name
Grandchild		Other nonrelative		
Parent-in-law				
hat is Person 5's sex? Mari	k (Y) ONE hav		Sex Male Female	
Male Female	((X) ONE DOX.		Sex	Age (in years)
			Person 8	
hat is Person 5's age and vease report babies as age 0 w	what is Person 5	5's date of birth? ess than 1 year old	Last Name (Please print)	First Name
	umbers in boxes.	ood than 1 your ora.		
e (in years) Month	Day Year of	birth		
			Sex Male Female	Age (in years)
NOTE: Please answer BOTH Duestion 6 about race. For t	i Question 5 abo his survey, Hispa	anic origins are not races.	Person 9	
			Person 9	
Person 5 of Hispanic, Lati	no, or Spanish d	origin?		Firet Name
· ·		origin?	Last Name (Please print)	First Name
No, not of Hispanic, Latino, o	or Spanish origin	origin?		First Name
· ·	or Spanish origin	origin?		First Name
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am.,	or Spanish origin	origin?	Last Name (Please print)	
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban	or Spanish origin Chicano			Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi	or Spanish origin Chicano , or Spanish origin	Rrint origin, for example,	Last Name (Please print)	
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino	or Spanish origin Chicano , or Spanish origin	Rrint origin, for example,	Last Name (Please print) Sex	
Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Lating Argentinean, Colombian, Doi	or Spanish origin Chicano , or Spanish origin	Rrint origin, for example,	Last Name (Please print) Sex	Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doland so on.	or Spanish origin Chicano , or Spanish origin minican, Nicaragua	Print origin, for example, n. Salvadoran, Spaniard,	Last Name (Please print) Sex	Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doland so on.	or Spanish origin Chicano , or Spanish origin minican, Nicaragua	Print origin, for example, n. Salvadoran, Spaniard,	Last Name (Please print) Sex	Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano , or Spanish origin minican, Nicaragua	Print origin, for example, n. Salvadoran, Spaniard,	Last Name (Please print) Sex	Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. hat is Person 5's race? Mail White Black, African Am., or Negro	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua rk (X) one or mor	Rrint origin, for example, Salvadoran, Spaniard, e boxes.	Last Name (Please print) Sex	Age (in years) First Name
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua rk (X) one or mor	Print origin, for example, n. Salvadoran, Spaniard,	Last Name (Please print) Sex	Age (in years) First Name Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua rk (X) one or mor	Rrint origin, for example, Salvadoran, Spaniard, e boxes.	Last Name (Please print) Sex	Age (in years) First Name
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano , or Spanish origin minican, Nicaragua rk (X) one or mor	Print origin, for example, Salvadoran, Spaniard, e boxes. of enrolled or principal tribe.	Last Name (Please print) Sex	Age (in years) First Name Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name	Print origin, for example, Salvadoran, Spaniard, e boxes. of enrolled or principal tribe.	Last Name (Please print) Sex	Age (in years) First Name Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano to or Spanish origin minican, Nicaragua rk (X) one or more ative — Print name Japanese Korean	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro	Last Name (Please print) Sex	Age (in years) First Name Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. White Black, African Am., or Negro American Indian or Alaska N. Asian Indian Chinese Filipino	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan	Last Name (Please print) Sex	Age (in years) First Name Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. hat is Person 5's race? Ma White Black, African Am., or Negro American Indian or Alaska Namerican Indian Chinese Filipino Other Asian – Print race, for example, Hmong,	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name Japanese Korean Vietnamese	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example,	Last Name (Please print) Sex	Age (in years) First Name Age (in years) First Name
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. hat is Person 5's race? Ma White Black, African Am., or Negro American Indian or Alaska Na Asian Indian Chinese Filipino Other Asian – Print race,	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name Japanese Korean Vietnamese	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander –	Last Name (Please print) Sex	Age (in years) First Name Age (in years) First Name
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. White Black, African Am., or Negro American Indian or Alaska No. Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani,	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name Japanese Korean Vietnamese	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Last Name (Please print) Sex	Age (in years) First Name Age (in years) Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on. White Black, African Am., or Negro American Indian or Alaska N. Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name Japanese Korean Vietnamese	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Last Name (Please print) Sex	Age (in years) First Name Age (in years) Age (in years)
No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Doi and so on.	or Spanish origin Chicano o, or Spanish origin minican, Nicaragua ork (X) one or more ative — Print name Japanese Korean Vietnamese	Print origin, for example, Salvadoran, Spaniard, e boxes. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Last Name (Please print) Sex	Age (in years) First Name Age (in years) Age (in years)

Housing

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

Housing (continued)

. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars	IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.
OR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost - Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used 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 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 Past 12 months' cost - Dollars	St 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 Amount - Dollars None
OR Included in rent or condominium fee No charge or these fuels not used	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any meals? Yes No

