Census 2000 U.S. Virgin Islands

This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

Start HerePlease use a black or blue pen. Do NOT mail this form, your completed

form will be picked up by a census worker.



How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

INCLUDE in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

DO NOT INCLUDE in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time



Please turn the page and print the names of all the people living or staying here on April 1, 2000.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The Census Bureau estimates that, for the average household, this form will take about 40 minutes to complete, 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 0607-0860, 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.

List of Persons

)	Please page b	be s	ure y	ou a	ans	we	red	l qu	est	ion	1 o	n t	he f	ront
	Please indicat on Apr	print ed in	t the	nan stio	nes	of	all ere	the livi	e pe ng	opl or s	le w stay	/ho /ing	yoı he	u re
	Examp	le —	Last	Nam	ne									
	J 0	# 1	V S	0	N									
	First Na	me											MI	
	RO	B	/ N										J	
	Start w here w apartm person	ho o ent,	wns, or m	, is b obil	ouy le h	ing om	, oi ie.	r re If tl	nts here	thi:	s ho no	suc	e, :h	
	Person	1 —	Last	Nam	ne									
	First Na	me											MI	
	Person First Na		Last	Ivarr	ie								MI	
	Person	3 —	Last	Nam	ne									
	First Na	me											MI	
	Person First Na		Last	Nam	ne								MI	
	Person	5 —	Last	Nam	ne									
	First Na	mo											MI	
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Person 6 -	– Last	Naı	me				
First Name							MI
Person 7 -	– Last	Naı	me				
First Name							MI
Person 8 -	– Last	Naı	me				
First Name							MI
Person 9 -	– Last	Nai	me				
	Last						
First Name							MI
I ii st i vaine							1711
Person 10	— Las	st N	ame	5 خ			
First Name							MI
Person 11	— Las	st N	ame	5			
First Name							MI
Person 12	— Las	st N	ame	5			
First Name							MI

Next, answer questions about Person 1.

Person





Your answers are important! Every person in the Census counts.

1	What is this person's name? Print the name of Person 1 from page 2.
	Last Name
	First Name MI
2	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number
	What is this person's sex? Mark 🗷 ONE box.
3	Male
	☐ Female
4	What is this person's age and what is this person's date of birth?
	Age on April 1, 2000
	Print numbers in boxes.
	Month Day Year of birth
Q	NOTE: Please answer BOTH Questions 5 and 6.
5	Is this person Spanish/Hispanic/Latino? Mark (X) 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.
	FOR OFFICE USE ONLY

	rson's race? Mark X one or more
races to indicate himself/herself to	e what this person considers o be.
White	
	n Am., or Negro dian or Alaska Native — <i>Print name</i>
	or principal tribe.
Asian Indian	Native Hawaiian
Chinese Filipino	Guamanian or Chamorro
Japanese	Samoan Other Pacific
☐ Korean ☐ Vietnamese	Islander — Print race. —
Other Asian	— Print race.
Some other	race — Print race. 🔀
FOR OFFIC	
<u> </u>	rson's marital status?
Now married Widowed	
Divorced	
Separated Never marrie	ed
	since February 1, 2000, has this
only nursery sch	ed regular school or college? Include ool or preschool, kindergarten, elementary
diploma or a col	poling which leads to a high school lege degree.
	attended since February 1 \rightarrow <i>Skip to 9a</i> chool, public college
	school, private college

 b. What grade or level was this person attending? Mark X ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 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) 	c. How well does this person speak English? Very well Well Not well Not at all Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
a. 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. 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 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)	FOR OFFICE USE ONLY Sthis person a CITIZEN of the United States? Yes, born in the U.S. Virgin Islands → Skip to 14a Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, born abroad of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) When did this person come to the U.S. Virgin Islands to stay? If this person has entered the area more than once, what is the latest year? Print numbers in boxes. Year 4 a. Where was this person's mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
 Doctorate degree (for example: PhD, EdD) b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. No Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands a. Does this person speak a language other than English at home? Yes No → Skip to 11 b. What is this language? (For example: French, Spanish, Chinese, Italian) FOR OFFICE USE ONLY 	b. Where was this person's father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. FOR OFFICE USE ONLY a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? Person is under 5 years old → Skip to 34 Yes, this house → Skip to 16 No, different house

