



United States
Census
Bureau

Your Guide for

THE Puerto Rico Community Survey

Group Quarters

This guide gives helpful information on completing your survey form. This guide is bilingual. The Spanish text begins on the back cover of this booklet. If you need more help, call the number that the Census Field Representative provided for you. After you have completed your survey form, **please place the form in the envelope** we have provided. A Census Field Representative will return to pick it up.

Esta guía está disponible en español e inglés. Para la versión en español, vire la guía y comience en la parte posterior.

Your Answers are Confidential and Required by Law	3
What the Survey is About Some Questions and Answers	4
Why the Census Bureau Asks Certain Questions	4
How to Fill Out the Puerto Rico Community Survey Form	5
Examples of Printed and Marked Entries	5
Instructions for Completing the Survey Questions	5

Your Answers are Confidential and Required by Law

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

The same law that protects the confidentiality of your answers **requires** that you provide the information asked in this survey to the best of your knowledge.

What the Survey is About – Some Questions and Answers

Why are we taking a survey?

The Census Bureau is conducting the Puerto Rico Community Survey to provide more timely data than data we typically collect only once every 10 years during the decennial census.

What does the Census Bureau do with the information you provide?

The Puerto Rico Community Survey will be the source of summarized data that we make available to federal, Puerto Rico, and local governments, and also to the public. The data will enable your community leaders from government, business, and non-profit organizations to plan more effectively.

Why did you select this Group Quarters (GQ) facility and how did I get selected?

Group quarters facilities are randomly selected each year from a sample list of all group quarters in your area. The larger the group quarters, the greater the probability that it will be selected to participate in the survey one or more times each year. From a list provided by the GQ contact person of all residents currently staying at the GQ, field representatives randomly select residents to take part in this survey. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals -- the sample has to be truly random. Your participation is very important to us to be able to produce accurate information from this survey.

Why the Census Bureau Asks Certain Questions

Here are reasons we ask some of the questions on the survey.

Name

Names help make sure that we don't duplicate persons selected at this place for the survey. Individual identities are kept confidential.

Place of Birth

This question provides information used to study long-term trends about where people move and to study migration patterns and differences in growth patterns.

Job

Answers to the questions about the jobs people hold provide information on the extent and types of employment in different areas of Puerto Rico. From this information, communities can develop training programs, and business and local governments can determine the need for new employment opportunities.

Income

Income helps determine how well families or persons live. Income information makes it possible to compare the economic levels of different areas, and how economic levels for a community change over time. Funding for many government programs is based on the answers to these questions.

Education

Responses to the education questions in the survey help to determine the number of new public schools, education programs, and daycare services required in a community.

Disability

Questions about disability provide the means to allocate federal funding for healthcare services and new hospitals in many communities.

How to Fill Out the Puerto Rico Community Survey Form

Use blue or black ink to complete the form. Please mark the category or categories as they apply to you. Some questions ask you to print the information. See **examples** below.

Make sure you answer all the questions that apply to you. Read these instructions and also follow the instructions provided throughout the questionnaire. These instructions will help you understand the questions and to answer them correctly. If you need assistance, call the number that the field representatives has provided to you.

Examples of Printed and Marked Entries

13 a. Do you speak a language other than English at home?

Yes

No → SKIP to question 14a

b. What is this language?

Korean

For example: Korean, Italian, Spanish, Vietnamese

24 In what year did you last get married?

Year

2 0 0 8

Instructions for Completing the Survey Questions

The questionnaire is a bilingual form. One side is in Spanish and the other is English.

1. Print your Last Name, First Name, and Middle Initial (MI) in the spaces provided.

Enter your telephone number, including area code, and today's date in the boxes provided.

2. Mark one box to indicate your biological sex.
3. Print your age and month, day, and year of birth. Print your age at your last birthday. Do not round your age up if you are close to having a birthday. If you do not know your exact age, provide an estimate. For babies less than 1 year old, do not print the age in months. Print 0 as the age.

Please answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.

