RUBY SHAMIR
POLICY ADVISOR TO THE FIRST LADY AND
SPECIAL ASSISTANT TO THE CHIEF OF STAFF TO THE FIRST LADY
BOX #4: FILE FOLDERS

HRC FAMILIES AGENDA

EITC/ECONOMIC EXPANSION

CENSUS SURVEYS – ACS

Enclosures filed in Oversize Attachments # 20367

VARA #17600

HEALTH INSURANCE COVERAGE - 1999

CEA ECONOMIC REPORT TO THE PRESIDENT

WOMEN'S EARNINGS 1998 – BLS

WELFARE/ TRANSPORTATION/PPI

WELFARE/ HOUSING VOUCHERS

MINIMUM WAGE

LEAVE – PAID LEAVE – UI

PAIS LEAVE/ OPM DIRECTIVE/ HUMAN RIGHTS CAMPAIGN

FMLA / LEGISLATION

UI/ BIRTH AND ADOPTION EXECUTIVE ORDER

FMLA/ GOP PROPOSAL

PARENTAL DISCRIMINATION

NON STANDARD WORKER / FEDERAL TEMPS IDEA

LABOR/ ERISA

NON STANDARD WORKER / ALTERNATIVE WORK ARRANGEMENTS

LABOR / FEDERAL CONTRACT PROCUREMENT

NON STANDARD WORKER / DOL ADVISORY COUNCIL/ CONTINGENT WORK REPORT

NON-STANDARD WORKER /-ALTERNATIVE WORKFORCE/ WORKING TODAY

POVERTY/ CHILD POVERTY/ CDF REPORT 8-99

NON STANDARD WORKER / EPI STUDIES

NON-STANDARD WORKER /-ADMINISTRATION-WORK-INITIATIVES

NON STANDARD WORKER / EMERGENT WORKFORCE ARTICLES

NON STANDARD WORKER / BLS

NON STANDARD WORKER / DAN PINK

NON STANDARD WORKER / DOL 21ST CENTURY WORKFORCE

NON STANDARD WORKER /WORK AT HOME/ TELECOMMUTE

NON STANDARD WORKER / WORK AT HOME

WORK-FAMILY/ HOURS AT WORK

WORK-FAMILY/ TELECOMMUTING

TELECOMMUTING/ DOT

TELECOMMUTING

11/8

TO: Cynthia, Eric G, Genie, Irene, Nicole, Ruby, Andy, Bethany, Jeanne, Devash, Carl Haacke

From: Andrea

In case ya haven't seen it, this is the final survey instrument Census will use for the American Community Survey in 2000. In subsequent years, the ACS will be implemented in a greater number of states + communities so it will eventually produce the equivalent to the Census long form on an annual basis, and @ the state + local level.

We're working w/ OMB to set up a meeting w/ Census for week of 11/29 to discuss possibilities for questions in '01. For example, there are no health questions on here, + nothing about EITC & child support. There are extensive questions about housing, questions about grandparents caring for grandchildren, a few questions on disabilities, + a question about welfare + food stamp receipt. There are also questions about race/ethnicity, immigrant status, + ESL.

I'll let ya know when the meeting gets scheduled.

THE American Community SURVEY

U.S. Department of Commerce
Bureau of the Census

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.

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 **1-800-354-7271.**

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

ACS-1(2000)
OMB No. 0607-0810
Approval Expires 04/30/2000
10/31/2000

Start Here

This form asks for three types of information:

- **basic information about the people who are living or staying at the address on the mailing label above**
- **specific information about this house, apartment, or mobile home**
- **more detailed information about each person living or staying here**

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.

Last Name

First Name MI

Area Code + Number

Date (Month/Day/Year)

How many people are living or staying at this address?

Number of people

Please turn to the next page to continue.

List of Residents

READ THESE INSTRUCTIONS FIRST

Please fill out this form as soon as possible after receiving it in the mail.

- **LIST** everyone who is living or staying here for more than 2 months.
- **LIST** anyone else staying here who does not have another usual place to stay.
- **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a **vacation home** or a **temporary residence** where no one in this household stays for more than 2 months, do not list any names in the List of Residents. **Complete only pages 4, 5, and 6 and return the form.**

IF YOU ARE NOT SURE WHOM TO LIST, CALL 1 800 354 7771.

If there are more than five people, list them here. *We may call you for more information about them.*

After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.