Housing (continued)

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 20a	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? ☐ Yes, home equity loan ☐ Yes, second mortgage ☐ Yes, second mortgage and home equity loan ☐ No → SKIP to D	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars Solution OR No regular payment required → SKIP to question 20a c. Does the regular monthly mortgage	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR No regular payment required	
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	Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars	

	Person 1	1 What is the highest degree or level of school	3 What is this person's ancestry or ethnic origin?
5	Please copy the name of Person 1 from page 2,	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	
۲	then continue answering questions below.		
	Last Name	NO SCHOOLING COMPLETED	(For example: Italian, Jamaican, African Am.,
		☐ No schooling completed	Cambodian, Cape Verdean, Norwegian, Dominican,
	F' at Name	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
	First Name MI	Nursery school	ringorian, moxican, ramanoso, extamian, and so only
		☐ Kindergarten 1	4 a. Does this person speak a language other than
A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Grade 1 through 11 – Specify	English at home?
4	Where was this person born?	grade 1 – 11 –	Yes
	In the United States – Print name of state.		☐ No → SKIP to question 15a
		13th made NO DIDLOMA	What is this language?
	Outside the United States – Print name of	12th grade – NO DIPLOMA	
	foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE	
		Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
1		GED or alternative credential	c. How well does this person speak English?
8	Is this person a citizen of the United States?	COLLEGE OR SOME COLLEGE	
T	Yes, born in the United States → SKIP to 10a	Some college credit, but less than 1 year of college credit	☐ Very well
	Yes, born in Puerto Rico, Guam, the	1 or more years of college credit, no degree	Well
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	~ \\ \\	Not well
	Yes, born abroad of U.S. citizen parent or parents	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	Not at all
	Yes, U.S. citizen by naturalization – <i>Print year</i>		5 a. Did this person live in this house or apartment
	of naturalization		1 year ago?
		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Person is under 1 year old → SKIP to
	No, not a U.S. citizen	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	question 16
		Doctorate degree (for example: PhD, EdD)	Yes, this house → SKIP to question 16
9	When did this person come to live in the United States? Print numbers in boxes.	Doctorate degree (for example, Fild, Edd)	No, outside the United States and Puerto Rico – Print name of foreign country,
	Year		or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
		Annual musetion 12 if this name to be	then own to question to
		Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	
10		SKIP to question 13.	No, different house in the United States or
T	person attended school or college? Include only nursery or preschool, kindergarten,		Puerto Rico
	elementary school, home school, and schooling which leads to a high school diploma or a college		b. Where did this person live 1 year ago?
	dearee	This question focuses on this person's	Address (Number and street name)
		BACHELOR'S DEGREE. Please print below the	
		specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
	Yes, public school, public college	engineering, elementary teacher education,	
	 Yes, private school, private college, home school 	organizational psychology)	Name of city, town, or post office
	b. What grade or level was this person attending? <i>Mark (X) ONE box.</i>		
	☐ Nursery school, preschool		Name of U.S. county or municipio in
	☐ Kindergarten☐ Grade 1 through 12 – Specify		Puerto Rico
	grade 1 – 12 – specify		
	k		Name of U.S. state or
			Puerto Rico ZIP Code
	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)		

Person 1 (c	continued
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	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	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. 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.
	of coverage in items a – h. Yes No	condition, does this person have difficulty
	a. Insurance through a current or former employer or union (of this person or another family member)	doing errands alone such as visiting a doctor's 6 to 11 months 6 office or shopping?
	person or another family member) b. Insurance purchased directly from	☐ 1 or 2 years
	an insurance company (by this person or another family member)	No.
	a Madisara for page 65 and older	5 of more years
	or people with certain disabilities	Has this person ever served on active duty in the
1	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now married 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.
	e. TRICARE or other military health care	☐ Separated Yes, now on active duty
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to Yes, on active duty during the last 12 months, but not now
	g. Indian Health Service	In the PAST 12 MONTHS did this person get – Yes, on active duty in the past, but not during the last 12 months
	h. Any other type of health insurance or health coverage plan – Specify	a. Married? □ No, training for Reserves or National Guard only → SKIP to question 28a
	¥ ,	b. Widowed? □ No, never served in the military → SKIP to question 29a
	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	Once Two times Three or more times 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
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to	female and 15 – 50 years old. Otherwise,
	the questions for Person 2 on page 12.	SKIP to question 25a. January 1947 to June 1950 World War II (December 1941 to December 1946)
3	a. Because of a physical, mental, or emotional condition, does this person have serious	
	difficulty concentrating, remembering, or making decisions?	Yes No No No No No No No No No N
	☐ Yes	a. Does this person have any of his/her own grandchildren under the age of 18 living in No → SKIP to question 29a
	Nob. Does this person have serious difficulty walking or climbing stairs?	this house or apartment? b. What is this person's service-connected
		No → SKIP to question 26
	☐ Yes	h le this grandnarent currently responsible for
	□ No	most of the basic needs of any grandchild(ren)
	c. Does this person have difficulty dressing or bathing?	under the age of 18 who live(s) in this house or apartment?
	Yes	Yes 50 or 60 percent
	□ No	 Yes No → SKIP to question 26 70 percent or higher

