



Start Here

Please use a black or blue pen.

1 Please print your name —
Last Name

First Name

MI

2 a. Do you live here or stay here MOST OF THE TIME?

Yes → Skip to 2d No

b. Do you have a place where you live or stay MOST OF THE TIME?

Yes No → Skip to 2d

c. What is your telephone number? We may call you if we don't understand an answer.

Area Code + Number

 - -

d. ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?

7 nights 4 nights 1 night
 6 nights 3 nights
 5 nights 2 nights

3 What is your sex? Mark ONE box.

Male Female

4 What is your age and what is your date of birth?

Print numbers in boxes.

Age on April 1, 2000 Month Day Year of birth

→ NOTE: Please answer BOTH Questions 5 and 6.

5 Are you Spanish/Hispanic/Latino? Mark the "No" box if not Spanish/Hispanic/Latino.

No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino — Print group. ↗

6 What is your race? Mark one or more races to indicate what you consider yourself to be.

White
 Black, African Am., or Negro
 American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

Asian Indian Native Hawaiian
 Chinese Guamanian or Chamorro
 Filipino Samoan
 Japanese Other Pacific Islander — Print race. ↗
 Korean
 Vietnamese
 Other Asian — Print race. ↗

Some other race — Print race. ↗

7 What is the address of the place where you live or stay MOST OF THE TIME?

House number

Street name, Rural route and box, or PO box

Apartment number

City

County

State or foreign country

ZIP Code

→ CONTINUE on page 2.

8 If the address in question 7 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.

House number

Street or road name

Apartment number

City

County

State or foreign country

ZIP Code

9 What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

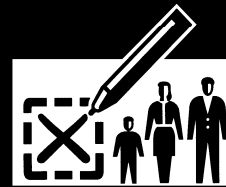
10 a. At any time since February 1, 2000, have you attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended school since February 1 → Skip to 11
- Yes, public school, public college
- Yes, private school, private college

b. What grade or level were you 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)



Your answers are important! Every person in the Census counts.

11 What is the highest degree or level of school you have 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 your 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. Do you speak a language other than English at home?

- Yes
- No → Skip to 14

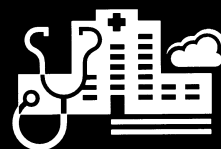
b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well do you speak English?

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

→ **CONTINUE** on page 3. →



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

14 Where were you born?

In the United States — *Print name of state.*

Outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc.*

15 Are you a CITIZEN of the United States?

- Yes, born in the United States → *Skip to 17a*
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a citizen of the United States

16 When did you come to live in the United States?

Print numbers in boxes.

Year

17 a. Did you live in this house, apartment, dormitory, or institution 5 years ago (on April 1, 1995)?

- Person is under 5 years old → *Skip to 35*
- Yes, this house → *Skip to 18*
- No, outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc. below; then → Skip to 18.*

No, different house in the United States

b. Where did you live 5 years ago?

Name of city, town, or post office

Did you live inside the limits of that city or town?

- Yes
- No, outside the city/town limits

Name of county

Name of state

ZIP Code

18 Do you have any of the following long-lasting conditions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

19 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

20 Were you under 15 years of age on April 1, 2000?

- Yes → *Skip to 35*
- No

21 a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?

- Yes
- No → *Skip to 22a*

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?

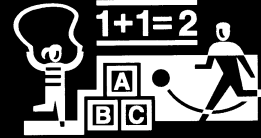
- Yes
- No → *Skip to 22a*

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

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years |
| <input type="checkbox"/> 6 to 11 months | <input type="checkbox"/> 5 years or more |
| <input type="checkbox"/> 1 or 2 years | |

➔ **CONTINUE on page 4.** ➔





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

22 a. Have you 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 23
No, never served in the military -> Skip to 23

b. When did you serve on active duty in the U.S. Armed Forces? Mark [X] a box for EACH period in which you 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-April 1975)
February 1955 to July 1964
Korean conflict (June 1950-January 1955)
World War II (September 1940-July 1947)
Some other time

c. In total, how many years of active-duty military service have you had?

- Less than 2 years
2 years or more

23 LAST WEEK, did you do ANY work for either pay or profit? Mark [X] the "Yes" box even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.

- Yes
No -> Skip to 27a

24 At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street name)

Grid for address input

(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

Grid for city/town/post office input

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

- Yes
No, outside the city/town limits

d. Name of county

Grid for county input

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

Grid for state/country input

f. ZIP Code

Grid for ZIP code input

25 a. How did you usually get to work LAST WEEK? If you 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; Motorcycle; Bus or trolley bus; Bicycle; Streetcar or trolley car; Walked; Subway or elevated; Worked at home -> Skip to 29; Railroad; Other method; Ferryboat; Taxicab

If "Car, truck, or van" is marked in 25a, go to 25b. Otherwise, skip to 26a.

b. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

- Drove alone; 4 people; 2 people; 5 or 6 people; 3 people; 7 or more people

26 a. What time did you usually leave home to go to work LAST WEEK?

Grid for time input with a.m./p.m. selection

b. How many minutes did it usually take you to get from home to work LAST WEEK?

Minutes

Grid for minutes input

Answer questions 27-28 if you did not work for pay or profit last week. Otherwise, skip to 29.

27 a. LAST WEEK, were you on layoff from a job?

- Yes -> Skip to 27c; No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. -> Skip to 28; No -> Skip to 27d

CONTINUE on page 5. ->



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

27 c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → Skip to 27e
- No

d. Have you been looking for work during the last 4 weeks?

- Yes
- No → Skip to 28

e. LAST WEEK, could you 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.)

28 When did you last work, even for a few days?

- 1995 to 2000
- 1994 or earlier, or never worked → Skip to 33

29 Industry or Employer

Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give the information for your last job or business since 1995.

a. For whom did you work? If now on active duty in the Armed Forces, mark this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

c. Is this mainly — Mark ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

30 Occupation

a. What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

b. What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)

31 Were you — Mark ONE box.

- Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local GOVERNMENT employee (city, county, etc.)
- State GOVERNMENT employee
- 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

32 a. LAST YEAR, 1999, did you work at a job or business at any time?

- Yes
- No → Skip to 33

b. How many weeks did you work in 1999? Count paid vacation, paid sick leave, and military service.

Weeks

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c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

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→ CONTINUE on page 6. →

33 INCOME IN 1999

Mark the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark the "No" box if the income source was not received. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

a. Wages, salary, commissions, bonuses or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.

Yes Annual amount – Dollars
 \$ | | | , | | | .00 Loss

No

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

Yes Annual amount – Dollars
 \$ | | | , | | | .00 Loss

No

d. Social Security or Railroad Retirement

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No

f. Any public assistance or welfare payments from the state or local welfare office

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No



Your answers help your community plan for the future.

33 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 sale of a home.

Yes Annual amount – Dollars
 \$ | | | , | | | .00

No

34 What was your total income in 1999? Add entries in questions 33a–33h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

Annual amount – Dollars
 None OR \$ | | | , | | | .00 Loss

35 Please check this form to be sure you have answered all the required questions completely. To return your form, please follow the instructions on the envelope that the form came in.

Thank you for completing this official U.S. Census 2000 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

FOR OFFICE USE ONLY

A. GQ ID

| | | | | | | | | | | | | | | |

B. PN

| | | |

C. JIC1

| |

D. JIC2

| |

E. JIC3

| |

F. JIC4

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