Bureau of the Census

# American Community Survey



An area's people are its most important resource. Information about people and their housing is very important to local communities as well as to the Nation, and is used for planning and funding programs at all levels. The Census Bureau is conducting the American Community Survey to collect information on subjects like education, employment, income, and housing – information usually collected only once every ten years during the census. The Census Bureau's American Community Survey will provide this vital information on a continual basis.

Please review the form before you begin filling it out. You will notice that it is divided into three parts . . .

- basic information about the people who live or are staying at the address on the mailing label,
- specific information about the house or apartment, and
- detailed information about each person living or staying here.

Additional instructions inside will help you accurately complete the form.

Please insert your completed survey form into the return envelope so that the barcode shows through the window.

# Please PRINT the name of the person who is filling this form, a telephone number where someone in this household can be reached, and the date the form was filled. Last name First name Middle initial Area code Telephone number Date — — —

How many people are living or staying at this address?

Number of persons



IF YOU NEED HELP OR HAVE QUESTIONS ABOUT HOW TO COMPLETE YOUR FORM OR WHOM TO INCLUDE ON YOUR FORM, CALL **1–800–354–7271.** THE TELEPHONE CALL IS FREE.

Step 2

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.

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM **ACS-1** (8-9-96)

OMB No. 0607-0810 Approval Expires 09/30/98

# Step 3 WHOM TO INCLUDE ON THE FORM

Please fill this form for ALL people who are living here, and ALL people who are staying here for more than two months. PRINT the names of these people in the List of Residents column. Begin with the name of the household member in whose name this place is owned or rented. Put this person's name in the PERSON 1 box.

Be sure to list all family members, as well as roommates, foster children, boarders, and live-in employees. Remember to include yourself on the list.

If there are people who live here but are currently staying somewhere else for more than two months, like a college student who is now away at school, DO NOT include him/her on the List of Residents.

If a person is staying here for two months or less and usually lives somewhere else, DO NOT include him/her on the List of Residents.

If EVERYONE staying here is here only temporarily for two months or less and usually lives somewhere else, DO NOT list any names on the List of Residents. However, please answer the questions on pages 4 and 5. Information about short-term visitors is not needed for this survey, but information about the house or apartment is.

# If you are not sure whom to include, call 1-800-354-7271.

If there are more than five people who should be listed, use the spaces at the bottom of pages 2 and 3 for their names. We will contact you by telephone to obtain the information for them.

# Step 4 HOW TO FILL THE FORM

The questions on pages 2 and 3 are printed at the top of the columns. Please answer each question for every person whose name appears on the List of Residents. Enter these names in the detailed information sections of the form that begin on page 6, after you complete the questions on pages 4 and 5.

List of Residents  Print the last name, first name, and middle initial for each person who should be included in the list.	Question 1 What is this person's sex?	Question 2 What is this person's date of birth and what is this person's age?	Question 3  How is this person related to Person 1?					
PERSON 1 Last name	Male Female	Month Day Year of birth	Person 1 is the person living or staying here who owns or rents this unit; that is, the person whose name is on the deed or the lease.					
First name Middle initial		Age (in years)	If there is no such person, start with the name of any adult household member.					
PERSON 2 Last name	Male Female	Month Day Year of birth	Relationship of Person 2 to Person 1  Husband or wife Son or daughter Brother or sister Father or mother  Relationship of Person 2 to Person 1  Other relative Roomer or boarder Housemate or roommate Unmarried partner					
First name Middle initial		Age (in years)	Grandchild Foster child In-law Other nonrelative					
PERSON 3 Last name	Male Female	Month Day Year of birth	Relationship of Person 3 to Person 1  Husband or wife Other relative Son or daughter Roomer or boarder Brother or sister Housemate or roommate Father or mother Unmarried partner					
First name Middle initial		Age (in years)	Grandchild Foster child In-law Other nonrelative					
PERSON 4 Last name	Male Female	Month Day Year of birth	Relationship of Person 4 to Person 1  Husband or wife Other relative Son or daughter Roomer or boarder Brother or sister Housemate or roommate					
First name Middle initial		Age (in years)	Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative					
PERSON 5 Last name	☐ Male ☐ Female	Month Day Year of birth	Relationship of Person 5 to Person 1  Husband or wife Son or daughter Brother or sister  Housemate or roommate					
First name Middle initial		Age (in years)	Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative					
	ast name	First name	Middle initial					
PERSON 6								
PERSON 7								
PERSON 8 PERSON 9								

Page 2

Question 4 What is this person's current marital status?	Question 5 Is this person Spanish/Hispanic/Latino?	Question 6  What is this person's race? Mark   one box for the race that the person considers himself/herself to be.								
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								
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 Chinese Vietnamese Some other race Multiracial Print the race(s) or group below  Aleut Samoan Guamanian  Indian (Amer.)  Print the name of the enrolled or principal tribe  Some other race  Multiracial Print the race(s) or group below  Guamanian  Other Asian/Pacific Islander – Print group								
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 ☐ Chinese ☐ Vietnamese ☐ Some other race ☐ Black, African Am. ☐ Eskimo ☐ Hawaiian ☐ Samoan ☐ Aleut ☐ Chinese ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Asian Indian ☐ Other Asian/Pacific ☐ Islander - Print group ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Asian Indian ☐ Other Asian/Pacific ☐ Islander - Print group ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese ☐ Vietnamese ☐ Multiracial ☐ Print the race(s) or group below ☐ Vietnamese								
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								
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 Chinese Vietnamese Some other race Multiracial Filipino Japanese Multiracial Print the race(s) or group below  Aleut Guamanian Other Asian/Pacific Islander – Print group principal tribe								
	PERSON 10 PERSON 11 PERSON 12	First name Middle initial								

# Please answer questions H1 through H37 for the address on the mailing label. H1. Which best describes this building? Include all apartments, flats, etc., even if vacant. H7. Is there a business such as a store or barber shop or a medical office on this property? H17. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by more of this bousehold?

apartments, flats, etc., even if vacant.	shop or a medical office on this property?	one-ton capacity or less are kept at home					
A mobile home or trailer	Yes	for use by members of this household?					
A noe-family house detached from any	No						
other house		Vehicle(s)					
<ul> <li>A one-family house attached to one or more houses</li> </ul>	H8. How many rooms are in this house or apartment? Do NOT count bathrooms, porches, balconies, foyers, halls, half-rooms, or utility rooms.	OR None					
A building with 2 apartments	balcomes, royers, mails, mail-rooms, or utility rooms.	None					
A building with 3 or 4 apartments	Doom(s)	H18. Which FUEL is used MOST for heating this					
A building with 5 to 9 apartments	Room(s)	house or apartment?					
A building with 10 to 19 apartments	H9. How many bedrooms are in this house or	Gas: from underground pipes serving the					
A building with 20 to 49 apartments	<b>apartment?</b> Count the number of bedrooms that you would list if this house or apartment were for	neighborhood					
A building with 50 or more apartments	sale or for rent.	Gas: bottled, tank, or LP Electricity					
Boat, RV, van, etc.		Fuel oil, kerosene, etc.					
H2. About when was this building first built? If you	Bedroom(s)	Coal or coke					
do not know the exact year, give your best estimate.	OR	Wood					
	None	Solar energy					
(Year)	uso Book distribution of the state of the st	Other fuel					
	H10. Does this house or apartment have complete plumbing facilities; that is, 1) hot and cold	No fuel used					
H3. When did PERSON 1 (listed in the List of Residents on page 2) move into this house	piped water, 2) a flush toilet, and 3) a bathtub or shower?						
or apartment?	Yes, has all three facilities	H19a. LAST MONTH, what was the cost of electricity for this house or apartment?					
(Mariah)	□ No						
(Month) (Year)		\$ .00 (Last month)					
H4a. Do all persons staying in this house or apartment usually spend more than two	H11. Does this house or apartment have complete kitchen facilities; that is, 1) a sink with piped	OR					
consecutive months of the year at another	water, 2) a stove or range, and 3) a refrigerator?	Included in rent or in condominium fee					
residence?		☐ No charge or electricity not used					
┌── □ No	Yes, has all three facilities  No						
Yes	□ NO	b. LAST MONTH, what was the cost of gas for this house or apartment?					
b. Where is that residence located?	H12. Does this house or apartment building get water from –						
	A public system such as a city water department or private company?	\$ .00 (Last month)  OR					
(U.S. State/foreign country)	An individual drilled well?						
c. How long does this household usually spend	An individual dug well?	☐ Included in rent or in condominium fee☐ No charge or gas not used					
at that residence?	Some other source, such as a spring, creek,	No charge or gas not used					
	river, cistern, etc.?	c. IN THE PAST 12 MONTHS, what was the					
Months each year	H13. Is this house or apartment building connected	cost of water and sewer for this house or apartment? If you have lived here less than					
	to a public sewer?	12 months, estimate the cost.					
<b>NOTE:</b> If you marked "Yes" in H4a, please note that the remaining questions on pages 4 and 5 of	Yes, connected to a public sewer						
this form are asking for information about the	No, connected to septic tank or cesspool	\$ .00 (Past 12 months)					
house or apartment at the address on the label on the front of this form.	No, uses other means	OR					
*	H14. Does this house or apartment have air	☐ Included in rent or in condominium fee					
If this unit is in a building that has two or more apartments, SKIP to question H8. Otherwise,	conditioning?	☐ No charge					
continue with H5.	Yes, a central air conditioning system						
	Yes, one or more individual room units	d. IN THE PAST 12 MONTHS, what was the cost of fuel oil, wood, kerosene, coal, etc. for this					
H5. Is this house or mobile home on -	☐ No	house or apartment? If you have lived here less					
Less than 1 acre? – SKIP to question H7	H15. Does this house or apartment have a central	than 12 months, estimate the cost.					
1 to less than 10 acres?	heating system; that is, one system that	\$ .00 (Past 12 months)					
10 or more acres?	heats all or most of the rooms?						
H6. IN THE PAST 12 MONTHS, were the sales of all	Yes	OR					
agricultural products from this property \$1,000	∐ No	Included in rent or in condominium fee					
or more?	H16. Is there a telephone in this house or	☐ No charge or these fuels not used					
Yes	apartment?						
□ No	Yes						
	No.						

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a	At any time DURING THE PAST 12 MONTHS, were you or any member of this household enrolled in or receiving benefits from:  free or reduced-price meals at school through the Federal School Lunch Program or the Federal School Breakfast Program?  Yes No the Federal home heating and cooling assistance program?	H26. Is the rent on this house or apartment reduced because the Federal, state, or local government is paying part of the cost?  Yes No  H27. Is this house or apartment in a public housing project; that is, is it part of a government housing project for persons with low income?  Yes No	H32. How much is the regular monthly mortgage payment on this property? Include payments only on FIRST mortgage or contract to purchase  \$ .00 (Monthly)  OR  No regular payment required – SKIP to question H35  H33. Does the regular monthly mortgage payment include payments for real estate taxes on this property?					
H21.	No  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?	Answer questions H28 – H37 ONLY if you or someone else in this household OWNS OR IS BUYING this house, mobile home or apartment; otherwise, SKIP to questions for PERSON 1 on page 6.	Yes, taxes included in payment  No, taxes paid separately or taxes not required  H34. Does the regular monthly mortgage payment					
H22.	\$ .00  (12-month amount)  No  Is this house or apartment part of a	H28. What is the value of this property; that is, how much would this house or mobile home and lot, or condominium unit sell for if it were for sale?  \$ .00 (Value)	include payments for fire, hazard, or flood insurance on this property?  Yes, insurance included in payment  No, insurance paid separately or no insurance					
H23.	condominium?  Yes → What is the monthly condominium fee?  \$ .00 (Monthly)  OR  No  Is this house or apartment –  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this	H29. What are the annual real estate taxes on this property?  \$ .00 (Annual)  OR  None  H30. What is the annual payment for fire, hazard, and flood insurance on this property?	H35. 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 question H37  H36. How much is the regular monthly payment on ALL second and third mortgages and home equity loans?					
	household free and clear (without a mortgage)?  Rented for cash rent?  Occupied without payment of cash rent? – SKIP to question H27	\$ .00 (Annual)  OR  None	\$ .00 (Monthly)  OR  No regular payment required					
Answ this h	er questions H24 – H27 ONLY if you PAY RENT for ouse or apartment; otherwise, SKIP to question H28.	H31. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on this property?	Answer this question ONLY if this is a MOBILE HOME; otherwise, SKIP to the questions for PERSON 1 on the next page.					
	What is the monthly rent for this house or apartment?  \$ .00 (Monthly)  Does the monthly rent include any meals?  Yes No	Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No – SKIP to question H35	H37. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site?  Do NOT include real estate taxes  \$ .00 (Annual)					

Please continue with the questions for PERSON 1 on page 6.

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Pri	nt the name of PERSON 1 from page	ge 2 and answer these questions for Person 1.
	PERSON 1	First name MI
	Print name	
7.	In what U.S. State, territory, commonwealth or foreign country was this person born?	<ul> <li>13b. Where did this person live 5 years ago?</li> <li>(1) Name of U.S. State, territory, commonwealth or foreign country</li></ul>
9.	Is this person a CITIZEN of the United States?  Yes, born in the United States – SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas  Yes, born abroad of American parent(s)  Yes, U.S. citizen by naturalization  No, not a citizen of the United States  When did this person come to live in the United States?  (Year)	include training for the Reserves or National Guard.  If outside U.S., print answer above and SKIP to question 14a  (2) Name of city or town  (3) Name of county  (4) ZIP Code  (4) ZIP Code  (5) Name of county  (6) ZIP Code  (7) When did this person serve on active duty in the U.S. Armed Forces? Mark
10.	At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.  Yes, public school or public college Yes, private school or private college Yes, vocational, technical, or business school	14a. Does this person speak a language other than English at home?  ☐ Yes ☐ No, only English – SKIP to question 15  b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ✓ Years and Months  ☐ World War II (September 1940 to July 1947) ☐ Some other time  20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?
	What is the highest degree or level of school this person has COMPLETED? Mark  ONE box for the highest grade completed or degree received.  None, no schooling completed  Nursery or preschool  Kindergarten  Grade  (Write grade 1–11)  12th grade, NO DIPLOMA  HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)  Some college but no degree  Vocational, technical, or business school degree  Associate degree in college  Bachelor's degree (BA, AB, BS)  Master's degree (MA, MS, MEng, MEd, MSW, MBA)  Professional school degree (MD, DDS, DVM, LLB, JD)  Doctorate degree (PhD, EdD)  What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ✓	c. How well does this person speak English?    Very well   Not well   Yes   No - SKIP to question 28a    Very well   Not at all   Yes   No - SKIP to question 28a    Yes   No - SKIP to question 34a   Yes   No - SKIP to question 45a   Yes   No - SKIP to question 45a   Yes   No - SKIP to question 2
		d.Name of county 🖂
	nis person is UNDER 5 years of age, SKIP to the questions the next person on page 8; otherwise, continue.	If this person is female, answer question 17; otherwise, continue with question 18.
13a	Did this person live in this house or apartment 5 years ago?  Yes – SKIP to question 14a  No	17. How many babies has this person ever had, not counting stillbirths?  e. Name of state   Babies None

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# **PERSON 1 – Continued**

		_						
	LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark the box for the one used for most of the distance.  Car, truck, or van Bicycle Public transportation (bus, trolley, subway, or railroad) Worked at home - SKIP to question 32 Taxicab Other method  ou marked "Car, truck, or van" continue with		During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.  Weeks (Including paid vacation, paid sick leave, and military service)  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked per week	40.	INCOME IN Indicate the during the received. If please give report if po person. Oth only one pe other perso "LOSS" box	I THE PAST  I types of in PAST 12 MC you do not an estimate ssible, the a erwise, reper erson and m n. If net inc to the righ	12 MONTHS. come this person DNTHS and enter know the exact a propriate share ort the whole am ark the "No" boy ome was a loss, n t of the dollar an enter of the share of the dollar an	received the amounts amount, eived jointly, for each nount for k for the mark the nount.
	estion 25; otherwise, SKIP to guestion 26.		at an anatotic last					
	LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?  Person(s)	the	swer questions 34–39 if this person worked in a past 5 years.  89. CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or business. 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		wages or s tips from al BONDS, DU Yes —	l jobs BEFÓI ES, OR OTH	ort commissions, RE DEDUCTIONS I ER ITEMS. .00 nonths – Dollars)	bonuses, or FOR TAXES,
26.	LAST WEEK, what time did this person usually leave home to go to work?	34.	week, give information for his/her last job.  Was this person -  An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary,		(farm or nand partner business ex	on-farm) ir ership? Rep penses.	ome from own l ncluding proprie oort NET income a	etorship
27	Hour Minute p.m.  LAST WEEK, how many minutes did it usually		or business, or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT- FOR- PROFIT, tax-exempt, or charitable organization?		☐ Yes → No	\$	.00 nonths – Dollars)	Loss
<b>41</b> .	take this person to get from home to work?  Minutes – SKIP to question 32		A local GOVERNMENT employee (city, county, etc.)?  A state GOVERNMENT employee?  An active duty U.S. Armed Forces member?		income, or	income from small amo	net rental incom om estates and unts credited to a	trusts?
not	swer questions 28a – 31 only if this person did work last week.		☐ A Federal GOVERNMENT employee (excluding active duty military)? ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	J.	☐ No	\$ (Past 12 m	.00 nonths – Dollars)	Loss
28a	LAST WEEK, was this person on layoff from a job?		SELF-EMPLOYED in own INCORPORATED business,	d.		_	Iroad Retireme	nt?
	Yes, on temporary layoff from most recent job – SKIP to question 30		professional practice, or farm?  Working WITHOUT PAY in family business or farm?		☐ Yes → No	Ф	.00 nonths – Dollars)	
	Yes, permanently laid off from most recent job – SKIP to question 29  No	35.	For whom did this person work?	e.	retirement NOT include	t, survivor,	or disability pe	ensions? Do
b	LAST WEEK, was this person TEMPORARILY absent from a job or business?		Name of company, business, branch of the Armed Forces or other employer		☐ Yes → No	\$	.00 nonths – Dollars)	
	Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to question 31  No	36.	What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school	f.	Families w	ntal Securi ith Depend ic assistan	ty Income (SSI), dent Children (A ce or public we	AFDC), or
29.	Has this person been looking for work during the last 4 weeks?				☐ Yes →		.00	
	Yes	37.	Is this mainly –		∐ No	(Past 12 m	onths – Dollars)	
	□ No – SKIP to question 31		☐ Manufacturing? ☐ Retail trade?			•	•	
30.	LAST WEEK, could this person have gone to work?		Wholesale trade? Other (agriculture, construction, service, government, etc.)?		such as Ve unemploy	terans' (V <i>l</i> ment comp	me received reg A) payments, pensation, child	support
	Yes, if a job had been offered Yes, if recalled from layoff No, because of own temporary illness No, because of all other reasons (in school, etc.)	38.	What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher		payments so the sale of	uch as mone a home.	IOT include lump ey from an inheri .00	
	ino, because of all other reasons (in school, etc.)				□ No	(Past 12 m	onths – Dollars)	
31.	When did this person last work, even for a few days?  Within the past 12 months	39.	What were this person's most important activities or duties? For example: patient care,		the PAST 1	this persor 2 MONTHS	n's total income ? Add entries 40a	
	Between 1 to 5 years ago – SKIP to question 34  Over 5 years ago or never worked – SKIP to question 40		directing hiring policies, teaching 9th grade biology 📈		subtract an	\$	.00 nonths – Dollars)	None Loss

Prii	nt the name of PERSON 2 from pag	ge 2 and answer these questions for Person 2.
	PERSON 2	First name MI
	Print name	
7.	In what U.S. State, territory, commonwealth or foreign country was this person born?	<ul> <li>13b. Where did this person live 5 years ago?</li> <li>(1) Name of U.S. State, territory, commonwealth or foreign country</li></ul>
9.	Is this person a CITIZEN of the United States?  Yes, born in the United States – SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas  Yes, born abroad of American parent(s)  Yes, U.S. citizen by naturalization  No, not a citizen of the United States  When did this person come to live in the United States?  (Year)  At any time IN THE PAST 3 MONTHS, was this	include training for the Reserves or National Guard.  If outside U.S., print answer above and SKIP to question 14a  (2) Name of city or town   (3) Name of county   (4) ZIP Code  (4) ZIP Code  C. Did this person live inside the city or town limits?  Yes No, lived outside city/town limits  include training for the Reserves or National Guard.  Yes, now on active duty in past, but not now No active duty service − SKIP to question 21  19. When did this person serve on active duty in the U.S. Armed Forces? Mark   August 1990 or later (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)
	person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.  Yes, public school or public college Yes, private school or private college Yes, vocational, technical, or business school No, has not attended in the last 3 months	English at home?  Yes No, only English – SKIP to question 15  b. What is this language? For example: Korean, Italian, Spanish, Vietnamese
12.	What is the highest degree or level of school this person has COMPLETED? Mark ONE box for the highest grade completed or degree received.  None, no schooling completed  Nursery or preschool  Kindergarten  Grade (Write grade 1–11)  12th grade, NO DIPLOMA  HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)  Some college but no degree  Vocational, technical, or business school degree  Associate degree in college  Bachelor's degree (BA, AB, BS)  Master's degree (MA, MS, MEng, MEd, MSW, MBA)  Professional school degree (MD, DDS, DVM, LLB, JD)  Doctorate degree (PhD, EdD)  What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry.	c. How well does this person speak English?    Very well   Not well   Not at all   Yes   No - SKIP to question 28a  22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.    Difficulty seeing (even with glasses)   Difficulty walking, or   None of the above."    Difficulty walking, or   None of the above   Worked most last week.   Address (Number and street)   Worked most
	is person is UNDER 5 years of age, SKIP to the questions the next person on page 10; otherwise, continue.	continue with question 18.
13a.	Did this person live in this house or apartment 5 years ago?  Yes – SKIP to question 14a  No	17. How many babies has this person ever had, not counting stillbirths?  e. Name of state   Babies None