4. An individual's response is based upon self-identification. People may choose one or more response categories to represent their identity or identities. The categories included in the questionnaire generally reflect social definitions recognized in this country, and do not attempt to define groups biologically, anthropologically, or genetically.

"Hispanic, Latino, or Spanish origin" includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. "Hispanic, Latino or Spanish origin" also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.

If you mark the **"Yes, another Hispanic, Latino, or Spanish origin"** box, print the name of the specific origin.

If you are not of Hispanic, Latino, or Spanish origin, answer this question by marking the **"No, not of Hispanic, Latino, or Spanish origin"** box.

This question should be answered by **all** individuals.

5. Mark all boxes for the appropriate races.

The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify.

The instruction before question 4, *"For this survey, Hispanic origins are not races"* reflects the federal government's treatment of Hispanic origin and race as separate and distinct concepts. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

People may choose to provide two or more races either by marking two or more race response boxes, by providing multiple write-in responses, or by some combination of marking boxes and writing in responses.

If you mark the **"White"** box, print the name of the specific White origin(s) in the space provided (for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.).

If you mark the **"Black or African American"** box, print the name of the specific Black or African American origin(s) in the space provided (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.).

If you mark the **"American Indian or Alaska Native"** box, print the name of your enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.).

If you mark the **"Other Asian"** box, print the name of the specific Asian origin(s) in the space provided (for example, Pakistani, Cambodian, Hmong, etc.).

If you mark the **"Other Pacific Islander"** box, print the name of the specific Pacific Islander origin(s) in the space provided (for example, Tongan, Fijian, Marshallese, etc.).

If you mark the **"Some other race"** box, print the name of the specific origin(s) in the space provided.

This question should be answered by **all** individuals.

6. *For people born in the United States:*

Mark the **"In the United States"** box and then print the name of the state in which you were born. If you were born in Washington, D.C., print "District of Columbia."

For people born outside the United States:

Mark the **"Outside the United States"** box, and then print Puerto Rico or the name of the foreign country or area where you were born. Use current boundaries, not boundaries at the time of your birth. For example, specify Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa.

- 7.** If you were born in Puerto Rico, mark the **"Yes, born in Puerto Rico"** box. If you were born in a U.S. state, the District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas, mark the **"Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas"** box. Although not listed, if you were born in American Samoa, mark **"Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas"** box. If you were born outside the United States (50 states and the District of Columbia) or at sea and had at least one parent who was a U.S. citizen at the time of your birth, mark the **"Yes, born abroad of U.S. citizen parent or parents"** box. Mark the **"Yes, U.S. citizen by naturalization"** box only if you were born outside the United States (50 states and the District of Columbia), and have completed the naturalization process and are now a United States citizen. In the box below *Print year of naturalization*, enter the four-digit year you completed the formal naturalization process. If you are not a U.S. citizen, mark the **"No, not a U.S. citizen"** box. Legal Permanent Residents (LPRs) or "green card" holders, or other non-naturalized immigrants or visitors to the U.S. are not citizens of the United States and therefore should mark the **"No, not a U.S. citizen"** box.
- 9a.** A *public school* is any school or college that is supported and controlled primarily by the Puerto Rico government or federal government. Schools are *private* if supported and controlled primarily by religious organizations or other private groups. *Home school* applies to parental guided education outside of a public or private school for grades 1–12.
- 9b.** Only record grades that you attended in the **LAST 3 MONTHS**. If this is currently a summer month, do not record grades that you will attend in the future.

- 10. Mark only ONE box** to indicate the highest grade or level of schooling you have **COMPLETED** or the **highest degree** you have received.

Report schooling completed in foreign or ungraded schools as the equivalent level of schooling in the regular American school system.

Mark the "**GED or alternative credential**" box if you did not receive a regular high school diploma but completed high school by receiving a GED or other formal recognition of high school completion from a school or governmental authority.

If you have not completed any college courses for credit, mark the highest level completed below college level. If you have not completed enough credit to be counted as a sophomore, mark the "**Some college credit, but less than 1 year of college credit**" box.