b. Where did this person live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. If outside the U.S. Virgin Islands, print the answer below and skip to 16.	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes
	\bigcup No \rightarrow Skip to 21a
c. Name of city, town, or village	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent
	has been responsible for the longest period of time.
FOR OFFICE	Less than 6 months
USE ONLY	6 to 11 months
6 Does this person have any of the following	1 or 2 years
long-lasting conditions:	3 or 4 years
Yes No	5 years or more
a. Blindness, deafness, or a severe vision or hearing impairment?	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes, now on active duty Yes, on active duty in past, but not now
Because of a physical, mental, or emotional	No, training for Reserves or National Guard
condition lasting 6 months or more, does this person have any difficulty in doing any of	only \rightarrow <i>Skip to 22</i>
the following activities:	\bigcirc No, never served in the military \rightarrow <i>Skip to 22</i>
Yes No	h Whan did this name and active duty
a. Learning, remembering, or concentrating?	b. When did this person serve on active duty in the U.S. Armed Forces? <i>Mark</i> (X) <i>a box for EACH period in which this person served.</i>
b. Dressing, bathing, or getting around inside the home?	April 1995 or later
c. (Answer if this person is 16 YEARS OLD	August 1990 to March 1995 (including Persian Gulf War)
OR OVER.) Going outside the home alone to shop or visit a doctor's office?	September 1980 to July 1990
d. (Answer if this person is 16 YEARS OLD	May 1975 to August 1980
OR OVER.) Working at a job or business?	Vietnam era (August 1964—April 1975)
Was this person under 15 years of and an	February 1955 to July 1964
Was this person under 15 years of age on April 1, 2000?	Korean conflict (June 1950—January 1955)
	World War II (September 1940—July 1947)
$\bigvee \text{Yes} \to Skip \text{ to } 34$	Some other time
U No	c. In total, how many years of active-duty military
If this person is female, how many babies has she	service has this person had?
ever had, not counting stillbirths? Do not count stepchildren or children this person has adopted.	Less than 2 years
	2 years or more
None □ 1 □ 6 □ 11 □ 2 □ 7 □ 12 □ 3 □ 8 □ 13 □ 4 □ 9 □ 14 □ 5 □ 10 □ 15 or more	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
5 41 1 21 2	Yes
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	$\bigcirc No \rightarrow Skip \ to \ 26a$
Yes	
$\bigcirc \text{No} \rightarrow \text{Skip to 21a}$	
- 110 / JKIP to 210	

2	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.
	a. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or	a. LAST WEEK, was this person on layoff from a job?
	foreign country	Yes \rightarrow Skip to 26c
		□ No
	FOR OFFICE USE ONLY	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	b. Name of city, town, or village	Yes, on vacation, temporary illness, labor
		dispute, etc. \rightarrow <i>Skip to 27</i> No \rightarrow <i>Skip to 26d</i>
	FOR OFFICE USE ONLY	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?
2	a. How did this person usually get to work LAST WEEK? If this person usually used more than one method	\square Yes \rightarrow Skip to 26e
	of transportation during the trip, mark (X) the box of the	□ No
	one used for most of the distance.	
	Car, truck, or van	d. Has this person been looking for work during the last 4 weeks?
	☐ Bus ☐ Taxicab	Yes
	Motorcycle	\bigcirc No \rightarrow Skip to 27
	Safari or taxi bus	
	Ferryboat or water taxi	e. LAST WEEK, could this person have started a
	Walked	job if offered one, or returned to work if recalled?
	\square Worked at home \rightarrow <i>Skip to 28</i>	Yes, could have gone to work
	Other method	No, because of own temporary illness
	If "Car truck or yan" is marked in 24a go to 24b	No, because of all other reasons (in school, etc.)
4	If "Car, truck, or van" is marked in 24a, go to 24b. Otherwise, skip to 25a.	When did this person last work, even for a
24	b. How many people, including this person, usually	few days?
	rode to work in the car, truck, or van LAST WEEK?	1995 to 2000
	Drove alone	\square 1994 or earlier, or never worked \rightarrow <i>Skip to 32</i>
	2 people	
	S a beable	8 Industry or Employer — Describe clearly this person's chief job activity or business last week. If this person had
	4 people	more than one job, describe the one at which this person
	5 or 6 people	worked the most hours. If this person had no job or business last week, give the information for his/her last job
	☐ 7 or more people	or business since 1995.
2	a. What time did this person usually leave home to go to work LAST WEEK?	a. For whom did this person work? If now on active duty in the Armed Forces, mark X this box \rightarrow and print the branch of the Armed Forces.
	a.m. p.m.	
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?	Name of company, business, or other employer
	Minutes	
		TOP OFFICE
		FOR OFFICE USE ONLY