	1 What is this person's sex?	2 What is this person's date of birth and what is this person's age? *Print numbers in boxes.*	3 How is this person related to Person 1?
Person 1 Last Name *(Please print)* First Name MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	☒ 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.)*
Person 2 Last Name *(Please print)* First Name MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	*Relationship of Person 2 to Person 1.* ☐ Husband or wife ☐ Son or daughter ☐ Brother or sister ☐ Father or mother ☐ Grandchild ☐ In-law ☐ Other relative ☐ Roomer, boarder ☐ Housemate, roommate ☐ Unmarried partner ☐ Foster child ☐ Other nonrelative
Person 3 Last Name *(Please print)* First Name MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	*Relationship of Person 3 to Person 1.* ☐ Husband or wife ☐ Son or daughter ☐ Brother or sister ☐ Father or mother ☐ Grandchild ☐ In-law ☐ Other relative ☐ Roomer, boarder ☐ Housemate, roommate ☐ Unmarried partner ☐ Foster child ☐ Other nonrelative
Person 4 Last Name *(Please print)* First Name MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	*Relationship of Person 4 to Person 1.* ☐ Husband or wife ☐ Son or daughter ☐ Brother or sister ☐ Father or mother ☐ Grandchild ☐ In-law ☐ Other relative ☐ Roomer, boarder ☐ Housemate, roommate ☐ Unmarried partner ☐ Foster child ☐ Other nonrelative
Person 5 Last Name *(Please print)* First Name MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	*Relationship of Person 5 to Person 1.* ☐ Husband or wife ☐ Son or daughter ☐ Brother or sister ☐ Father or mother ☐ Grandchild ☐ In-law ☐ Other relative ☐ Roomer, boarder ☐ Housemate, roommate ☐ Unmarried partner ☐ Foster child ☐ Other nonrelative

Person 6
Last Name *(Please print)*
First Name MI

Person 7
Last Name
First Name MI

Person 8
Last Name
First Name MI

4 What is this person's marital status?

NOTE: Please answer BOTH Questions 5 and 6.

5 Is this person Spanish/Hispanic/Latino? *Mark (X) the "No" box if not Spanish/Hispanic/Latino.*

6 What is this person's race? *Mark (X) one or more races to indicate what this person considers himself/herself to be.*

4	5	6		
☐ Now married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino — *Print group*	☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – *Print race*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – *Print race below* ☐ Some other race – *Print race below*
☐ Now married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino — *Print group*	☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – *Print race*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – *Print race below* ☐ Some other race – *Print race below*
☐ Now married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino — *Print group*	☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – *Print race*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – *Print race below* ☐ Some other race – *Print race below*
☐ Now married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino — *Print group*	☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – *Print race*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – *Print race below* ☐ Some other race – *Print race below*
☐ Now married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino — *Print group*	☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – *Print race*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – *Print race below* ☐ Some other race – *Print race below*

Person 9	Person 10	Person 11	Person 12
Last Name	Last Name	Last Name	Last Name
First Name MI	First Name MI	First Name MI	First Name MI

➔ **When you are finished, turn the page and continue with the Housing section.**

Housing

Housing information helps your community plan for police and fire protection.

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?**

- ☐ 1999 or later
- ☐ 1995 to 1998
- ☐ 1990 to 1994
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

3 **When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?**

Month Year

| | | | | |

A *Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.*

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 **How many rooms are in this house, apartment, or mobile home?** *Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.*

- ☐ 1 room
- ☐ 2 rooms
- ☐ 3 rooms
- ☐ 4 rooms
- ☐ 5 rooms
- ☐ 6 rooms
- ☐ 7 rooms
- ☐ 8 rooms
- ☐ 9 or more rooms

8 **How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?**

- ☐ No bedroom
- ☐ 1 bedroom
- ☐ 2 bedrooms
- ☐ 3 bedrooms
- ☐ 4 bedrooms
- ☐ 5 or more bedrooms

9 **Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?**

- ☐ Yes, has all three facilities
- ☐ No

10 **Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?**

- ☐ Yes, has all three facilities
- ☐ No

11 **Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?**

- ☐ Yes
- ☐ No

12 **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

Housing (continued)

13 **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

14 **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

15 **At any time DURING THE PAST 12 MONTHS, were you or any member of this household enrolled in or receiving benefits from:**

a. free or reduced-price meals at school through the National School Lunch Program or the School Breakfast Program?

- ☐ Yes
- ☐ No

b. the Federal home heating and cooling assistance program?

- ☐ Yes
- ☐ No

16 **At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?**

- ☐ Yes → **What was the value of the Food Stamps?**

  Past 12 months' value – *Dollars*

  $ .00
- ☐ No

17 **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

18 **Is this house, apartment, or mobile home –**

- ☐ Owned by you or someone in this household with a mortgage or loan?
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented for cash rent?
- ☐ Occupied without payment of cash rent? → *Skip to question 21*

B *Answer questions 19a–21 ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 22.*

19 **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

20 **a. Is the rent on this house, apartment, or mobile home reduced because the Federal, state, or local government is paying part of the cost?**

- ☐ Yes
- ☐ No → *Skip to question 21*

b. What government program provides this reduced rent?

- ☐ The "Section 8" program
- ☐ Some other government program
- ☐ Not sure

21 **Is this house, apartment, or mobile home in a public housing project; that is, is it part of a government housing project for persons with low income?**

- ☐ Yes
- ☐ No

Housing (continued)

C *Answer questions 22–26 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* **E**.

22 **What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?**

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $24,999
- ☐ $25,000 to $29,999
- ☐ $30,000 to $34,999
- ☐ $35,000 to $39,999
- ☐ $40,000 to $49,999
- ☐ $50,000 to $59,999
- ☐ $60,000 to $69,999
- ☐ $70,000 to $79,999
- ☐ $80,000 to $89,999
- ☐ $90,000 to $99,999
- ☐ $100,000 to $124,999
- ☐ $125,000 to $149,999
- ☐ $150,000 to $174,999
- ☐ $175,000 to $199,999
- ☐ $200,000 to $249,999
- ☐ $250,000 or more – *Specify* →

$ .00

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

Annual amount – *Dollars*

$ .00

OR

☐ None

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

Annual amount – *Dollars*

$ .00

OR

☐ None

25 **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 26a*

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

Monthly amount – *Dollars*

$ .00

OR

☐ No regular payment required → *SKIP to question 26a*

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

26 **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 questions 27a and b ONLY IF this is a MOBILE HOME. Otherwise, SKIP to* **E**.

27 **a. Do you or any member of this household have an installment loan or contract on THIS mobile home?**

- ☐ Yes
- ☐ No

b. What are the total annual costs for installment loan payments, 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 28a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.*

28 **a. Do all of the persons listed on pages 2 and 3 live at this address year round?**

- ☐ Yes → *SKIP to the questions for Person 1 on the next page*
- ☐ No

b. Of the persons listed on pages 2 and 3, how many live somewhere else part of the year?

- ☐ All persons listed
- ☐ Some persons – How many? → Person(s)

→ *SKIP to the questions for person 1 on the next page.*

c. Do you consider this house, apartment, or mobile home, that uses the address on the front cover, your –

- ☐ Primary residence?
- ☐ Vacation home?
- ☐ School residence?
- ☐ Work residence?
- ☐ Other – *Specify* →

Continue with the questions about PERSON 1 on the next page.

Person 1

Your answers are important! Every person in the American Community Survey counts.

Please copy the name of Person 1 from the List of Residents on 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 American parent or parents
- ☐ Yes, U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

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 regular school or college? *Include only nursery or preschool, kindergarten, elementary 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

b. What grade or level was this person attending? *Mark ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, or law school)*

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

- ☐ No schooling completed
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade – NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

12 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.)

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

- ☐ Person is under 1 year old → *SKIP to the questions for Person 2 on page 10.*
- ☐ Yes, this house → *SKIP to* **F** *in the next column*
- ☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below, then SKIP to* **F** *in next column.*
- ☐ No, different house in the United States

b. Where did this person live 1 year ago?

Name of city, town, or post office

c. Did this person live inside the limits of the city or town?

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

Name of county

Name of state ZIP Code

F *If this person is UNDER 5 years of age, SKIP to the questions for PERSON 2 on page 10. Otherwise, continue with question 14.*

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

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

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

15 Does this person have any of the following long-lasting conditions:

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

G If this person is UNDER 15 years of age, *SKIP to the questions for PERSON 2 on page 10. Otherwise, continue with* **H**.

H *Answer question 17 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 18a.*

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

- ☐ Yes
- ☐ No

18 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 19*

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 19*

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

19 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 in past, but not now
- ☐ No, training for Reserves or National Guard only → *SKIP to question 22*
- ☐ No, never served in the military → *SKIP to question 22*

20 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.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950 to January 1955)
- ☐ World War II (September 1940 to July 1947)
- ☐ Some other time

21 In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

EMPLOYMENT

22 LAST WEEK, did this person do ANY work for either pay or profit? *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *SKIP to question 28*

23 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

24 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 32*
- ☐ Other method

I *Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.*

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

Person(s)

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

Hour Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

J *Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.*

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

- ☐ Yes → *SKIP to question 28c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 31*
- ☐ No → *SKIP to question 29*

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 30*
- ☐ No

29 Has this person been looking for work during the last 4 weeks?
- ☐ Yes
- ☐ No → *SKIP to question 31*

30 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.)