Person 1 (continued)		
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 33.	Yes
Yes → SKIP to question 30		No → SKIP to question 38
· ·	How many people, including this person, usually rode to work in the car, truck, or van	37 LAST WEEK, could this person have started a
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	LAST WEEK? Person(s)	job if offered one, or returned to work if recalled?
Yes		Yes, could have gone to work
☐ No → SKIP to question 35a		No, because of own temporary illness
	What time did this person usually leave home	No, because of all other reasons (in school, etc.)
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	to go to work LAST WEEK? Hour Minute	When did this person last work, even for a few
last week.	a.m.	days?
a. Address (Number and street name)	p.m.	Within the past 12 months
		 1 to 5 years ago → SKIP to Over 5 years ago or never worked → SKIP to
If the exact address is not known, give a description of the location such as the building	How many minutes did it usually take this person to get from home to work LAST WEEK?	question 47
name or the nearest street or intersection. b. Name of city, town, or post office	Minutes	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
c. Is the work location inside the limits of that city or town?	Answer questions 35 – 38 if this person did NOT work last week. Otherwise,	
Yes	SKIP to question 39a.	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
No, outside the city/town limits	a LAST WEEK, was this person on layoff from	☐ 50 to 52 weeks
d. Name of county	a job?	☐ 48 to 49 weeks
	Yes → SKIP to question 35c	40 to 47 weeks
e. Name of U.S. state or foreign country	□ No	27 to 39 weeks
	b. LAST WEEK, was this person TEMPORARILY	14 to 26 weeks
	absent from a job or business?	13 weeks or less
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal	During the PAST 12 MONTHS, in the WEEKS
	reasons, bad weather, etc. → SKIP to question 38	WORKED, how many hours did this person usually work each WEEK?
	No → SKIP to question 36	Usual hours worked each WEEK
How did this person usually get to work LAST WEEK? If this person usually used more than one	c. Has this person been informed that he or she	
method of transportation during the trip, mark (X) the box of the one used for most of the distance.	will be recalled to work within the next	
☐ Car, truck, or van ☐ Motorcycle	6 months OR been given a date to return to work?	
☐ Bus or trolley bus ☐ Bicycle	☐ Yes → SKIP to question 37	
Streetcar or trolley car Walked	□ No	
☐ Subway or elevated ☐ Worked at		
Ferryboat Other method		
☐ Taxicab		



Person 1 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary,	d. Social Security or Railroad Retirement.
Answer questions 41 – 46 if this person	accountant)	☐ Yes → \$.00
worked in the past 5 years. Otherwise, SKIP to question 47.		No TOTAL AMOUNT for past 12 months
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.	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)	e. Supplemental Security Income (SSI). ☐ Yes → S
Mas this person – Mark (X) ONE box.	7 INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
 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? 	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.)	Yes → S .00 No TOTAL AMOUNT for past 12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	bo No i include docial decurity.
a Federal GOVERNMENT employee?	For income received jointly, report the appropriate	Yes → \$.00
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	share for each person or, if that's not possible, report the whole amount for only one person and	TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received
working WITHOUT PAY in family business or farm?	Wages, salary, commissions, bonuses, or tips 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
For whom did this person work?		such as money from an inheritance or the sale of a home.
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Yes → \$.00 No TOTAL AMOUNT for past	
Name of company, business, or other employer	12 months	No TOTAL AMOUNT for past
	b. Self-employment income from own nonfarm businesses or farm businesses, including	12 months
		What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a
What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	Yes → \$	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.
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	□ None OR \$.00 □
4 Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	TOTAL AMOUNT for past 12 months
manufacturing?		
wholesale trade?	Yes → \$.00	
other (agriculture, construction, service,	No TOTAL AMOUNT for past Loss 12 months	
government, etc.)?		Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.

Person 2

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

Mailing Instructions

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

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

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

Thank you for participating in the American Community Survey

For Census Bureau Use	
POP EDIT PHONE	JIC1 JIC2
EDIT CLERK TELEPHONE CLERK	JIC3 JIC4

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

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

Form ACS-1(INFO)(2009)KFI (05-22-2008)