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# **PERSON 2 – Continued**

24.	LAST WEEK, how did this person usually get to	32.	During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few		wer questi years or old	ons 40 and 41 if thi	s person is
	work? If more than one method was used during the trip, mark  the box for the one used for most of the distance.  □ Car, truck, or van □ Bicycle □ Public transportation □ Walked (bus, trolley, subway, or railroad) □ Worked at home − SKIP to question 32 □ Taxicab □ Other method	33.	hours? Include paid vacation, paid sick leave, and military service in the total.  Weeks (Including paid vacation, paid sick leave, and military service)  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked per week		Indicate the during the I received. If please give report if po person. Oth only one pe other perso "LOSS" box	THE PAST 12 MONT  I types of income this PAST 12 MONTHS and you do not know the an estimate. For incorsible, the appropriate erwise, report the wh rson and mark the "N n. If net income was a to the right of the do T 12 MONTHS, did th	person received I enter the amounts exact amount, me received jointly, e share for each sole amount for lo" box for the a loss, mark the ollar amount.
	ou marked "Car, truck, or van" continue with estion 25; otherwise, SKIP to question 26.	An	swer questions 34–39 if this person worked in		receive –		•
25. 26.	LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?  Person(s)  LAST WEEK, what time did this person usually leave home to go to work?  a.m.  hour Minute  LAST WEEK, how many minutes did it usually take this person to get from home to work?	34-:	By past 5 years.  39. CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or business. 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.  Was this person -  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?	b.	tips from all BONDS, DUI Yes No No Self-emplo (farm or ne business exp No No Interest, di income, or	(Past 12 months – Do yment income from on-farm) including pership? Report NET in benses.  (Past 12 months – Do ividends, net rental income from estate	.00 collars) come after .00 Loss collars) come, royalty es and trusts?
	Minutes – SKIP to question 32 swer questions 28a – 31 only if this person did t work last week.		An active duty U.S. Armed Forces member?  A Federal GOVERNMENT employee (excluding active duty military)?  SELF-EMPLOYED in own NOT INCORPORATED		☐ Yes → No	\$ (Past 12 months – Do	.00  Loss collars)
28 <i>a</i>	.LAST WEEK, was this person on layoff from a job?  Yes, on temporary layoff from most recent job – SKIP to question 30  Yes, permanently laid off from most recent job – SKIP to question 29  No	35.	business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business or farm?  For whom did this person work?	e.	☐ Yes → No	\$ (Past 12 months – Do	.00 ollars)
k	A.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	36.	Name of company, business, branch of the Armed Forces or other employer  What kind of business or industry was this?  Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school	f.	Families w other publ	(Past 12 months – Dontal Security Income ith Dependent Chile ic assistance or pub	e (SSI), Aid to dren (AFDC), or
	Has this person been looking for work during the last 4 weeks?  Yes No – SKIP to question 31  LAST WEEK, could this person have gone to	37.	Is this mainly –  Manufacturing? Retail trade?  Wholesale trade? Other (agriculture,			\$ (Past 12 months – Do	ved regularly
	work?  Yes, if a job had been offered Yes, if recalled from layoff No, because of own temporary illness No, because of all other reasons (in school, etc.)	38.	wholesale trade: Construction, service, government, etc.)?  What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher		unemployr or alimony		a, <b>child support</b> e lump sum i inheritance or
31.	When did this person last work, even for a few days?  Within the past 12 months  Between 1 to 5 years ago – SKIP to question 34  Over 5 years ago or never worked – SKIP to question 40	39.	What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology   ✓			this person's total in 2 MONTHS? Add ent of losses.  \$ (Past 12 months – December 12 months)	.00 None

Pri	Print the name of PERSON 3 from page 2 and answer these questions for Person 3.										
	PERSON 3	First name				МІ					
	Print name										
7.	In what U.S. State, territory, commonwealth or foreign country was this person born?		Where did this person live Name of U.S. State, term or foreign country $\overline{\wp}$	-		18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT					
8.	Is this person a CITIZEN of the United States?  Yes, born in the United States – SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas  Yes, born abroad of American parent(s)  Yes, U.S. citizen by naturalization  No, not a citizen of the United States		If outside U.S., print answer question 14a  Name of city or town  Name of county			include training for the Reserves or National Guard.  Yes, now on active duty  Yes, on active duty in past, but not now  No active duty service – SKIP to question 21  19. When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served.  August 1990 or later (including Persian Gulf War)					
9.	When did this person come to live in the United States?  (Year)	I –	oid this person live inside	the city or town limits		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)					
10.	At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.  Yes, public school or public college		Does this person speak a English at home?  Yes No, o  What is this language? Fo	only English – <i>SKIP to</i> <i>question</i>		World War II (September 1940 to July 1947)  Some other time  20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?					
	Yes, private school or private college Yes, vocational, technical, or business school No, has not attended in the last 3 months	It	talian, Spanish, Vietnameso	e 🔀		Years and Months  21. LAST WEEK, did this person do ANY work for					
11.	What is the highest degree or level of school this person has COMPLETED? Mark ☑ ONE box for the highest grade completed or degree received.  None, no schooling completed  Nursery or preschool  Kindergarten  Grade (Write grade 1–11)  12th grade, NO DIPLOMA  HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)  Some college but no degree  Vocational, technical, or business school degree  Associate degree in college  Bachelor's degree (BA, AB, BS)  Master's degree (MA, MS, MEng, MEd, MSW, MBA)  Professional school degree (MD, DDS, DVM, LLB, JD)  Doctorate degree (PhD, EdD)	If this questiothery	f this person has difficult or walking, mark  the fifth person has no difficulties, mark "None of Difficulty seeing (even wind Difficulty walking, or None of the above  person is UNDER 15 years ons for the next person owise, continue with quest person have a per mental condition that	well at all  Ity seeing, hearing, appropriate boxes. Ficulty with these of the above."  Ith glasses) with a hearing aid)  It of age, SKIP to the in page 12; ion 16.  Iong-lasting physical	2	Pay or profit?  Yes  No – SKIP to question 28a  22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.  Actual hours worked LAST WEEK  23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.  a. Address (Number and street)  If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.					
12.	What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry.	b. P	Makes it difficult to go on alone, for example, to shot or should be should	nop or visit a		b.Name of city, town, or post office   c. Is the work location inside the limits of the city or town?  No					
If the	nis person is UNDER 5 years of age, SKIP to the questions the next person on page 12; otherwise, continue.		person is female, answer que with question 18.	uestion 17; otherwise,		d.Name of county 📈					
	Did this person live in this house or apartment 5 years ago?		low many babies has th not counting stillbirths?	is person ever had,		e. Name of state $_{\overrightarrow{k}}$ f. ZIP Code $_{\overrightarrow{k}}$					
	☐ Yes – SKIP to question 14a ☐ No		Babies None	e							

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### **PERSON 3 – Continued**