28	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 32 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks
	 c. Is this mainly — Mark NONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? 	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
29	Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	INCOME IN 1999 — 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 X the "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. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.
	b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	 a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. Yes Annual amount — Dollars \$.00
		 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
30	Was this person — Mark ✗ ONE box. ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions ☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization ☐ Local GOVERNMENT employee (territorial, etc.) ☐ Federal GOVERNMENT employee ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm ☐ Working WITHOUT PAY in family business or farm	S Annual amount — Dollars S 0.00 Loss C. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars S 0.00 Loss No

32	d. Social Security or Railroad	Retirement 3	W	Which best describes this building? Include all
	Yes Annual amount — Do	ollars		ppartments, flats, etc., even if vacant.
	\$.	.00		A mobile home
	□ No	.00		A one-family house detached from any other house
	U NO			A one-family house attached to one or more houses
	e. Supplemental Security Inco	umo (SSI)		A building with 2 apartments
				A building with 3 or 4 apartments
	_	ollars	_	A building with 5 to 9 apartments
	\$,	.00		A building with 10 to 19 apartments
	□ No			☐ A building with 20 or more apartments
				☐ A boat or houseboat
	f. Any public assistance or we	elfare payments		」 RV, van, tent, etc.
	from the state or local welfar	36	A	About when was this building first built?
	☐ Yes Annual amount — Do	ollars	_	1999 or 2000
	\$.00		D 1995 to 1998
	□ No		_	D 1990 to 1994
				1980 to 1989
	g. Retirement, survivor, or dis	sability pensions —	Ē	1970 to 1979
	Do NOT include Social Security.		$\overline{}$	1960 to 1969
	Yes Annual amount — Do	ollars		1950 to 1959
	\$.00		D 1940 to 1949
		1.00	Ē	1939 or earlier
	Ŭ No			
	h. Any other sources of incomsuch as Veterans' (VA) payme compensation, child support, include lump-sum payments such inheritance or sale of a home. Yes Annual amount — Do	ents, unemployment or alimony — Do NOT th as money from an ollars	al Company	When did this person move into this house, partment, or mobile home? 1999 or 2000 1995 to 1998 1990 to 1994 1980 to 1989 1970 to 1979 1969 or earlier
33		ubtract any losses. If net ount and mark (x) the ount. unt — Dollars	a	How many rooms do you have in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms. 1 room 6 rooms 7 rooms 3 rooms 8 rooms
-	Now, please answer question	<u> </u>		☐ 4 rooms ☐ 9 or more rooms ☐ 5 rooms
	your household.			land many hadronic day on the control to the control
34	Is this house, apartment, or m	nobile home —		How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or
T	Owned by you or someone i	n this household with a		nobile home were on the market for sale or rent?
	mortgage or loan?			No bedroom
	Owned by you or someone i	n this household free and		1 bedroom
	clear (without a mortgage of Rented for cash rent?	iOaN)?		2 bedrooms
	Occupied without payment of	of cash rant?		3 bedrooms
	Coccupied without payment (or casificitis		4 bedrooms
				5 or more bedrooms

