

Appendix F

Appendix F



Official Internet Form



U.S. Department of Commerce
Bureau of the Census

Start Here!

Instructions:

1. Help is available throughout the form by clicking on the -> Text Links <-. If help links do not function properly, manually open a new/different browser window to:
<http://www.2000.census.gov/2k/formhelp.html>
2. Verify this form's authenticity to help protect your information.
3. Use your window scroll bars to move around the form and your screen arrow/pointer to position your text cursor inside boxes for entering text.
4. **DO NOT** use your keyboard's 'Return' / 'Enter' key or your web browser's 'Back' / 'Previous Page' button.
5. Please begin with question 1 below.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

INCLUDE in this number:

- foster children, roomers or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

DO NOT INCLUDE in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

2. Is this house, apartment, or mobile home -- Mark *ONE* box.

- 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?

APPENDIX F

3. Please answer the following questions for each person living in this house, apartment or mobile home. Start with the name of one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here. We will refer to this person as Person 1.

What is this person's name? Enter name below.

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. What is Person 1's telephone number? We may call the person if we don't understand an answer.

Area Code + Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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5. What is Person 1's sex? Mark ONE box.

Male Female

6. What is Person 1's age and what is Person 1's date of birth? Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please answer BOTH Questions 7 and 8.

7. Is Person 1 Spanish / Hispanic / Latino? Mark the "NO" box if not Spanish / Hispanic / Latino.

No, not Spanish / Hispanic / Latino Yes, Puerto Rican
 Yes, Mexican, Mexican Am., Chicano Yes, Cuban
 Yes, other Spanish / Hispanic / Latino -- Enter group below.

<input type="text"/>

8. What is Person 1's race? Mark one or more races to indicate what this person considers himself/herself to be.

White
 Black, African Am., or Negro
 American Indian or Alaska Native -- Enter name of enrolled or principal tribe below.

<input type="text"/>

Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian -- Enter race below. Other Pacific Islander -- Enter race below.

APPENDIX F

Some other race -- *Enter race below.*

If more people live here, continue with Person 2 below.
If not, go to the 'Sending This Form' section at the bottom of this form.

Person 2	Your answers are important! Every person in the Census counts.	
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1. What is Person 2's name? *Enter name below.*

Last Name	First Name	MI
_____	_____	_____

2. How is this person related to Person 1? *Mark ONE box.*

<input type="checkbox"/> Husband/wife	If NOT RELATED to Person 1:
<input type="checkbox"/> Natural-born son/daughter	<input type="checkbox"/> Roomer, boarder
<input type="checkbox"/> Adopted son/daughter	<input type="checkbox"/> Housemate, roommate
<input type="checkbox"/> Stepson/stepdaughter	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Brother/sister	<input type="checkbox"/> Foster child
<input type="checkbox"/> Father/mother	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> Grandchild	
<input type="checkbox"/> Parent-in-law	
<input type="checkbox"/> Son-in-law/daughter-in-law	
<input type="checkbox"/> Other relative -- <i>Enter exact relationship.</i>	_____

3. What is this person's sex?

Male Female

4. What is this person's age and what is this person's date of birth?
Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
_____	_____	_____	_____

NOTE: Please answer BOTH Questions 5 and 6.

APPENDIX F

5. Is this person Spanish / Hispanic / Latino? Mark "NO" box if *not* Spanish / Hispanic / Latino.

- No, not Spanish / Hispanic / Latino Yes, Puerto Rican
 Yes, Mexican, Mexican Am., Chicano Yes, Cuban
 Yes, Other Spanish / Hispanic / Latino -- Enter group below.

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

- White
 Black, African Am., or Negro
 American Indian or Alaska Native -- Enter the name of enrolled or principal tribe below.

- Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian -- Enter race below. Other Pacific Islander -- Enter race below.

- Some other race -- Enter race below.

If more people live here, continue with Person 3 below.
 If not, go to 'Sending This Form' at the bottom of this page.

Person 3	Census information helps your community get financial assistance for roads, hospitals, schools, and more.	
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1. What is Person 3's name? Enter name below.

Last Name	First Name	MI

2. How is this person related to Person 1? Mark *ONE* box.

- Husband/wife If NOT RELATED to Person 1:
 Natural-born son/daughter Roomer, boarder
 Adopted son/daughter Housemate, roommate
 Stepson/stepdaughter Unmarried partner
 Brother/sister Foster child
 Father/mother Other nonrelative
 Grandchild

APPENDIX F

- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative -- *Enter exact relationship.*

3. What is this person's sex?

- Male
- Female

4. What is this person's age and what is this person's date of birth?

Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish / Hispanic / Latino? Mark "NO" box if *not* Spanish / Hispanic / Latino.

- No, not Spanish / Hispanic / Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican Am., Chicano
- Yes, Cuban
- Yes, Other Spanish / Hispanic / Latino -- *Enter group below.*

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

- White
- Black, African Am., or Negro
- American Indian or Alaska Native -- *Enter the name of enrolled or principal tribe below.*

- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian -- *Enter race below.*
- Other Pacific Islander -- *Enter race below.*

- Some other race -- *Enter race below.*

If more people live here, continue with Person 4 below.
If not, go to 'Sending This Form' at the bottom of this page.