31 When did this person last work, even for a few days?
- ☐ Within the past 12 months
- ☐ 1 to 5 years ago → *SKIP to question 34*
- ☐ Over 5 years ago or never worked → *SKIP to question 40*

32 During the PAST 12 MONTHS, how many WEEKS did this person work? *Count paid vacation, paid sick leave, and military service.*

Weeks

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

Usual hours worked each WEEK

K *Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40.*

34–39 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.*

34 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?

35 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

36 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)*

37 Is this mainly – *Mark (X) one box.*
- ☐ manufacturing?
- ☐ wholesale trade?
- ☐ retail trade?
- ☐ other (agriculture, construction, service, government, etc.)?

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

39 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)*

40 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

41 What was this person's total income during the PAST 12 MONTHS? *Add entries in questions 40a to 40h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

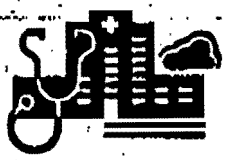
☐ None OR $ .00 ☐ Loss
TOTAL AMOUNT for past 12 MONTHS

→ **Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.**

what about child support?

EITC?

Person 2



Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

Please copy the name of Person 2 from the List of Residents on 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 American parent or parents
- ☐ Yes, U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

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 regular school or college? *Include only nursery or preschool, kindergarten, elementary 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

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

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshmen to senior)
- ☐ Graduate or professional school *(for example: medical, dental, 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
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade – NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

12 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.)

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

- ☐ Person is under 1 year old → *SKIP to the questions for Person 3 on page 13.*
- ☐ Yes, this house → *SKIP to* **F** *in the next column*
- ☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to* **F** *in next column.*
- ☐ No, different house in the United States

b. Where did this person live 1 year ago?

Name of city, town, or post office

c. Did this person live inside the limits of the city or town?

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

Name of county

Name of state ZIP Code

F *If this person is UNDER 5 years of age, SKIP to the questions for PERSON 3 on page 13. Otherwise, continue with question 14.*

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

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

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

15 Does this person have any of the following long-lasting conditions:

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

G If this person is UNDER 15 years of age, *SKIP to the questions for PERSON 3 on page 13. Otherwise, continue with* **H**.

H *Answer question 17 ONLY if this person is female and 15—50 years old. Otherwise, SKIP to question 18a.*

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

- ☐ Yes
- ☐ No

18 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 19*

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 19*

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

19 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 in past, but not now
- ☐ No, training for Reserves or National Guard only → *SKIP to question 22*
- ☐ No, never served in the military → *SKIP to question 22*

20 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.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950 to January 1955)
- ☐ World War II (September 1940 to July 1947)
- ☐ Some other time

21 In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *SKIP to question 28*

23 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

24 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 32*
- ☐ Other method

I *Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.*

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

Person(s)

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

Hour | | . Minute | |

- ☐ a.m.
- ☐ p.m.

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

Minutes

J *Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.*

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

- ☐ Yes → *SKIP to question 28c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 31*
- ☐ No → *SKIP to question 29*

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 30*
- ☐ No

Person 2 (continued)

29 Has this person been looking for work during the last 4 weeks?
- ☐ Yes
- ☐ No → *SKIP to question 31*

30 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.)

31 When did this person last work, even for a few days?
- ☐ Within the past 12 months
- ☐ 1 to 5 years ago → *SKIP to question 34*
- ☐ Over 5 years ago or never worked → *SKIP to question 40*

32 During the PAST 12 MONTHS, how many WEEKS did this person work? *Count paid vacation, paid sick leave, and military service.*

Weeks

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

Usual hours worked each WEEK

K *Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40.*

34–39 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.*

34 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?

35 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

36 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)*

37 Is this mainly – *Mark (X) one box.*
- ☐ manufacturing?
- ☐ wholesale trade?
- ☐ retail trade?
- ☐ other (agriculture, construction, service, government, etc.)?

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

39 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)*

40 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

41 What was this person's total income during the PAST 12 MONTHS? *Add entries in questions 40a to 40h; 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 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.**

Person 3

Information about children helps your community plan for child care, education, and recreation.

Please copy the name of Person 3 from the List of Residents on 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 American parent or parents
- ☐ Yes, U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

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 regular school or college? *Include only nursery or preschool, kindergarten, elementary 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

b. What grade or level was this person attending? *Mark ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, 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
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade – NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

12 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.)

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

- ☐ Person is under 1 year old → *SKIP to the questions for Person 4 on page 16.*
- ☐ Yes, this house → *SKIP to* **F** *in the next column*
- ☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to* **F** *in next column.*
- ☐ No, different house in the United States

b. Where did this person live 1 year ago?

Name of city, town, or post office

c. Did this person live inside the limits of the city or town?

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

Name of county

Name of state ZIP Code

F *If this person is UNDER 5 years of age, SKIP to the questions for PERSON 4 on page 16. Otherwise, continue with question 14.*

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

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

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

15 Does this person have any of the following long-lasting conditions:

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

G If this person is UNDER 15 years of age, *SKIP to the questions for PERSON 4 on page 16. Otherwise, continue with* **H**.

H *Answer question 17 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 18a.*

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

- ☐ Yes
- ☐ No

18 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 19*

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 19*

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

19 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 in past, but not now
- ☐ No, training for Reserves or National Guard only → *SKIP to question 22*
- ☐ No, never served in the military → *SKIP to question 22*

20 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.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950 to January 1955)
- ☐ World War II (September 1940 to July 1947)
- ☐ Some other time

21 In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *SKIP to question 28*

23 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

24 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 32*
- ☐ Other method

I *Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.*

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

Person(s)

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

Hour | | : Minute | |

- ☐ a.m.
- ☐ p.m.

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

Minutes

J *Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.*

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

- ☐ Yes → *SKIP to question 28c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 31*
- ☐ No → *SKIP to question 29*

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 30*
- ☐ No

29 Has this person been looking for work during the last 4 weeks?

- ☐ Yes
- ☐ No → *SKIP to question 31*

30 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.)

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

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago → *SKIP to question 34*
- ☐ Over 5 years ago or never worked → *SKIP to question 40*

32 During the PAST 12 MONTHS, how many WEEKS did this person work? *Count paid vacation, paid sick leave, and military service.*

Weeks

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

Usual hours worked each WEEK

K *Answer questions 34–39 ONLY if this person worked in the past 5 years. Otherwise, SKIP to question 40.*

34–39 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.*

34 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?

35 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

36 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)*

37 Is this mainly – *Mark (X) one box.*

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

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

39 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)*

40 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

41 What was this person's total income during the PAST 12 MONTHS? *Add entries in questions 40a to 40h; 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 4 on the next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.**

Person 4

Knowing about age, race, and sex helps your community better meet the needs of everyone.

Please copy the name of Person 4 from the List of Residents on 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 American parent or parents
- ☐ Yes, U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

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 regular school or college? *Include only nursery or preschool, kindergarten, elementary 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

b. What grade or level was this person attending? *Mark ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, or law school)*

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

- ☐ No schooling completed
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade – NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

12 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.)

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

- ☐ Person is under 1 year old → *SKIP to the questions for Person 5 on page 19.*
- ☐ Yes, this house → *SKIP to* **F** *in the next column*
- ☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below, then SKIP to* **F** *in next column.*
- ☐ No, different house in the United States

b. Where did this person live 1 year ago?

Name of city, town, or post office

c. Did this person live inside the limits of the city or town?

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

Name of county

Name of state ZIP Code | | | | |

F *If this person is UNDER 5 years of age, SKIP to the questions for PERSON 5 on page 19. Otherwise, continue with question 14.*

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

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

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

15 Does this person have any of the following long-lasting conditions:

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

G If this person is UNDER 15 years of age, *SKIP to the questions for PERSON 5 on page 19.* Otherwise, continue with **H**.

H *Answer question 17 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 18a.*

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

- ☐ Yes
- ☐ No

18 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 19*

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 19*

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

19 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 in past, but not now
- ☐ No, training for Reserves or National Guard only → *SKIP to question 21*
- ☐ No, never served in the military → *SKIP to question 21*

20 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.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950 to January 1955)
- ☐ World War II (September 1940 to July 1947)
- ☐ Some other time

21 In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *SKIP to question 28*

23 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

24 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 32*
- ☐ Other method

I *Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.*

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

Person(s)

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

Hour Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

J *Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.*

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

- ☐ Yes → *SKIP to question 28c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 31*
- ☐ No → *SKIP to question 29*

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 30*
- ☐ No

29 Was this person been looking for work during the last 4 weeks?
- ☐ Yes
- ☐ No → *SKIP to question 31*

30 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.)

