AEAStat

2019 American Community Survey, Census Bureau

Public Comment Opportunity

The Census Bureau requests public comments on proposed revisions to the <u>American</u> <u>Community Survey</u> (ACS) questionnaire for 2019. Topics of proposed revisions include relationships, health insurance, journey to work, industry and occupation, class of worker, and retirement income. Proposed changes were developed in light of the 2016 ACS Content Test.

AEA members are invited to describe the value of the ACS for economic research; comment on proposed changes; and offer additional suggestions that would enhance data quality, value, and accessibility and lower respondent burden and federal cost.

Federal Register notice: <u>December 12, 2017</u> (includes summary of proposed changes and instructions for submitting comments)

- Draft 2019 ACS questionnaire (attached—revised questions are highlighted in yellow)
- Due date: February 12, 2018
- More information: Robin A. Pennington, Decennial Census Management Division, Robin.A.Pennington@census.gov

Information on Information Collection Request (ICR) Process:

- By law, each data collection carried out by a federal agency must be cleared by OMB. Through this *Federal Register* notice, Census is announcing that it intends to submit a request to OMB for clearance to revise the ACS for 2019 and offers the public a 60-day opportunity to submit comments.
- After the close of the 60-day comment period, Census will prepare and submit its request to OMB. That request will summarize and respond to each of the public comments it received.

Guidance on Preparing Comments:

- AEA members may comment on any aspect of the proposed data collection. Possible topics, for instance, include needs, uses, methodology, survey design, cost, schedule, and consultation with data users.
- AEA members may frame their comments on specific topics in any way, such as:
 - o assessments identifying what they do and do not like and support
 - o suggestions for how Census might proceed in this or future collections
 - o requests for example, for a change in the design of the survey instrument, to be consulted in the future, to carry out research on an alternative approach

 observations – for example, implications of the sample size for statistical reliability

For assistance in preparing comments, feel free to contact AEAStat staff—Andrew Reamer (Research Professor, George Washington Institute of Public Policy, George Washington University) at areamer@gwu.edu or (202) 994-7866.





THE American Community Survey

Start Here

Respond online today at: https://respond.census.gov/acs

OR

Complete this form and mail it back as soon as possible.

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



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

	Please print today's date.	
	Month Day Year	
0	Please print the name and telephone number of the pe filling out this form. We will only contact you if needed fo Census Bureau business.	
	Last Name	
	First Name	MI
	Area Code + Number	_
	000 000 - 0000	
	How many people are living or staying at this address:	?
	 INCLUDE everyone who is living or staying here for more INCLUDE yourself if you are living here for more than 2 m INCLUDE anyone else staying here who does not have an stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere else 2 months, such as a college student living away or someor Armed Forces on deployment. 	nonths. other place to for more than
	Number of people	
0	Fill out pages 2, 3, and 4 for everyone, including yours living or staying at this address for more than 2 month complete the rest of the form.	self, who is ns. Then
	ORM ACS-1(2019) 12-14-2017) Draft 3	OMB No. xxxx-xxxx



Person 1		Person 2	2
(Person 1 is the person living or staying here in whose nation or apartment is owned, being bought, or rented. If there is person, start with the name of any adult living or staying by	me this house s no such here.)		it Name MI
What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1? Person 1 What is Person 1's sex? Mark (X) ONE box.	MI	How is this person related to Person 1 Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister What is Person 2's sex? Mark (X) ONE b	Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative
What is Person 1's age and what is Person 1's date of Please report babies as age 0 when the child is less than 1 Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispar Question 6 about race. For this survey, Hispanic origin	nic origin and ns are not races.	Male Female What is Person 2's age and what is Person 2's age and what is Person 2's age and what is Person 2's age of when the characteristic print numbers in Month Day NOTE: Please answer BOTH Question Question 6 about race. For this survey,	ild is less than 1 year old. boxes. Year of birth 5 about Hispanic origin and Hispanic origins are not races.
Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin Argentinean, Colombian, Dominican, Nicaraguan, Salvado and so on.	gin, for example,	Is Person 2 of Hispanic, Latino, or Spa No, not of Hispanic, Latino, or Spanish or Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Nice and so on.	rigin origin – <i>Print origin, for example,</i>
What is Person 1's race? Mark (X) one or more boxes. White Black or African Am. American Indian or Alaska Native — Print name of enrolled	Ĭ	What is Person 2's race? Mark (X) one of White Black or African Am. American Indian or Alaska Native — Print	
Chinese Korean Guama Filipino Vietnamese Samoa Other Asian – Print race, for example, Hmong,	Pacific Islander – ace, for example, Tongan, and	Asian Indian Chinese Korean Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Japanese Korean Vietnames	Native Hawaiian Guamanian or Chamorro Se Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
Some other race – <i>Print race.</i>		Some other race – Print race. $ abla$	

			Perso	n 3					Person	4		
0		Person 3's nam e (Please print)		First Name		MI		nat is Person 4's name? t Name (Please print)	Firs	st Name		MI
3 4	Opp Opp Sam Sam Biolo Ado Step Brot What is Male What is Please re Age (in year	Person 3's age apport babies as age ars) Please answer on 6 about race.	wife/spouse d partner e/spouse artner nter eer Mark (X) ONE emale and what is I ge 0 when the Print numbers Month Day BOTH Questi For this surve, Latino, or S	Fa G G G R G G R G G G G G G G G G G G G	ather or mother randchild arent-in-law on-in-law or daughte ther relative commate or housen oster child ther nonrelative as date of birth? It Hispanic origins are not are mother than 1 year old.	nate	WIP WIP Age Age	OTE: Please answer BOuestion 6 about race. For	rtner ouse er what is Pe when the ch numbers in h Day TH Question this survey,	Fathe Grand Paren Son-ii Other Room Foste Other oox. rson 4's d ild is less th boxes. Year of Sabout Hi Hispanic o	r or mother Ichild It-in-law In-law or daughter Irelative Imate or housen Ir child Inonrelative In an 1 year old. In birth Ispanic origin Ispanic origin	nate
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6	Whi	ck or African Am.			boxes. f enrolled or principa	al tribe. ⊋	WH	wat is Person 4's race? M White Black or African Am. American Indian or Alaska				al tribe. 굹
	Chir Filip Othe	an Indian nese pino er Asian – Print race example, Hmong, tian, Thai, Pakistani nbodian, and so on.	i,		Native Hawaiian Guamanian or Cha Samoan Other Pacific Islan Print race, for exa Fijian, Tongan, an so on.	nder – emple,		Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese Korean Vietname	G G Sa D O	ative Hawaiian uamanian or Cha amoan ther Pacific Islan int race, for exa jian, Tongan, an	der – mple,
	Som	ne other race – <i>Prin</i> i	t race. 🙀					Some other race – Print rac	ee. 🎤			

	erson 5		If there are more than five peo print their names in the space	s for Person 6 through Person
hat is Person 5's name?	First Name	NAL	We may call you for more inform	ation about them. 屝
st Name (Please print)	rirst Name	MI 	Person 6	
			Last Name (Please print)	First Name
ow is this person related to I	Person 1? Mark ((X) ONE box.		
Opposite-sex husband/wife/spo	use Fat	her or mother		
Opposite-sex unmarried partne	r Gra	andchild	<u> </u>	
Same-sex husband/wife/spouse	e Pa	rent-in-law	Sex Male Female	Age (in years)
Same-sex unmarried partner	So	n-in-law or daughter-in-law	Person 7	
Biological son or daughter		ner relative		
Adopted son or daughter	Ro	ommate or housemate	Last Name (Please print)	First Name
Stepson or stepdaughter	Fos	ster child		
Brother or sister	Otl	ner nonrelative		
		ioi nomolativo		
hat is Person 5's sex? Mark (X) UNE box.		Sex Male Female	Age (in years)
Male Female			Person 8	
hat is Person 5's age and wh	nat is Person 5's	date of birth?	Last Name (Please print)	First Name
ease report babies as age 0 who	en the child is less mbers in boxes.	s than T year old.	Last Name (Flease print)	i iist ivaille
ge (in years) Month		r of birth		
				000
			Sex Male Female	Age (in years)
NOTE: Please answer BOTH	Question 5 about	Hispanic origin and		31. 71. 3
	s survey, Hispani	ic origins are not races.	Person 9	
Question 6 about race. For thi		-	Person 9	
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Housing