41	Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower? Yes, have all three facilities No Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator? Yes, have all three facilities No	Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 49. a. Is there a business (such as a store or barber shop) or a medical office on this property? Yes No b. How many acres is this house or mobile home on? Less than 1 acre 1 to 9.9 acres 10 or more acres
42	Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? Yes No	c. In 1999, what were the actual sales of all agricultural products from this property? None \$500 to \$999 \$1 to \$99 \$1,000 to \$2,499 \$100 to \$499 \$2,500 or more
44	Which FUEL is used MOST for cooking in this house, apartment, or mobile home? Gas: bottled or tank Electricity Fuel oil, kerosene, etc. Wood or charcoal Other fuel No fuel used How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use	a. What is the average monthly cost for electricity for this house, apartment, or mobile home? Average monthly cost — Dollars S
	by members of your household?	house, apartment, or mobile home?
45	by members of your household? None 4 1 5 2 6 or more 3 a. Do you get water from —	house, apartment, or mobile home? Average monthly cost — Dollars S
45	by members of your household? None	house, apartment, or mobile home? Average monthly cost — Dollars Solution .00
45	by members of your household? None	house, apartment, or mobile home? Average monthly cost — Dollars \$.00 OR Included in rent or in condominium fee No charge or gas not used c. What is the average monthly cost for water and sewer for this house, apartment, or mobile home? Average monthly cost — Dollars \$.00

Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 51.	What were the real estate taxes on THIS property last year?
a. What is the monthly rent?	Yearly amount — <i>Dollars</i>
Monthly amount — <i>Dollars</i>	\$.00
\$.00	OR
	None
b. Does the monthly rent include any meals?	None
Yes	What was the annual payment for fire, hazard,
☐ No	and flood insurance on THIS property?
Answer questions 51a—57 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.	Annual amount — Dollars \$.00 .00 OR
a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	None
Yes, mortgage, deed of trust, or similar debt	What is the value of this property; that is, how much do you think this house and lot,
Yes, contract to purchase	apartment, or mobile home and lot would sell
\square No \rightarrow Skip to 52a	for if it were for sale?
b. How much is your regular monthly mortgage	Less than \$10,000 \$99,999
payment on THIS property? Include payment only on	\$10,000 to \$14,999 \$100,000 to \$124,999
first mortgage or contract to purchase.	\$15,000 to \$19,999 \$125,000 to \$149,999 \$20,000 to \$24,999 \$150,000 to \$174,999
Monthly amount — <i>Dollars</i>	\$25,000 to \$24,999 \$175,000 to \$174,999 \$25,000 to \$29,999
\$	\$25,000 to \$23,999 \$175,000 to \$135,999 \$200,000 to \$249,999
OR	\$35,000 to \$39,999 \$250,000 to \$299,999
\bigcirc No regular payment required \rightarrow <i>Skip to 52a</i>	\$40,000 to \$49,999 \$300,000 to \$399,999
c. Does your regular monthly mortgage payment	\$50,000 to \$59,999 \$400,000 to \$499,999
include payments for real estate taxes on THIS	\$60,000 to \$69,999 \$500,000 to \$749,999
property?	\$70,000 to \$79,999 \$750,000 to \$999,999
Yes, taxes included in mortgage payment	\$80,000 to \$89,999 \$1,000,000 or more
No, taxes paid separately or taxes not required	56 Answer ONLY if this is a CONDOMINIUM —
d. Does your regular monthly mortgage payment	What is the monthly condominium fee?
include payments for fire, hazard, or flood	Monthly amount — <i>Dollars</i>
insurance on THIS property?	
Yes, insurance included in mortgage payment	\$.00
No, insurance paid separately or no insurance	57 Answer ONLY if this is a MOBILE HOME or a BOAT —
a. Do you have a second mortgage or a home equity loan on THIS property? Mark X all boxes that apply.	a. Do you have an installment loan or contract on THIS mobile home or boat?
Yes, a second mortgage	Yes
Yes, a home equity loan	☐ No
\bigcirc No \rightarrow Skip to 53	b. What was the total cost for installment loan
b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?	payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip last year? Exclude real estate taxes.
Monthly amount — <i>Dollars</i>	Yearly amount — <i>Dollars</i>
\$, .00	\$.00
OR	
No regular payment required	Are there more people living here? If yes, continue with Person 2.

Person





NOTE: Please answer BOTH Questions 5 and 6.

No, not Spanish/Hispanic/Latino

Is this person Spanish/Hispanic/Latino?

Mark (X) the "No" box if not Spanish/Hispanic/Latino.