For the "**Professional degree beyond a bachelor's degree**" category, **do not** include certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology. **DO NOT** include post-bachelor's certificates that are related to occupational training in such fields as teaching, accounting, or engineering.

- 11.** Answer this question only if you have a bachelor's degree or higher and print the specific major of your **BACHELOR'S DEGREE**. If you have more than one bachelor's degree or more than one major, print the names of the specific majors for all of your bachelor's degree(s).
- 12.** Print your ancestry group(s). *Ancestry* refers to your ethnic origin or descent, "roots," or heritage. *Ancestry* may also refer to your country of birth or that of your parents or ancestors before their arrival in Puerto Rico. This question should be answered by **all** individuals, regardless of race, Hispanic origin, or place of birth.

Do not report a religious group as your ancestry.

You may report two ancestry groups (for example: German, Irish).

- 13a.** Mark the "**Yes**" box if you sometimes or always speak a language other than English at home.

Mark the "**No**" box if you speak only English, or if a non-English language is spoken only at school or is limited to a few expressions or slang.

- 13b.** If you speak more than one non-English language and cannot determine which is spoken more often, report the one you first learned to speak.

- 14a.** If you did not live in Puerto Rico or the United States one year ago, mark the **"No, outside Puerto Rico and the United States"** box and print the name of the foreign country, or U.S. Virgin Islands, or Guam, etc., where you lived. Be specific when printing the name of the foreign country; for example, Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa. Then SKIP to question **15**.

If you lived somewhere else in Puerto Rico or the United States one year ago, mark the **"No, at a different address in the United States or Puerto Rico"** box.

- 14b.** Include the house or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main. If you lived in Puerto Rico, the address should also include the name of the development or building.

*If the only known address is a post office box, give a description of the location. For example, print the name of the building where you lived, the nearest intersection, the name of a military base or installation, or the nearest street where the building is located, etc. **DO NOT give a post office box number.***

Print the name of municipio in Puerto Rico or U.S. county. If you lived in Louisiana, print the parish name in the **"Name of municipio in Puerto Rico or U.S. county"** space. If you lived in Alaska, print the borough or census area name, if known. If you lived in New York City and the county name is not known, print the borough name. If you lived in an independent city (not in any county) or in Washington, D.C., leave the **"Name of municipio in Puerto Rico or U.S. county"** space blank.

- 15.** If you received benefits from the government to buy food using a benefit card, mark the **"Yes"** box.
- 16.** Mark the **"Yes"** or **"No"** box for each part of question **16**.

If you report any other type of coverage plan in question **16h**, specify the type of coverage or name of the plan in the write-in box. **DO NOT** include plans that cover only one type of health care (such as dental plans) or plans that only cover a person in case of an accident or disability.

17a-17b.

If you have more than one type of health insurance, answer these questions while thinking about your primary health insurance.

Answer questions 19a through 19c if you are 5 years old or over.

19a–19c.

Mark the **"Yes"** or **"No"** box to indicate if you have serious difficulty with any of the activities listed in parts a, b, and c because of a physical, mental, or emotional condition.

Answer questions 20 through 44 if you are 15 years old or over.

21. Mark the **"Now married"** box if you are married regardless of whether you are living with your spouse, unless you are separated. If your only marriage was annulled, mark the **"Never married"** box. Mark the **"Divorced"** box only if you have received a divorce decree.
22. Mark the **"Yes"** box only if you have received a divorce decree in the **PAST 12 MONTHS**.
23. Do not count marriages that ended in annulment.
24. Enter the four-digit year when you last got married, even if you are now widowed, divorced, or separated.

Answer question 25 if you are female and 15–50 years old.

25. Mark the **"Yes"** box if you have given birth in the **PAST 12 MONTHS** to at least one child born alive, even if the child died or no longer lives with you. Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren.
27. *Active duty* means full-time service as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration, or its predecessors, the Coast and Geodetic Survey or Environmental Science Service Administration. Active duty does not include active duty for training. Active duty also applies to cadets attending one of the five United States Military Service Academies. For service in the military Reserves or National Guard, mark the **"Only on active duty for training in the Reserves or National Guard"** box if you have never been called up for active duty, mobilized, or deployed. For service only as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the **"Never served in the military"** box. For Merchant Marine service, count only the service during World War II as active duty and no other period of service.
28. Mark as many responses as apply.
- 29a. Mark the **"Yes"** box if you have a Department of Veterans Affairs (VA) service-connected disability rating.
- 29b. Mark the **"0 percent"** box if you have received a service-connected disability rating of zero. **DO NOT** mark the box showing **"0 percent"** to indicate no rating.

30a–30b.

Count as work – Mark the **"Yes"** box if you performed:

- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed).
- Work in own business, professional practice, or farm.
- Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
- Any part-time work including babysitting, paper routes, etc.
- Active duty in the Armed Forces.

Do not count as work – Mark the **"No"** box if your activities were limited to the following:

- Housework or yard work at home.
- Unpaid volunteer work.
- School work done as a student.
- Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility).

- 31.** Include the building or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 Main St. or 1239 Main St., N.W., not just 1239 Main.

*If the only known address is a post office box, give a description of the work location. For example, print the name of the building or shopping center where you work, the nearest intersection, or the nearest street where the workplace is located, etc. **DO NOT give a post office box number.***

If you worked at a military installation or military base that has no street address, report the name of the military installation or base, and a description of the work location (such as building number, building name, nearest street or intersection).

If you worked at several locations, but reported to the same location each day to begin work, print the street address of the location where you reported. If you did not report to the same location each day to begin work, print the address of the location where you worked most of the time last week.

If your employer operates in more than one location (such as a grocery store chain or public school system), print the street address of the location or branch where you worked. If the street address of a school is not known, print the name of the school, and a description of the location (such as the nearest street or intersection).

If you worked on a college or university campus and the street address of the workplace is not known, print the name of the building where you worked, and a description of the location (such as the nearest street or intersection).

If you worked, in a foreign country or Guam, U.S. Virgin Islands, etc., print the name of the country on the state or foreign country line.

32. Mark only one box to indicate the method of transportation used to travel the **longest distance** to work **LAST WEEK**.

- Mark the "**Car, truck, or van**" box if you drove a station wagon, company car, light truck of 1-ton capacity or less, truck cab, mini bus, or private limousine (NOT for hire).
- Mark the "**Subway or elevated rail**" box if you took a subway, or other vehicle that operates on tracks or rails with complete separation from other vehicle and pedestrian traffic.
- Mark the "**Long-distance train or commuter rail**" box if you took long distance rail service such as Amtrak, or a commuter train (also called metropolitan rail, regional rail, or suburban rail) that operates between a central city and surrounding suburbs or other central cities. This does not include rail systems that predominantly offer intercity rail service, which is often referred to as subway, metro, or heavy rail.
- Mark the "**Carro público**" box if you rode a car, truck, or van used for public transportation or fixed routes. These are operated by private companies.
- Mark the "**Taxicab**" box if you took a limousine such as an airport limousine for which a fare is charged.
- Mark the "**Motorcycle**" box if you rode a motorbike, moped, motor scooter, or similar vehicle that is motor driven.
- Mark the "**Bicycle**" box if you rode a bicycle or other vehicle that is pedaled.
- Mark the "**Walked**" box ONLY if you walked all the way to work and used no other means of transportation.
- Mark the "**Worked from this address**" box if you worked on a farm where you live, or an office or shop in your own home.
- Mark the "**Other method**" box if you took an airplane, helicopter, horse, horse and buggy, boat (other than public ferries), large motor home, dog sled, large truck or truck rig, All-Terrain Vehicle (ATV), snow machine/snowmobile, Segway® or other self-balancing electric vehicle, skateboard, inline skates, or motorized chair.