31 When did this person last work, even for a few days?
- ☐ Within the past 12 months
- ☐ 1 to 5 years ago → *SKIP to question 34*
- ☐ Over 5 years ago or never worked → *SKIP to question 40*

32 During the PAST 12 MONTHS, how many WEEKS did this person work? *Count paid vacation, paid sick leave, and military service.*

Weeks

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

Usual hours worked each WEEK

K *Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40.*

34–39 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.*

34 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?

35 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

36 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)

37 Is this mainly – *Mark (X) one box.*
- ☐ manufacturing?
- ☐ wholesale trade?
- ☐ retail trade?
- ☐ other (agriculture, construction, service, government, etc.)?

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

39 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)*

40 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

41 What was this person's total income during the PAST 12 MONTHS? *Add entries in questions 40a to 40h; 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 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.**

Person 5

Your answers help your community plan for the future.

Please copy the name of Person 5 from the List of Residents on 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 American parent or parents
- ☐ Yes, U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

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 regular school or college?** *Include only nursery or preschool, kindergarten, elementary 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

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

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, 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
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade – **NO DIPLOMA**
- ☐ **HIGH SCHOOL GRADUATE** – high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

12 **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.)

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

- ☐ Person is under 1 year old → *SKIP to the mailing instructions on page 24.*
- ☐ Yes, this house → *SKIP to* **F** *in the next column*
- ☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to* **F** *in next column.*
- ☐ No, different house in the United States

b. Where did this person live 1 year ago?

Name of city, town, or post office

c. Did this person live inside the limits of the city or town?

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

Name of county

Name of state ZIP Code | | | | |

F *If this person is UNDER 5 years of age, SKIP to the the mailing instructions on page 24.*

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

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

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

15 **Does this person have any of the following long-lasting conditions:**

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

16 **Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:**

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

G If this person is UNDER 15 years of age, *SKIP to the mailing instructions on page 24. Otherwise, continue with* **H**.

H *Answer question 17 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 18a.*

17 Has this person given birth to any children in the past 12 months?
- ☐ Yes
- ☐ No

18 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 19*

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 19*

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

19 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 in past, but not now
- ☐ No, training for Reserves or National Guard only → *SKIP to question 22*
- ☐ No, never served in the military → *SKIP to question 22*

20 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.*
- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950 to January 1955)
- ☐ World War II (September 1940 to July 1947)
- ☐ Some other time

21 In total, how many years of active-duty military service has this person had?
- ☐ Less than 2 years
- ☐ 2 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*
- ☐ Yes
- ☐ No → *SKIP to question 28*

23 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

24 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 32*
- ☐ Other method

I *Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.*

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

Person(s)

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

Hour Minute
- ☐ a.m.
- ☐ p.m.

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

Minutes

J *Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.*

28 a. LAST WEEK, was this person on layoff from a job?
- ☐ Yes → *SKIP to question 28c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 31*
- ☐ No → *SKIP to question 29*

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 30*
- ☐ No

29 **Has this person been looking for work during the last 4 weeks?**

- ☐ Yes
- ☐ No → *SKIP to question 31*

30 **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.)

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

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago → *SKIP to question 34*
- ☐ Over 5 years ago or never worked → *SKIP to question 40*

32 **During the PAST 12 MONTHS, how many WEEKS did this person work?** *Count paid vacation, paid sick leave, and military service.*

Weeks

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

Usual hours worked each WEEK

K *Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40.*

34–39 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.*

34 **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?

35 **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

36 **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)*

37 **Is this mainly –** *Mark (X) one box.*

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

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

39 **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)*

40 **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

41 **What was this person's total income during the PAST 12 MONTHS?** *Add entries in questions 40a to 40h; 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

➔ **Now continue with the mailing instructions on page 24**

Mailing Instructions

Please make sure you have..

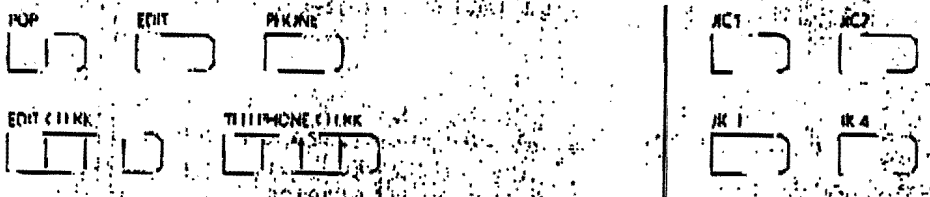
- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

Then...