		_								
24.	LAST WEEK, how did this person usually get to work? If more than one method was used during	32.	During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few	Ans 15 y	swer questi years or old	ons 40 and ler.	41 if this perso	on is		
	the trip, mark the box for the one used for most		<b>hours?</b> Include paid vacation, paid sick leave, and military service in the total.	40. INCOME IN THE PAST 12 MONTHS.						
	of the distance.  Car, truck, or van  Public transportation (bus, trolley, subway,  Worked at home –	33.	Weeks (Including paid vacation, paid sick leave, and military service)  During the PAST 12 MONTHS, in the WEEKS		during the l received. If please give report if po	PÁŚT 12 MOI you do not k an estimate. ssible, the ap	ome this person NTHS and enter now the exact a For income rece peropriate share	the amounts amount, eived jointly, e for each		
	or railroad)  Taxicab  Motorcycle  Worked at nome – SKIP to question 32  Other method		WORKED, how many hours did this person usually work each WEEK?	person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.						
If y	ou marked "Car, truck, or van" continue with		Usual hours worked per week		In the PAS' receive -	T 12 MONTH	IS, did this per	son		
que	estion 25; otherwise, SKIP to question 26.  LAST WEEK, how many people, including this		swer questions 34–39 if this person worked in past 5 years.	l	tips from al	l jobs BEFÖR	rt commissions, E DEDUCTIONS I			
23.	person, usually rode to work in the car, truck, or van?	34-3	B9. CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or husiness. If this person had more than one job		☐ Yes →	ES, OR OTHE \$	.00			
	Person(s)		business. 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.	h	∟ No .self-emplo	•	onths – Dollars) me from own	business		
26.	LAST WEEK, what time did this person usually leave home to go to work?	34.	Was this person -		(farm or no	<b>ón-farm) inc</b> e <b>rship?</b> Repo	cluding proprie ort NET income a	etorship		
	i a.m. □ p.m. Hour Minute		An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?		☐ Yes → No	\$	.00	Loss		
27.	LAST WEEK, how many minutes did it usually take this person to get from home to work?		□ An employee of a PRIVATE NOT- FOR- PROFIT, tax-exempt, or charitable organization?     □ A local GOVERNMENT employee (city, county, etc.)?			ividends, ne	onths – Dollars) et rental incom			
	Minutes – SKIP to question 32		A state GOVERNMENT employee?  An active duty U.S. Armed Forces member?			n small amou	m estates and nts credited to a			
An	swer questions 28a – 31 only if this person did work last week.		<ul> <li>         ☐ A Federal GOVERNMENT employee (excluding active duty military)?     </li> <li>         ☐ SELF-EMPLOYED in own NOT INCORPORATED     </li> </ul>		□ No	\$	.00 onths – Dollars)	Loss		
28a	.LAST WEEK, was this person on layoff from a job?		business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business,	d.			road Retireme	nt?		
	Yes, on temporary layoff from most recent job – SKIP to question 30		professional practice, or farm?  Working WITHOUT PAY in family business or farm?		☐ Yes → No	\$	.00 onths – Dollars)			
	Yes, permanently laid off from most recent job – SKIP to question 29  No	35.	For whom did this person work? $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	e.	retirement	•	or disability pe	ensions? Do		
b	LAST WEEK, was this person TEMPORARILY absent from a job or business?		Name of company, business, branch of the Armed Forces or other employer		☐ Yes → No	Ф	.00 onths – Dollars)			
	Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to question 31  No	36.	What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school	f.	Families w other publ	ntal Security ith Depend ic assistanc	y Income (SSI), ent Children ( <i>I</i> e or public we	AFDC), or		
29.	Has this person been looking for work during the last 4 weeks?				payments?  ☐ Yes →		.00			
	Yes No – SKIP to question 31	37.	Is this mainly –		∐ No	(Past 12 mc	onths – Dollars)			
			Manufacturing? Retail trade?	a.	other sour	ces of incor	ne received re	gularly		
30.	LAST WEEK, could this person have gone to work?  Yes, if a job had been offered		☐ Wholesale trade? ☐ Other (agriculture, construction, service, government, etc.)?		such as Verunemploys or alimony	terans' (VA) ment compo , etc? Do NO	) payments, ensation, child DT include lump	support sum		
	Yes, if a job had been offered Yes, if recalled from layoff No, because of own temporary illness	38.	What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher		payments so the sale of a	uch as money a home.	/ from an inheri	tance or		
24	No, because of all other reasons (in school, etc.)				□ No	\$	.00 onths – Dollars)			
<b>31.</b>	When did this person last work, even for a few days?  Within the past 12 months	39.	What were this person's most important activities or duties? For example: patient care,		the PAST 1	2 MONTHS?	's total income ' Add entries 40a			
	Between 1 to 5 years ago – SKIP to question 34  Over 5 years ago or never worked – SKIP to question 40		directing hiring policies, teaching 9th grade biology $\overline{\mathcal{F}}$		subtract any	\$	.00 onths – Dollars)	None Loss		
	·					(1 031 12 1110	niciis – Dollais)			

Pri	Print the name of PERSON 4 from page 2 and answer these questions for Person 4.										
	PERSON 4 Last name	First name				МІ					
	Print name										
7.	In what U.S. State, territory, commonwealth or foreign country was this person born?		/here did this person liv Name of U.S. State, terr or foreign country $_{\overrightarrow{k'}}$	-		18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT					
8.	Is this person a CITIZEN of the United States?  Yes, born in the United States – SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas  Yes, born abroad of American parent(s)  Yes, U.S. citizen by naturalization  No, not a citizen of the United States		If outside U.S., print answer question 14a  Name of city or town  Name of county		-1	include training for the Reserves or National Guard.  Yes, now on active duty  Yes, on active duty in past, but not now  No active duty service – SKIP to question 21  19. When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served.  August 1990 or later (including Persian Gulf War)					
	When did this person come to live in the United States?  (Year)			ved outside city/town lim	its	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)					
10.	At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.  Yes, public school or public college	b. V	Opes this person speak a inglish at home?  Yes No, of the language? For the language? For the language?	only English – <i>SKIP to</i> question or example: Korean,		World War II (September 1940 to July 1947) Some other time In total, how much time has this person spent on active duty in the U.S. Armed Forces?					
	Yes, private school or private college Yes, vocational, technical, or business school No, has not attended in the last 3 months		anan, spanish, vietnamese	- 1		Years and Months  21. LAST WEEK, did this person do ANY work for					
	What is the highest degree or level of school this person has COMPLETED? Mark ONE box for the highest grade completed or degree received.  None, no schooling completed  Nursery or preschool  Kindergarten  Grade (Write grade 1–11)  12th grade, NO DIPLOMA  HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)  Some college but no degree  Vocational, technical, or business school degree  Associate degree in college  Bachelor's degree (BA, AB, BS)  Master's degree (MA, MS, MEng, MEd, MSW, MBA)  Professional school degree (MD, DDS, DVM, LLB, JD)  Doctorate degree (PhD, EdD)  What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry.	If this question other value of the Door o	Very well   Not well well   Not well well   Not well well   Not well well well well well well well wel	well at all  ty seeing, hearing, appropriate boxes. iculty with these i the above."  th glasses) with a hearing aid)  of age, SKIP to the apage 14; on 16.  ong-lasting physical  utside the home op or visit a		Pay or profit?  Yes  No – SKIP to question 28a  22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.  Actual hours worked LAST WEEK  23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.  a. Address (Number and street)  If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.  b. Name of city, town, or post office  C. Is the work location inside the limits of the city or town?					
If the	is person is UNDER 5 years of age, SKIP to the questions the next person on page 14; otherwise, continue.		person is female, answer qu ue with question 18.	uestion 17; otherwise,		d.Name of county $\overline{\wp}$					
13a	Did this person live in this house or apartment 5 years ago?		low many babies has thi ot counting stillbirths?	s person ever had,		e. Name of state 📈 f. ZIP Code 📈					
	☐ Yes – SKIP to question 14a☐ No		Babies None	2							

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# **PERSON 4 – Continued**

24.	LAST WEEK, how did this person usually get to	32.	During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few		wer questi years or old	ons 40 and 41 if thi	s person is
	work? If more than one method was used during the trip, mark  the box for the one used for most of the distance.  □ Car, truck, or van □ Bicycle □ Public transportation □ Walked (bus, trolley, subway, or railroad) □ Worked at home − SKIP to question 32 □ Taxicab □ Other method	33.	hours? Include paid vacation, paid sick leave, and military service in the total.  Weeks (Including paid vacation, paid sick leave, and military service)  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked per week		Indicate the during the I received. If please give report if po person. Oth only one pe other perso "LOSS" box	THE PAST 12 MONT  I types of income this PAST 12 MONTHS and you do not know the an estimate. For incorsible, the appropriate erwise, report the wh rson and mark the "N n. If net income was a to the right of the do T 12 MONTHS, did th	person received I enter the amounts exact amount, me received jointly, e share for each sole amount for lo" box for the a loss, mark the ollar amount.
	ou marked "Car, truck, or van" continue with estion 25; otherwise, SKIP to question 26.	An	swer questions 34–39 if this person worked in		receive –		•
25. 26.	LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?  Person(s)  LAST WEEK, what time did this person usually leave home to go to work?  a.m.  hour Minute  LAST WEEK, how many minutes did it usually take this person to get from home to work?	34-:	By past 5 years.  39. CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or business. 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.  Was this person -  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?	b.	tips from all BONDS, DUI Yes No No Self-emplo (farm or ne business exp No No Interest, di income, or	(Past 12 months – Do yment income from on-farm) including pership? Report NET in benses.  (Past 12 months – Do ividends, net rental income from estate	.00 collars) come after .00 Loss collars) come, royalty es and trusts?
	Minutes – SKIP to question 32 swer questions 28a – 31 only if this person did t work last week.		An active duty U.S. Armed Forces member?  A Federal GOVERNMENT employee (excluding active duty military)?  SELF-EMPLOYED in own NOT INCORPORATED		☐ Yes → No	\$ (Past 12 months – Do	.00  Loss collars)
28 <i>a</i>	.LAST WEEK, was this person on layoff from a job?  Yes, on temporary layoff from most recent job – SKIP to question 30  Yes, permanently laid off from most recent job – SKIP to question 29  No	35.	business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business or farm?  For whom did this person work?	e.	☐ Yes → No	\$ (Past 12 months – Do	.00 ollars)
k	A.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	36.	Name of company, business, branch of the Armed Forces or other employer  What kind of business or industry was this?  Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school	f.	Families w other publ	(Past 12 months – Dontal Security Income ith Dependent Chile ic assistance or pub	e (SSI), Aid to dren (AFDC), or
	Has this person been looking for work during the last 4 weeks?  Yes No – SKIP to question 31  LAST WEEK, could this person have gone to	37.	Is this mainly –  Manufacturing? Retail trade?  Wholesale trade? Other (agriculture,			\$ (Past 12 months – Do	ved regularly
	work?  Yes, if a job had been offered Yes, if recalled from layoff No, because of own temporary illness No, because of all other reasons (in school, etc.)	38.	wholesale trade: Construction, service, government, etc.)?  What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher		unemployr or alimony		a, <b>child support</b> e lump sum i inheritance or
31.	When did this person last work, even for a few days?  Within the past 12 months  Between 1 to 5 years ago – SKIP to question 34  Over 5 years ago or never worked – SKIP to question 40	39.	What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology   ✓			this person's total in 2 MONTHS? Add ent of losses.  \$ (Past 12 months – December 12 months)	.00 None

Pri	nt the name of PERSON 5 from pag	ge 2 a	and answer thes	e questions fo	r Po	erson 5.
	PERSON 5			First name		МІ
_	Print name					
7.	In what U.S. State, territory, commonwealth or foreign country was this person born?	l	Where did this person live Name of U.S. State, tender or foreign country $\overline{\wp}$			8. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include the interfer of the Deserver of the North Activation of t
8.	Is this person a CITIZEN of the United States?  Yes, born in the United States – SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas  Yes, born abroad of American parent(s)  Yes, U.S. citizen by naturalization  No, not a citizen of the United States		If outside U.S., print answer question 14a  Name of city or town  Name of county		1	include training for the Reserves or National Guard.  Yes, now on active duty  Yes, on active duty in past, but not now  No active duty service − <i>SKIP to question 21</i> 9. When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served.  August 1990 or later (including Persian Gulf War)
	When did this person come to live in the United States?  (Year)			ived outside city/town limit		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)
10.	At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.  Yes, public school or public college Yes, private school or private college Yes, vocational, technical, or business school	b. V	Ooes this person speak as inglish at home?  Yes No, on the No, on	only English – <i>SKIP to</i> <i>question 1</i> or example: Korean,	<sup>5</sup> 2	<ul> <li>☐ World War II (September 1940 to July 1947)</li> <li>☐ Some other time</li> <li>In total, how much time has this person spent on active duty in the U.S. Armed Forces?</li> </ul> Years and Months
11.	No, has not attended in the last 3 months  What is the highest degree or level of school this person has COMPLETED? Mark ONE box for the highest grade completed or degree received.	I –	How well does this person Very well Not Not	_		1. LAST WEEK, did this person do ANY work for pay or profit?  No – SKIP to question 28a  2. LAST WEEK, how many hours did this person
	None, no schooling completed  Nursery or preschool  Kindergarten  Grade (Write grade 1–11)  12th grade, NO DIPLOMA  HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)	l d	f this person has difficular walking, mark M the f this person has no difficultivities, mark "None or Difficulty seeing (even wire Difficulty hearing (even volume) Difficulty walking, or	appropriate boxes. iculty with these f the above." th glasses)	2	ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.  Actual hours worked LAST WEEK  3. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.
	Some college but no degree  Vocational, technical, or business school degree  Associate degree in college  Bachelor's degree (BA, AB, BS)  Master's degree (MA, MS, MEng, MEd, MSW, MBA)  Professional school degree (MD, DDS, DVM, LLB, JD)	16 for with q	None of the above  person is UNDER 15 years mailing instructions; oth question 16.  Does this person have a or mental condition that	erwise, continue		If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno
12.	Doctorate degree (PhD, EdD)  What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry.   ✓	a c	Makes it difficult to go on alone, for example, to shotor's office?  Yes No Prevents this person from	op or visit a		Airport, 2nd Ave. and 4th St.  b.Name of city, town, or post office    c. Is the work location inside the limits of the city
If the	nis person is UNDER 5 years of age, SKIP to page 16 for	If this	yes No  person is female, answer que with question 18.			or town?  Yes No  d.Name of county
	ling instructions; otherwise, continue.  Did this person live in this house or apartment 5 years ago?	17. F	How many babies has th	is person ever had,		e. Name of state   f. ZIP Code    f. ZIP Code     f. ZIP Code
	Yes – SKIP to question 14a  No		Babies Non-	e		

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# **PERSON 5 – Continued**

24. LAST WEEK, how did this person usually g work? If more than one method was used dur		Answer questions 40 and 41 if this person is 15 years or older.
the trip, mark the box for the one used for of the distance.  Car, truck, or van Bicycle Public transportation (bus, trolley, subway, or railroad) Worked at hor SKIP to question Taxicab Other method	hours? Include paid vacation, paid sick leave, and military service in the total.  Weeks (Including paid vacation, paid sick leave, and military service)  33. During the PAST 12 MONTHS, in the WEEKS	40. INCOME IN THE PAST 12 MONTHS.  Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.  In the PAST 12 MONTHS, did this person
If you marked "Car, truck, or van" continue w question 25; otherwise, SKIP to question 26.	h '	receive –
<ul> <li>25. LAST WEEK, how many people, including the person, usually rode to work in the car, troor van?  Person(s)  26. LAST WEEK, what time did this person usual leave home to go to work?  a.m.  p.m.  Hour Minute  27. LAST WEEK, how many minutes did it usual take this person to get from home to work</li> </ul>	St. 34-39. CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or business. 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.  34. Was this person -  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.wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.  Yes
Minutes – SKIP to question 32  Answer questions 28a – 31 only if this person not work last week.  28a. LAST WEEK, was this person on layoff from a job?	An active duty U.S. Armed Forces member?  A Federal GOVERNMENT employee (excluding active duty military)?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	Yes \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<ul> <li>Yes, on temporary layoff from most recent SKIP to question 30</li> <li>Yes, permanently laid off from most recent SKIP to question 29</li> <li>No</li> <li>b.LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> </ul>	Working WITHOUT PAY in family business or farm?	* .00 (Past 12 months – Dollars)  e.retirement, survivor, or disability pensions? Do NOT include Social Security.  Yes * .00 (Past 12 months – Dollars)
Yes, on vacation, temporary illness, labor dispute, etc. – <i>SKIP to question 31</i> No  No  No  No  No  No  No  No  No  N	<ul> <li>36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school  </li> <li>37. Is this mainly –</li> </ul>	f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?  Yes   No  (Past 12 months – Dollars)
30. LAST WEEK, could this person have gone twork?  Yes, if a job had been offered Yes, if recalled from layoff No, because of own temporary illness No, because of all other reasons (in school,  31. When did this person last work, even for a few days?  Within the past 12 months Between 1 to 5 years ago – SKIP to question Over 5 years ago or never worked – SKIP to	39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology	g.other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.  Yes \$ .00  (Past 12 months – Dollars)  41. What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.
question 40		(Past 12 months – Dollars)

# **Step 5** Please make sure you have . . .

- 1. FILLED the form completely.
- 2. ANSWERED questions 1 through 6 on pages 2 and 3 for each person on the List of Residents on page 2.
- 3. ANSWERED questions H1 through H37 on pages 4 and 5.
- 4. ANSWERED the questions on pages 6 through 15 for each person on the List of Residents on page 2.

# Then . . .

- 5. Insert your completed questionnaire into the postage-paid return envelope. The address on this envelope is for the Bureau of the **Census Processing Center in Jeffersonville, Indiana.**
- 6. Before sealing the envelope, please make sure that the barcode above the address on your questionnaire is visible through the window of the return envelope.

# Thank you very much for your participation.

The Census Bureau estimates that, for the average household, this form will take 30 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Administration, Bureau of the Census, Room 3104, FB 3, Washington, DC 20233, Attn: 0607-0810. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

FOR CENSUS BUREAU USE		
POP EDIT PHONE	JIC1	JIC2
ID — — — — — — — — — — — — — — — — — — —	JIC3	JIC4
EDIT CLERK TELEPHONE CLERK		

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