Answer question 33 if you marked "Car, truck, or van" in question 32.

33. If you were driven to work by someone who then drove back home or to a non-work destination, enter "1" in the box labeled "**Person(s)**."

DO NOT include persons who rode to school or some other non-work destination in the count of persons who rode in the vehicle.

34. Give the time of day **your trip to work usually begins**. **DO NOT** give the time that you usually began your work.

If you usually left to go to work sometime *between 12:00 o'clock midnight and 12:00 o'clock noon*, mark "**a.m.**"

If you usually left to go to work sometime *between 12:00 o'clock noon and 12:00 o'clock midnight*, mark "**p.m.**"

35. Travel time is from door to door. Enter a one-way commute time for your usual daily commute to work **LAST WEEK**. Include time waiting for public transportation or picking up passengers in a carpool.

Answer questions 36 through 39 if you did NOT work last week.

- 36a.** You are on *layoff* if you are waiting to be recalled to a job from which you were temporarily separated for business-related reasons.
- 36b.** If you work only during certain seasons or on a day-by-day basis when work is available, mark the **"No"** box.
- 36c.** If you were informed by your employer, either formally or informally, that you will be recalled within the next 6 months, mark the **"Yes"** box. Also mark the **"Yes"** box if you have been given, formally or informally, a specific date to return to work, even if that date is more than 6 months away.
- 37.** Mark the **"Yes"** box if you tried to get a job or start a business or professional practice at any time in the **LAST 4 WEEKS**; for example, registered at a public or private employment office, went to a job interview, placed or answered employment ads, or did anything toward starting a business or professional practice.
- 38.** If you were expecting to report to a job within 30 days, mark the **"Yes, could have gone to work"** box.

Mark the **"No, because of own temporary illness"** box only if you expect to be able to work within 30 days.

If you could not have gone to work because you were going to school, taking care of children, etc., mark the **"No, because of all other reasons (in school, etc.)"** box.

- 39.** Refer to the instructions for questions **30a–30b** to determine what to count as work. Mark the **"Over 5 years ago or never worked"** box if you: (1) never worked at any kind of job or business, either full or part time, (2) never worked, with or without pay, in a family business or farm, and (3) never served on active duty in the Armed Forces.

40a–40b.

Refer to the instructions for questions **30a–30b** to determine what to count as work. Include paid vacation, paid sick leave, and military service. Count every week in which you worked at all, even for an hour.

- 41.** If the hours worked each week varied considerably in the **PAST 12 MONTHS**, give an approximate average of the hours worked each week.

Answer questions 42a through 42f if you worked in the past 5 years.

- 42a** If you worked for a cooperative, credit union, mutual insurance company, or similar organization, mark the **"Non-profit organization (including tax-exempt and charitable organizations)"** box.

If you worked for a municipio agency, mark the **"Local government (for example: city, county or municipio)"** box. If you worked for a public school, college or university, mark the **"State government (including school districts and state universities)"** box.

Employees of foreign governments, the United Nations, and other international organizations should mark the **"Federal government civilian employee"** box.

42b. If you worked for a company, business, or government agency, print the name of the company, not the name of your supervisor. If you worked for an individual or a business that had no company name, print the name of the individual you worked for. If you worked in your own un-named business, print "self-employed." If you marked "**Active duty** U.S. Armed Forces or Commissioned Corps," print the name of the branch of the Armed Forces. For Commissioned Corps, enter U.S. Public Health Service or NOAA Commissioned Corps.

42c. Describe the business, industry, or individual employer named in question **42b**. If there is more than one activity, describe only the major activity at the place where you worked. Describe what is made, what is sold, or what service is given.

Enter descriptions like the following: urgent care center, certified public accounting firm, office supplies manufacturing company.

42d. Mark one box to indicate the main type of business or industry where you work or worked.

42e. Describe the kind of work you did. If you were a trainee, apprentice, or helper, include that in the description.

Enter descriptions like the following: registered nurse, human resources manager, industrial engineer. If possible, avoid single words such as: nurse, manager, or engineer.