- put the completed questionnaire into the postage-paid return envelope. (It is addressed to the Bureau of the Census Processing Center in Jeffersonville, Indiana)
- 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



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THE American Community SURVEY

U.S. Department of Commerce
Bureau of the Census

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your

community uses to plan and fund programs. Your response is important, and we keep your answers confidential.

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 **1–800–354–7271.**

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

FORM **ACS-1(99)**
(6-19-98)

OMB No. 0607-0810
Approval Expires 02/28/2000

Start Here

This form asks for three types of information:
- basic information about the people who are living or staying at the address on the mailing label above
- specific information about this house, apartment, or mobile home
- more detailed information about each person living or staying here

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.

Last Name

First Name MI

Area Code + Number

Date (Month/Day/Year)

How many people are living or staying at this address?

Number of people

Please turn to the next page to continue.

Nov 30 American Communities Survey

Phil Rones / BLS

Kathy Wallman, OMB chief stats

Focus on ACS use for welfare reform policy

Census: Chuck Nelson
" Booey
Nancy Gordon - demographics
Rhonda Carney
Kimberly - OMB
Susan Schecter
Andy Feldman ?
Richard Bauer - OMB

Nancy: • Fed gov has devolved authority (growth) to lower gov levels, but fed gov still cares
• many states used waiver programs; no clean wt date; depends per state or municipality

Fed gov wants info for jurisdictions, so we want our questions asked of many hshlds so that

←

Ex. • H.C. coverage as ppl move off welfare
• impact on out of wedlock
• children
• people w/ disabs

Briefing on Data for Examining the Effects of Welfare Reform

Census Bureau

November 30, 1999

For Further Information:

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Current Population Survey (CPS)

Purpose
To provide estimates of employment, unemployment and characteristics of the labor force.

March Annual Demographic Supplement provides annual data on work experience, income, poverty, and health insurance.

Survey Design
State-based sample design with independent samples for the 50 states and the District of Columbia.

Produces reliable monthly labor force estimates for the country as well as reliable labor force data for states on an annual average basis.

Interviews conducted during one week of each month, with a household respondent.

Sample Size
Approximately 55,500 interviewed households.

Content
Collects information on 15 types of income in March.

Public assistance questions updated after the Welfare Reform Act of 1996.

Strengths	Weaknesses
Data released quickly - Unemployment data within 2 weeks March income and poverty estimates in approximately 6 months	Cross-sectional data - no longitudinal data. Cross-sectional data useful for establishing correlations but not causations
Source of official estimates of income, and poverty	Limited contextual information
50+ year time series	Large confidence intervals for state level income and poverty estimates, and no sub-state estimates
Data are easy to use	

Survey of Income and Program Participation (SIPP)

Purpose
To collect information on source and amount of income, labor force participation, program participation and eligibility, and demographic characteristics in order to measure the effectiveness of assistance programs. - asks you to participate every 4 months for 4 yrs, gives you info on spells

To provide improved statistics on the distribution of income.

Survey Design
Continuous series of national panels. For the 1984-1993 panels, a new panel was introduced each year in February; each was approximately 2 ½ years long. In April 1996, a 4-year panel was introduced. The next (quite small) panel will be fielded in February 2000, with a larger one fielded in 2001.

The survey uses a 4-month recall period, with approximately the same number of interviews being conducted in each month of the 4-month period.

Sample Size
For the 1984-1993 panels, the sample size of the panels range from approximately 11,000 to 20,000 households in the first interview.

For the 1996 panel, the sample size was 37,000 interviewed households in the first interview.

Content
SIPP content is based on a "core" of labor force, program participation, and income questions designed to measure the economic situation of people, families, and households.

"Topical modules" provide a broader context for analysis by adding a variety of topics not covered in the core section, such as personal history, child care, wealth, program eligibility, child support, disability, school enrollment, taxes, and annual income.

Strengths	Weaknesses
Longitudinal data useful for addressing causations	National sample and smaller sample size does not provide state level estimates
Core and topical modules provide a broad array of contextual information	Time series limited to 15 years
Monthly data provides information for spell analyses	Complex data set

- attrition: sample size shrinks, at times, w every

SPD
For welf Reform: $ come to reinterview ppl who had been on welf

Survey of Program Dynamics (SPD)

Purpose
To provide reliable longitudinal information on the effect of welfare reform on families in the U.S.

Survey Design
Follows former respondents from the 1992 and 1993 panels of the Survey of Income and Program Participation (SIPP).

Interviews conducted once a year.