			r questions 4 – 5 if this is a HOUSE MOBILE HOME; otherwise, SKIP to		home have –	Yes	No
	Please answer the following questions about the house,	questic			a. hot and cold running water?		
	apartment, or mobile home at the address on the mailing label.				b. a bathtub or shower?		
	address on the maning laber.		nany acres is this house or e home on?		c. a sink with a faucet?		
1	Which best describes this building?		ess than 1 acre \rightarrow SKIP to question 6a		d. a stove or range?		
Ī	Include all apartments, flats, etc., even if vacant.		to 9.9 acres		e. a refrigerator?		
	A mobile home		or more acres		Can you or any member of this		
	A one-family house detached from any other house		of more acres		both make and receive phone of this house, apartment, or mobilinclude calls using cell phones, lar	ile hom	ne?
	A one-family house attached to one or	IN THE	E PAST 12 MONTHS, what		other phone devices.		,
	more houses A building with 2 apartments	were t	he actual sales of all agricultural cts from this property?		☐ Yes ☐ No		
	A building with 3 or 4 apartments	□ No	one				
	A building with 5 to 9 apartments	\$1	to \$999		At this house, apartment, or m do you or any member of this h	iouseh	old
	A building with 10 to 19 apartments		,000 to \$2,499		own or use any of the followin computers?		
	A building with 20 to 49 apartments		2,500 to \$4,999		a. Desktop or laptop	Yes	No
	A building with 50 or more apartments		5,000 to \$9,999			H	
	Boat, RV, van, etc.		0,000 or more		b. Smartphonec. Tablet or other portable		
					wireless computer d. Some other type of computer		
2	About when was this building first built?	a. How			Specify Z		
	2000 or later – Specify year >	hous	many separate rooms are in this se, apartment, or mobile home?				
	2000 of later opposity your		ms must be separated by built-in ways or walls that extend out at least		At this house, apartment, or m	obile b	ome –
		6 inc	thes and go from floor to ceiling. CLUDE bedrooms, kitchens, etc.		do you or any member of this have access to the internet?	ouseh	old
	1990 to 1999	 EX 	(CLUDE bathrooms, porches, balconies,	,	Yes, by paying a cell phone of internet service provider	ompar	ny or
	1980 to 1989	·	yers, halls, or unfinished basements. ber of rooms		Yes, without paying a cell ph or internet service provider -	one co	mpany
	1970 to 1979				question 12	OKII	10
	1960 to 1969 1950 to 1959				No access to the internet at tapartment, or mobile home		
	1940 to 1949		many of these rooms are bedroom		question 12		
	1939 or earlier	list it	nt as bedrooms those rooms you would f this house, apartment, or mobile home	·	Do you or any member of this I have access to the internet usi		old
	1999 61 641161		e for sale or rent. If this is an iency/studio apartment, print "0".		a. cellular data plan for a	Yes	No
		Num	ber of bedrooms		smartphone or other mobile device?		
3	When did PERSON 1 (listed on page 2) move into this house, apartment, or				b. broadband (high speed) internet service such as cable,		
	mobile home? Month Year				fiber optic, or DSL service installed in this household?		
					c. satellite internet service installed in this household?		
					d. dial-up internet service installed in this household?		
					e. some other service?		
					Specify service _₹		

Housing (continued)

2	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or
	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this	of electricity for this house, apartment, or mobile home? Last month's cost - Dollars \$	any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include
		No charge or these fuels not used	

Housing	(continued)
Housing ((Oonthinaca,

	Housing (continued)	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS
E	Answer questions 18a and b if this house,	debt on THIS property?	property?
	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	Yes, mortgage, deed of trust, or similar debt	Yes, home equity loan
		Yes, contract to purchase	Yes, second mortgage
1	a. What is the monthly rent for this house, apartment, or mobile home?	No → SKIP to question 23a	Yes, second mortgage and home equity loan
	Monthly amount – <i>Dollars</i>		\square No \rightarrow SKIP to \square
	\$ 00,000.00	b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	b. How much is the regular monthly payment on all second or junior
	b. Does the monthly rent include any meals?	Monthly amount – <i>Dollars</i>	mortgages and all home equity loans on THIS property?
	☐ Yes	\$ 00.000.00	Monthly amount – Dollars
	□ No	OR	\$.00
		No regular payment required → SKIP to	OR
	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or	question 23a	No regular payment required
	mobile home. Otherwise, SKIP to E .	c. Does the regular monthly mortgage payment include payments for real	
		estate taxes on THIS property?	Answer question 24 if this is a MOBILE
1		Yes, taxes included in mortgage payment	HOME. Otherwise, SKIP to E .
	house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?	No, taxes paid separately or taxes not required	
	Amount – <i>Dollars</i>		4 What are the total annual costs for
	\$ 0,000,000.00	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
2	What are the annual real estate taxes on THIS property?	Yes, insurance included in mortgage payment	Annual costs – <i>Dollars</i>
	Annual amount – Dollars	No, insurance paid separately or no insurance	\$.00
	\$ 00,000.00		
	OR		Answer questions about PERSON 1 on the
	None		next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
2	What is the annual payment for fire, hazard, and flood insurance on THIS property?		
	Annual amount – <i>Dollars</i>		
	\$ 0,000.00		
	OR		
	None		