If possible, avoid single words such as: nurse, manager, and teacher.

42f. Describe the most important activities or duties you performed for your job.

Enter descriptions like the following: coordinate patient care and administer medications, direct hiring policies and advise supervisors on employee relations matters, design control systems to ensure product quality.

Answer questions 43 through 44 if you are 15 years old or over.

Mark the "**Yes**" or "**No**" box for each type of income, and enter the amount received **IN THE PAST 12 MONTHS** for each "**Yes**" response.

If income from any source was received jointly, report the amount you earned or received, not the total amount you and the other person received jointly.

DO NOT include the following as income in any item:

- Refunds or rebates of any kind
- Withdrawals from savings of any kind
- Capital gains or losses from the sale of homes, shares of stock, etc.
- Inheritances or insurance settlements
- Any type of loan
- Pay in-kind such as food, free rent

43a. Include wages and salaries before deductions from **all** jobs. Be sure to include any tips, commissions, or bonuses. Owners of incorporated businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allotments, reenlistment bonuses.

43b. Report income from incorporated businesses under wages and salary (question **43a**), and not under self-employment. Include **nonfarm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated businesses you own.

Include **farm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated farm businesses you own. Also exclude amounts from land rented for cash but include amounts from land rented for shares.

43c. Include interest received or credited to checking and saving accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.

Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.

Include profit (or loss) from royalties and the rental of land, buildings or real estate, or from roomers or boarders. Mark the "**Loss**" box if there is a loss. Income received by self-employed persons whose primary source of income is from renting property or from royalties should be included in **43b**. Include regular payments from an estate or trust fund.

43d. Include amounts, before Medicare deductions, of Social Security and/or Railroad Retirement payments you received as a retired person, as a dependent of deceased insured workers, and as a disabled worker.

43e. Include Supplemental Security Income (SSI) received as an elderly, blind, or disabled person. Note: SSI is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals. The Puerto Rico Community Survey questionnaire asks about the receipt of SSI; however, SSI is not a federally-administered program in Puerto Rico. The only way a resident of Puerto Rico can appropriately report SSI is if they lived in the United States at anytime during the past 12-month reference period and received SSI.

43f. Include any public assistance or welfare payments you received by check or electronic transfer from the Puerto Rico government or the municipio welfare office, even if received for only one month or less than a year. Include benefits received on behalf of children. These payments are sometimes referred to as Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), Welfare or welfare to work, General Assistance, General Relief, Emergency Assistance, and Diversion Payments. **Do not** include assistance received from private charities.

Do not include Supplemental Security Income (SSI), food assistance (such as food stamps and benefits from the Nutritional Assistance Program [PAN], or the Supplemental Nutrition Assistance Program [SNAP]), rental assistance, education assistance, child care assistance, transportation assistance, or assistance with heating or cooling costs or **any other** energy assistance (such as Low Income Home Energy Assistance Program, or LIHEAP).

43g. Include regular income from a company pension, union pension, Federal government pension, state government pension, Puerto Rico and municipio government pensions, U.S. military pension, U.S. Railroad pension, KEOGH retirement plan, SEP (Simplified Employee Pension) or any other type of pension, retirement account or annuity such as IRA, Roth IRA, 401(k) or 403(b).

Include survivor income paid to spouses or children of a deceased person. Include regular income from a disability pension paid to those who are unable to work due to a disability.

Do not include Social Security or income that is "rolled over" or reinvested in another retirement account.

43h. Include Veterans' (VA) disability compensation and educational assistance payments (VEAP); unemployment compensation, worker's compensation, child support or alimony; and all other regular payments such as Armed Forces transfer payments, assistance from private charities, regular contributions from persons not living with you.

44. Add the total entries (subtracting losses) for **43a** through **43h** for the **PAST 12 MONTHS** and enter that number in the space provided. Mark the "**Loss**" box if there is a loss. Print the total amount in dollars.

This page is intentionally left blank.

This page is intentionally left blank.