Sample size
1997 (bridge)--35,000 households.

1998-2002--19,000 households, chosen to over sample low-income household and those with children.

Content
1997 (bridge)--content restricted to March CPS Income Supplement.

1998-2002--welfare reform relevant content expanded to include:

- More earnings and other income detail than in the CPS, plus information on assets, liabilities, program participation and eligibility (including reasons for leaving programs and reasons not accepted into programs), and food security.
- Information on child-well-being, including school enrollment and enrichment activities, disability and health care use, contact with absent parent, care arrangements, child support payments, and a module on residential history.
- Two self-administered questionnaires--a short question sequence for adults focusing on marital relationship and conflict and a depression scale, and a questionnaire for adolescents 12-17, focusing on such issues as family conflict, vocational goals, educational aspirations, crime-related violence, substance abuse, and sexual activity.

Strengths	Weaknesses
Long (ten-year) longitudinal time series	Attrition
Emphasis on issues important to evaluating welfare reform	Cannot produce state-level estimates
Emphasis on children	

American Community Survey (ACS)

Purpose
To provide demographic, economic, social, and housing data similar to the decennial census long form.

To be available every year, to measure change over time and the results of federal programs in a timely manner.

Survey Design
In 2003, will begin collecting data to produce annual estimates for geographic areas or population groups of 65,000 or more. Data available by July of the year after data collection.

Data accumulated over a 2-5 year period to produce estimates for all geographic areas, including census tracts.

Data collected using a tri-modal system of mail-out/mail-back, Computer Assisted Telephone Interviewing, and Computer Assisted Personal Visit Interviewing.

Sample Size
Beginning in 2003, 250,000 addresses per month, or 3 million addresses per year, spread across the U.S. No one address is visited more than once over a five-year period.

Oversample small governmental units (townships, small towns or cities) of 2,500 population or less–similar to the Census 2000 long form.

Currently conducted in 31 sites in 26 states.

(AR, AZ, CA, FL, GA, IA, IL, IN, LA, MA, MD, MO, MS, MT, NE, NM, NY, OH, OR, PA, TN, TX, VA, WA, WI, WV)

Content
Collects information on income, poverty, family structure, reduced school lunch, food stamps, housing subsidy, public assistance or welfare, and Supplemental Security Income.

Strengths	Weaknesses
Reliable data available at the state, city and metropolitan level.	No longitudinal data
Data available quickly–by July after the collection year (2003 ACS data available July 2004)	Limited contextual information

ACS ques

- very similar to long form (diffs: ① long-form collect over course of yr ② ACS dev'd behr long form

- no health insurance/EITC utilization/child support is there
  SIPP [illegible] tax info
  CPS supplement every 2 yrs
  office had stats policy

OR/OMB How we have flexibility on this?
- supplements are a problem
- bec of the fact that it's a mail out survey (65% comes back) - phone follow up, - personal visit: this takes 3 months, even tho we collect data every month
  (CPS opens + closes every month)

we would need to think of ways to do simple questions

★ Not too late to add questions

use 2000, 2001, 2002 } to compare to 2000 census

take this info from ACS, + from natl survey + do higher quality estimates for small geographic areas
Small area income + pov estimates [looks at title I schl districts]

Supplementary Census 2000 Survey

Purpose
To collect long form data using a survey independent of Census 2000 spread over entire year, so that statistical comparisons of this survey and Census 2000 can be made for every state and most large (250,000 population or more) cities and metropolitan areas.

Survey Design
Methodology similar to the American Community Survey, but differs by stratifying smaller population counties in states and taking a representative sample of those counties within the state. No oversampling of small governmental units.

Data collected using a tri-modal system of mail-out/mail-back, Computer Assisted Telephone Interviewing, and Computer Assisted Personal Visit Interviewing (the latter for one-third of non-responding households).

Data available by July of the year after data collection.

Sample Size
58,000 addresses per month, or 700,000 addresses, spread across the U.S. Each address is visited only once.

→ gives data for any area up to 150,000 or more which covers all state

Content
Collects information on income, poverty, family structure, reduced school lunch, food stamps, housing subsidy, public assistance or welfare, and Supplemental Security Income.

Strengths	Weaknesses
Comparisons can be made to Census 2000 at the state level and for large metropolitan areas	Separating out the many factors that contribute to the differences will be difficult
Data available quickly–by July 2001	

ACS info for town $2000

appropriated pgrm, so we don't have funds yet for 2001

no one or approp has direct effect from

For 2000 & 2001 available in 2002

for 2001 and 2002