APPENDIX F

Person 4

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



1. What is Person 4's name? *Enter name below.*

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. How is this person related to Person 1? *Mark ONE box.*

- | | |
|---|--|
| <input type="checkbox"/> Husband/wife | If NOT RELATED to Person 1: |
| <input type="checkbox"/> Natural-born son/daughter | <input type="checkbox"/> Roomer, boarder |
| <input type="checkbox"/> Adopted son/daughter | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Brother/sister | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Father/mother | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Grandchild | |
| <input type="checkbox"/> Parent-in-law | |
| <input type="checkbox"/> Son-in-law/daughter-in-law | |
| <input type="checkbox"/> Other relative -- <i>Enter exact relationship.</i> | <input type="text"/> |

3. What is this person's sex?

- Male Female

4. What is this person's age and what is this person's date of birth?
Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish / Hispánico / Latino? *Mark "NO" box if not Spanish / Hispanic / Latino.*


- No, not Spanish / Hispanic / Latino Yes, Puerto Rican
 Yes, Mexican, Mexican Am., Chicano Yes, Cuban
 Yes, Other Spanish / Hispanic / Latino -- *Enter group below.*

APPENDIX F

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

- White
- Black, African Am., or Negro
- American Indian or Alaska Native -- Enter the name of enrolled or principal tribe below.
- Asian Indian Japanese Native Hawaiian
- Chinese Korean Guamanian or Chamorro
- Filipino Vietnamese Samoan
- Other Asian -- Enter race below. Other Pacific Islander -- Enter race below.
- Some other race -- Enter race below.

If more people live here, continue with Person 5 below.
If not, go to 'Sending This Form' at the bottom of this page.

Person 5	Knowing about age, race, and sex helps your community better meet the needs of everyone.	
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1. What is Person 5's name? Enter name below.

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. How is this person related to Person 1? Mark ONE box.

- Husband/wife If NOT RELATED to Person 1:
- Natural-born son/daughter Roomer, boarder
- Adopted son/daughter Housemate, roommate
- Stepson/stepdaughter Unmarried partner
- Brother/sister Foster child
- Father/mother Other nonrelative
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative -- Enter exact relationship.

3. What is this person's sex?

- Male Female

APPENDIX F

4. What is this person's age and what is this person's date of birth?
Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish / Hispanic / Latino? Mark "NO" box if *not* Spanish / Hispanic / Latino.

- No, not Spanish / Hispanic / Latino Yes, Puerto Rican
 Yes, Mexican, Mexican Am., Chicano Yes, Cuban
 Yes, Other Spanish / Hispanic / Latino -- Enter group below.

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

- White
 Black, African Am., or Negro
 American Indian or Alaska Native -- Enter the name of enrolled or principal tribe below.

- Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian -- Enter race below. Other Pacific Islander -- Enter race below.

- Some other race -- Enter race below.

If more people live here, continue with Person 6 below.
If not, go to 'Sending This Form' at the bottom of this page.

Person 6	Your answers help your community plan for the future.	
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1. What is Person 6's name? Enter name below.

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPENDIX F

2. How is this person related to Person 1? Mark ONE box.

- Husband/wife If NOT RELATED to Person 1:
- Natural-born son/daughter Roomer, boarder
- Adopted son/daughter Housemate, roommate
- Stepson/stepdaughter Unmarried partner
- Brother/sister Foster child
- Father/mother Other nonrelative
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative -- Enter exact relationship.

3. What is this person's sex?

- Male Female

4. What is this person's age and what is this person's date of birth?

Enter numbers in boxes.

Age on April 1, 2000	Month	Day	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish / Hispanic / Latino? Mark "NO" box if not Spanish / Hispanic / Latino.

- No, not Spanish / Hispanic / Latino Yes, Puerto Rican
- Yes, Mexican, Mexican Am., Chicano Yes, Cuban
- Yes, Other Spanish / Hispanic / Latino -- Enter group below.

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

- White
- Black, African Am., or Negro
- American Indian or Alaska Native -- Enter the name of enrolled or principal tribe below.

- Asian Indian Japanese Native Hawaiian
- Chinese Korean Guamanian or Chamorro

APPENDIX F

- Before sending this form, please go back to the top of this form and review your information now for completeness and accuracy.

Did you:

1. Answer the questions for all persons in your household?
2. Review your entries for completeness and accuracy?
3. Include a telephone number for Person 1?

You will have only one opportunity to send this form.

- If you are satisfied you have entered all information completely and correctly, please send the form back to the Census Bureau by using the 'SUBMIT' button below. A 'confirmation' page will be sent to you as soon as your information is received.
- DO NOT attempt to re-send this form once you receive a confirmation page.
- If you do not receive a confirmation page, please complete your paper form and return it in the pre-addressed envelope.

SUBMIT

Person 8	<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MI</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person 9	Last Name	First Name	MI
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person 10	Last Name	First Name	MI
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person 11	Last Name	First Name	MI
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person 12	Last Name	First Name	MI
	<input type="text"/>	<input type="text"/>	<input type="text"/>

- End of Census Form -

OMB No.: 0607-0856
Approval Expires 12/31/2000

Sending This Form

If you have finished this form: