Census 2000 Puerto Rico

Military Census Report



art Here / Please use a black or blue pen.	or mobile home where you live? House number
11 2 1 1 2 1 2 7 1 loade use a black of blue pell.	House Hullipel
ease print your name —	
st Name	Development/condominium name; Street or road name, Rural route and box, or PO box
No.	
rst Name MI	
	Apartment number
What is the name of your military installation or ase?	City
	Municipio or U.S. county
What is the name of your unit?	Enter Puerto Rico or name of U.S. state or foreign country
	Country
Do you live on a military installation or base?	ZIP Code
Yes → Go to 2d	
No → Skip to 2e	
	f. How many persons, including yourself, were living at the address above on April 1, 2000?
Is the place where you stay at least 4 nights a eek a barracks, BOQ, disciplinary barracks,	Persons
ospital, etc., or a house, apartment, or mobile ome? Mark X ONE box.	
Barracks, BOQ, disciplinary barracks, hospital, etc. Print building or barracks number or identification	g. What is your telephone number? We may
below.	call you if we don't understand an answer. Area Code + Number
→ Skip to 2g	
House, apartment, or mobile home	What is your sex? Mark X ONE box.
	☐ Male ☐ Female
	What is your age and what is your date of
	birth? Age on April 1, 2000
	Аде оп Арт 1, 2000
	Print numbers in boxes.
	Month Day Year of birth
	CONTINUE on page 2.

Page 2	
NOTE: Please answer BOTH Questions 5 and 6. Are you Spanish/Hispanic/Latino? Mark Ithe "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban	Your answers are important! Every person in the Census counts.
Yes, other Spanish/Hispanic/Latino — Print group. 9 What is your race? Mark Z one or more races	a. At any time since February 1, 2000, have you attended regular school or college? Include only elementary school and schooling which leads to a high school diploma or a college degree. ☐ No, has not attended since February 1 → Skip to 10 ☐ Yes, public school, public college
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.	 Yes, private school, private college b. What grade or level were you attending? Mark ☒ ONE box. Grade 1 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) What is the highest degree or level of school you
Asian Indian Chinese Guamanian or Chamorro Japanese Korean Vietnamese Other Pacific Islander — Print race. Other Asian — Print race.	have COMPLETED? Mark 🗵 ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade – NO DIPLOMA
Some other race — Print race. What are the last four digits of your Social Security Number? X X X − X X −	 HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)
 If the last 4 digits of your Social Security Number are 0000–8332 → Skip to 28. If the last 4 digits of your Social Security Number are 8333–9999 → Go to 8. 	What is your ancestry or ethnic origin?
What is your marital status?	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) CONTINUE on page 3.

₹	rage 3	
Œ	a. Do you speak a language other than English at home? ☐ Yes ☐ No → Skip to 13	
	— · · · · · · · ·	Census information helps your
	b. What is this language?	community get financial
		assistance for roads, hospitals, schools, and more.
	(For example: Korean, Italian, Spanish, Vietnamese)	b. Where did you live 5 years ago?
	c. How well do you speak English?	
	☐ Very well	Name of city, town, post office, military installation or base
	Well	
	☐ Not well	
	☐ Not at all	Did you live inside the limits of the city or town?
		Yes
1	Where were you born?	☐ No, outside the city/town limits
٦	In the United States — Print name of state.	
	In the officed states	Name of municipio or U.S. county
	Outside the United States — Print Puerto Rico or name	Enter Puerto Rico or name of U.S. state
	of foreign country, U.S. Virgin Islands, Guam, etc.	
		ZIP Code
	A CITIZEN - 64b - H-:4 1 C4-4 2	
1		
	\square Yes, born in Puerto Rico \rightarrow <i>Skip to 16a</i>	
	Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands	a. Do you have any of your own grandchildren under the age of 18 living at the address in
	Yes, born abroad of American parent or parents	questions 2d or 2e?
	Yes, a U.S. citizen by naturalization	Yes
	No, not a citizen of the United States	$\square \text{ No} \rightarrow \text{Skip to } 18a$
	No, not a citizen of the office states	INO V SKIP to You
1	When did you come to live in Puerto Rico? Print numbers in boxes. Year	b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) at the address in questions 2d
		or 2e?
		☐ Yes
1		☐ No → Skip to 18a
16		c. How long have you been responsible for
	questions 2d or 2e on April 1, 1995 (5 years ago)?	the(se) grandchild(ren)? If you are financially
	☐ Yes → Skip to 17a	responsible for more than one grandchild, answer the
	No, outside Puerto Rico or the United States — Print	question for the grandchild for whom you have been responsible for the longest period of time.
	name of foreign country, U.S Virgin Islands, Guam, etc. below; then → Skip to 17a	
		Less than 6 months
		☐ 6 to 11 months
	☐ No, different house in Puerto Rico or the United States	1 or 2 years
		☐ 3 or 4 years
		☐ 5 years or more
		CONTINUE
		CONTINUE on page 4.

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a. During which of the following periods have you served on active duty in the U.S. Armed Forces? Mark a box for EACH period in which you served. If the only active duty was for training in the military Reserves or National Guard, mark and then → Skip to 19. April 1995 or later August 1990 to March 1995 (including Persian	Information about children helps your community plan for child care, education, and recreation.
Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964–April 1975) February 1955 to July 1964 Korean conflict (June 1950–January 1955) World War II (September 1940–July 1947) Some other time b. In total, how many years of active-duty military service have you had? Less than 2 years	a. How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Público Subway or elevated Railroad Ferryboat
2 years or more Did you work LAST WEEK? Mark the "Yes" box if you worked at all or were in training, at your duty station or elsewhere. Yes No → Skip to 23 At what location did you work LAST WEEK? If you	Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 23 Other method
worked at more than one location, print where you worked most last week. a. Development or condominium name; Number and street name (If the exact address is not known, give a description of the location such as the building name or the nearest	b. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people
b. Name of city, town, post office, or military installation or base c. Is the work location inside the limits of that city or town?	a. What time did you usually leave home to go to work LAST WEEK? a.m. p.m. b. How many minutes did it usually take you to
No, outside the city/town limits d. Name of municipio or U.S. county e. Enter Puerto Rico or name of U.S. state or foreign country	get from home to work LAST WEEK? Minutes CONTINUE on page 5.
f. ZIP Code	

Page 5

What is your branch of service?							
☐ Air Force	ALA AIN V						
☐ Army							
Marine Corps	Knowing about age, race, and sex helps your						
Navy	community better meet						
Coast Guard	the needs of everyone.						
☐ Not in U.S. Armed Forces – Describe the kind of business of your employer.							
	a. LAST YEAR, 1999, did you work at a job or business, or were you on active-duty military service, at any time?						
	☐ Yes (worked or on active duty)						
	\square No \rightarrow Skip to 26						
	b. How many weeks did you work in 1999? Count paid vacation, paid sick leave, and military service.						
OCCUPATION	Weeks						
a. What kind of work are you doing? (For example: aircraft engine mechanic, electronic technician, field artillery							
surveyor, sonar technician, tactical intelligence officer)							
	c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK?						
	Usual hours worked each WEEK						
b. What are your most important activities or duties? 26 INCOME IN 1999							
(For example: repair seaplanes, research on electronic	Y						
components, survey artillery ranges, repair sonar equipment, edit intelligence manuals)	Mark X the "Yes" box for each income source received during 1999 and enter the total amount received						
	during 1999 to a maximum of \$999,999. Mark 🗴 the						
	"No" box if the income source was not received. If net						
	"No" box if the income source was not received. If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and						
c. What is your main job specialty? If you have more than one speciality, list the one at which you spend the most time.	"No" box if the income source was not received. If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S.						
more than one speciality, list the one at which you	"No" box if the income source was not received. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes,						
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more than one speciality, list the one at which you spend the most time. (1) Job Title	"No" box if the income source was not received. If net income was a loss, enter the amount and mark \(\mathbb{X} \) the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items. \[\] Yes \text{Annual amount} - \text{Dollars} \] \[\] No \[\] \text{Dollars} \] \[\] \text{No}						
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more than one speciality, list the one at which you spend the most time. (1) Job Title (2) Job Code (AOC/MOS/NOBC/Rating/AFSC/Occ Fld)	"No" box if the income source was not received. If net income was a loss, enter the amount and mark Ithe "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items. Yes Annual amount – Dollars No b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.						
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more than one speciality, list the one at which you spend the most time. (1) Job Title (2) Job Code (AOC/MOS/NOBC/Rating/AFSC/Occ Fld) d. What is your paygrade? Enter the	"No" box if the income source was not received. If net income was a loss, enter the amount and mark \(\mathbb{X} \) the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items. \[\] Yes Annual amount — Dollars \[\] No \[\] b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.						
more than one speciality, list the one at which you spend the most time. (1) Job Title (2) Job Code (AOC/MOS/NOBC/Rating/AFSC/Occ Fld) d. What is your paygrade? Enter the two-character code. (For example: O-3, W-2, E-4)	"No" box if the income source was not received. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items. Yes Annual amount — Dollars No b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses. Yes Annual amount — Dollars						
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	Page 6							
2	6 c. Intere income, Report e	or inc	ome 1	from e	state	es and	l trusts	s —
	☐ Yes	Annu	al amo	ount – [Dollar	rs .		
		\$,		.00		Loss
	☐ No							
	d. Any o such as s welfare child sup lump-sun inheritan	Social paym oport, n payn	Secur ents, o or ali	ity, pu unemp mony · uch as i	blic a loyn — Do mone	assist nent c	ance o ompei include	r nsation,
	☐ Yes	Annu	al amo	ount – [Dollar	rs .		
		\$			1.0	0		
	☐ No							
2	What wa in question income wa to the an	ons 26 vas a le	a–26d;	subtra	ct an	y losse	es. If ne	t
			Annu	al amou	unt –	Dolla	'S	
	☐ None	OR	\$,		.00	Loss



Your answers help your community plan for the future.

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

Census unit representative.

Military personnel living away in housing units on or off base will also receive a census form at home to complete. To ensure that such personnel are assigned to the correct jurisdiction, it is important that YOU MAKE SURE YOU ARE INCLUDED ON BOTH THIS REPORT AND THE CENSUS FORM DELIVERED TO YOUR HOME.

The Census Bureau estimates that, on average, each respondent will take either 2 minutes (first 7 questions) or 7 minutes (all 28 questions) 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 0607-0858, 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.

Thank you for completing this official Census 2000 – Puerto Rico form.

FOR OFFICE USE ONLY					
A. GQ ID					
B. PN	C. JIC1	D. JIC2	E. JIC3	F. JIC4	



FORM D-21 PR