Please use a black or blue pen. Start Here

1. Please print your name —
   Last Name
   __________________________  __________________________  __________________________  __________________________
   First Name  MI
   __________________________  __________________________  __________________________  __________________________

2. a. Do you live here or stay here MOST OF THE TIME?
   ☐ Yes ➔ Skip to 2d
   ☐ No

   b. Do you have a place where you live or stay MOST OF THE TIME?
   ☐ Yes
   ☐ No ➔ Skip to 2d

   c. What is your telephone number? We may call you if we don’t understand an answer.
   Area Code + Number
   __________________________ – __________________________ – __________________________

   d. ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?
   ☐ 7 nights
   ☐ 6 nights
   ☐ 5 nights
   ☐ 4 nights
   ☐ 3 nights
   ☐ 2 nights
   ☐ 1 night

3. What is your sex? Mark ONE box.
   ☐ Male
   ☐ Female

4. What is your age and what is your date of birth?
   Print numbers in boxes.
   Age on April 1, 2000  Month  Day  Year of birth
   __________________________  __________________________  __________________________  __________________________

5. Are you Spanish/Hispanic/Latino? Mark the “No” box if not Spanish/Hispanic/Latino.
   ☐ No, not Spanish/Hispanic/Latino
   ☐ Yes, Mexican, Mexican Am., Chicano
   ☐ Yes, Puerto Rican
   ☐ Yes, Cuban
   ☐ Yes, other Spanish/Hispanic/Latino — Print group.
   __________________________

6. What is your race? Mark one or more races to indicate what you consider yourself to be.
   White
   ☐ Black, African Am., or Negro
   ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe.
   __________________________
   ☐ Asian Indian
   ☐ Chinese
   ☐ Filipino
   ☐ Japanese
   ☐ Korean
   ☐ Vietnamese
   ☐ Other Asian — Print race.
   __________________________
   ☐ Native Hawaiian
   ☐ Guamanian or Chamorro
   ☐ Samoan
   ☐ Other Pacific Islander — Print race.
   __________________________
   ☐ Some other race — Print race.
   __________________________

7. If you live here or stay here MOST OF THE TIME ➔ Skip to 10 on the reverse side.
8 What is the address of the place where you live or stay MOST OF THE TIME?
   House number

   Street name, Rural route and box, or PO box

   Apartment number

   City

   County

   State or foreign country

   ZIP Code

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

   Street or road name

   Apartment number

   City

   County

   State or foreign country

   ZIP Code

10 Please check this form to be sure you have answered all the required questions completely.

   To return your form, please follow the instructions on the envelope that the form came in.

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

The Census Bureau estimates that, on average, each respondent will take 5 minutes to complete this form, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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