		13199088
Please copy the name of Person 1 from page 2,	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	3 What is this person's ancestry or ethnic origin?
then continue answering questions below. Last Name	NO SCHOOLING COMPLETED	
First Name MI	No schooling completed Nursery or preschool through grade 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name	☐ Nursery school☐ Kindergarten	Nigerian, Mexican, Taiwanese, Ukrainian, and so on., a. Does this person speak a language other than
Where was this person born?	Grade 1 through 11 – Specify	English at home?
In the United States – Print name of state.	grade 1 – 11 –	YesNo → SKIP to question 15a
		· ·
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA	b. What is this language?
, , , , , , , , , , , , , , , , , , , ,	HIGH SCHOOL GRADUATE	
	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
Is this person a citizen of the United States? Yes, born in the United States → SKIP to	GED or alternative credential	
question 10a	COLLEGE OR SOME COLLEGE	Very well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Some college credit, but less than 1 year of college credit	Well
Yes, born abroad of U.S. citizen parent or parents	1 or more years of college credit, no degree	Not well
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization —	Associate's degree (for example: AA, AS)	Not at all
	= 2 donois o dogres (nor oxidinipioi 2/ 1/ 20/	a. Did this person live in this house or apartmen 1 year ago?
No, not a U.S. citizen	AFTER BACHELOR'S DEGREE Master's degree (for example: MA_MS_MFpg	Person is under 1 year old → SKIP to
When did this person come to live in the	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	question 16 Yes, this house → SKIP to question 16
United States? If this person came to live in the United States more than once, print latest year.	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	No. outside the United States and
Year	Doctorate degree (for example: PhD, EdD)	Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has	Answer question 12 if this person has a	
this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college	bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in the United States or Puerto Rico
degree.		b. Where did this person live 1 year ago?
No, has not attended in the last 3 months → SKIP to question 11		Address (Number and street name)
res, public scribbl, public college	This question focuses on this person's BACHELOR'S DEGREE. Please print below the	
Yes, private school, private college, home school	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
b. What grade or level was this person attending? Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Nursery school, preschool		
Kindergarten		Name of U.S. county or
Grade 1 through 12 – <i>Specify</i> grade 1 – 12 –		municipio in Puerto Rico
College undergraduate years (freshman to		Name of U.S. state or Puerto Rico ZIP Code



Person 1 (continued)

	Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to	Answer question 25 if this person is female and 15 – 50 years old. Otherwise,
Is this person CURRENTLY covered by any of the		SKIP to question 26a.
following types of health insurance or health	and queenene for years and page 12.	evan te queenen zoer
coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	a. Because of a physical, mental, or emotional	25 In the PAST 12 MONTHS, has this person
Yes No.	condition, does this person have serious	given birth to any children?
a. Insurance through a current or former employer or union (of this	difficulty concentrating, remembering, or making decisions?	Yes
person or another family member)		No
b. Insurance purchased directly from	L Yes	110
an insurance company (by this person or another family member)	No	26 a. Does this person have any of his/her own
c. Medicare, for people 65 and older,	b. Does this person have serious difficulty	grandchildren under the age of 18 living in this house or apartment?
c. Medicare, for people 65 and older, or people with certain disabilities	walking or climbing stairs?	
d. Medicaid, Medical Assistance, or	Yes	Yes
any kind of government-assistance plan for those with low incomes	No	No → SKIP to question 27
or a disability		b. Is this grandparent currently responsible for
e. TRICARE or other military health care	c. Does this person have difficulty dressing or bathing?	most of the basic needs of any grandchildren under the age of 18 who live in this house or
· ·		apartment?
f. VA (including those who have enrolled for VA health care)	Yes	Yes
g. Indian Health Service	No	
	1 00 15 11 1	No → SKIP to question 27
h. Any other type of health insurance or health coverage plan – Specify –	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to	c. How long has this grandparent been responsible for these grandchildren?
	the questions for Person 2 on page 12.	If the grandparent is financially responsible for
		more than one grandchild, answer the question for the grandchild for whom the grandparent has
	Because of a physical, mental, or emotional	been responsible for the longest period of time.
	condition, does this person have difficulty	
		l less than 6 months
Answer question 17a if this person is	doing errands alone such as visiting a doctor's	Less than 6 months
covered by health insurance. Otherwise,	doing errands alone such as visiting a doctor's office or shopping?	6 to 11 months
		6 to 11 months 1 or 2 years
covered by health insurance. Otherwise,	office or shopping?	6 to 11 months 1 or 2 years 3 or 4 years
covered by health insurance. Otherwise, SKIP to question 18a.	office or shopping? Yes No	6 to 11 months 1 or 2 years
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular	office or shopping? Yes	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium	office or shopping? Yes No	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include	office or shopping? Yes No What is this person's marital status?	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	office or shopping? Yes No What is this person's marital status? Now married	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes	office or shopping? Yes No What is this person's marital status? Now married Widowed	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get -	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS, did this person get – Yes No	G to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get -	G to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS, did this person get – Yes No	 G to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed?	 G to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS, did this person get – Yes No a. Married?	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing?	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced?	1 or 2 years 3 or 4 years 5 or more years 1 Sor more years 1 Sor more years 1 Sor more years 27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now 28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including
 covered by health insurance. Otherwise, SKIP to question 18a. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes Yes 	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married?	 G to 11 months 1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now 28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War)
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing?	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times Three or more times	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times Three or more times In what year did this person last get married?	6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes	office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I In the PAST 12 MONTHS, did this person get - Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times Three or more times In what year did this person last get married?	1 or 2 years 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950

			13199104
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%)	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance. Car, truck, or van Taxicab Bus Motorcycle	36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 38 ☐ No
b	 No → SKIP to question 30a What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 	Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Bicycle Walked Worked from home → SKIP to question 40a	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 39
30 a	 LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34. How many people, including this person, usually rode to work in the car, truck, or van	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
	 No – Did not work (or retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a At what location did this person work LAST 	Person(s)	When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M Over 5 years ago or never worked → SKIP to
lo la	VEEK? If this person worked at more than one ocation, print where he or she worked most ast week. Address (Number and street name)	Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes	question 43 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work. ☐ Yes → SKIP to question 41 ☐ No
	name or the nearest street or intersection. Name of city, town, or post office Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours. Weeks
	Yes No, outside the city/town limits Name of county Name of U.S. state or foreign country	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 36c No b. LAST WEEK, was this person TEMPORARILY 	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
f.	. ZIP Code	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39	

No → SKIP to question 37



Person 1 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

Local government (for example: city or
county school district)

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

SELF-EMPLOYED OR OTHER

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the **Armed Forces?**

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly - Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f.	Describe this person's most important
	activities or duties. (For example: instruct
	and evaluate students and create lesson plans
	assemble and install pipe sections and review
	huilding plane for work detaile)

431 **INCOME IN THE PAST 12 MONTHS**

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

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

	Yes →	\$.00
	NI.	 ,			,		
ш	No	TOT/	Δ ΙΔ	MOL	INT fo	r nac	t

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

12 months

Yes →	\$ 0.00	
No	TOTAL AMOUNT for past	Loss

12 months

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

	Yes →	\$.00	
		, ,	
ш	No	TOTAL AMOUNT for past	Loss

12 months

d. Social Security or Railroad Retirement.

Yes -	\$ 00,000.00
No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for pas

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

	Yes →	\$ 00,000	.00
Ш	No	TOTAL AMOUNT for p	oast

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes →	\$.00 .00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →	\$ 000,000 .00
No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to

tile dollar d	amount.	
OR	\$ 0.000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

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

Thank you for participating in the American Community Survey.

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

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project xxxx-xxxx0 and xxxx-xxxx, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project xxxx-xxxx and xxxx-xxxx" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(2019) (12-14-2017)