Census information helps your community

helps your community get financial assistance for roads, hospitals, schools and more.	Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — <i>Print group.</i>
What is this person's name? Print the name of Person 2 from page 2.	
Last Name	
	FOR OFFICE USE ONLY
First Name MI	
	What is this person's race? Mark (X) one or more races to indicate what this person considers himself/herself to be.
How is this person related to Person 1?	☐ White
Mark 🗷 ONĖ box.	Black, African Am., or Negro
Husband/wife	American Indian or Alaska Native — Print name
Natural-born son/daughter	of enrolled or principal tribe. 🗾
Adopted son/daughter	
Stepson/stepdaughter Brother/sister	
Father/mother	
Grandchild	Asian Indian Native Hawaiian
Parent-in-law	Chinese Guamanian or
Son-in-law/daughter-in-law	Filipino Chamorro Samoan
Other relative — <i>Print exact relationship</i> .	Japanese
	Islander —
	Vietnamese Print race.
If NOT RELATED to Person 1:	Other Asian — Print race. 7
Roomer, boarder FOR OFFICE	
Housemate, roommate	
Unmarried partner	
Foster child	☐ Some other race — Print race. ✓
Other nonrelative	
What is this person's sex? Mark 🗷 ONE box.	
Male	
Female	FOR OFFICE
	USE ONLY
What is this person's age and what is this person's date of birth?	
Age on April 1, 2000	
	What is this person's marital status?
Print numbers in boxes.	Now married
Month Day Year of birth	Widowed
Teal of billing	Divorced
	Separated
	Never married

Person 2 (continued) a. At any time since February 1, 2000, has this person 10 b. What is this language? attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college (For example: French, Spanish, Chinese, Italian) degree. \bigcup No, has not attended since February 1 \rightarrow Skip to 9a Yes, public school, public college c. How well does this person speak English? Yes, private school, private college b. What grade or level was this person attending? () Well Mark (X) ONE box. Not well Nursery school, preschool Not at all Kindergarten Where was this person born? Print St. Croix, St. John, or Grade 1 to grade 4 St. Thomas if in the U.S. Virgin Islands, or the name of the Grade 5 to grade 8 U.S. state, commonwealth, territory, or foreign country. Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) 12 Is this person a CITIZEN of the United States? a. What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. \bigcup Yes, born in the U.S. Virgin Islands \rightarrow Skip to 14a If currently enrolled, mark the previous grade or highest Yes, born in the United States, Puerto Rico, Guam, or dearee received. Northern Mariana Islands No schooling completed Yes, born abroad of U.S. parent or parents Nursery school to 4th grade Yes, a U.S. citizen by naturalization 5th grade or 6th grade No, not a U.S. citizen (permanent resident) ☐ 7th grade or 8th grade No, not a U.S. citizen (temporary resident) 9th grade When did this person come to the U.S. Virgin Islands 10th grade to stay? If this person has entered the area more than 11th grade once, what is the latest year? Print numbers in boxes. 12th grade, **NO DIPLOMA** Year HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year a. Where was this person's mother born? Print St. Croix, 1 or more years of college, no degree St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign Associate degree (for example: AA, AS) country. 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) b. Where was this person's father born? Print St. Croix, Doctorate degree (for example: PhD, EdD) St. John, or St. Thomas if in the U.S. Virgin Islands, or the b. Has this person completed the requirements for a name of the U.S. state, commonwealth, territory, or foreign vocational training program at a trade school, business country. school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.

a. Did this person live in this house or apartment Yes, not in the U.S. Virgin Islands 5 years ago (on April 1, 1995)? 10 a. Does this person speak a language other than **English at home?**

Person is under 5 years old \rightarrow Skip to 34 Yes, this house \rightarrow Skip to 16

No, different house

Yes

No \rightarrow Skip to 11

Yes, in the U.S. Virgin Islands

b. Where did this person live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. If outside the U.S. Virgin Islands, print the answer below and skip to 16.	 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes
	\square No \rightarrow Skip to 21a
c. Name of city, town, or village	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent
	has been responsible for the longest period of time.
FOR OFFICE USE ONLY	Less than 6 months 6 to 11 months
Does this person have any of the following long-lasting conditions:	1 or 2 years 3 or 4 years
Yes No	5 years or more
vision of flearing impairment?	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs,	National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
reaching, lifting, or carrying?	Yes, now on active duty
17 Because of a physical, mental, or emotional	Yes, on active duty in past, but not now
condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:	 No, training for Reserves or National Guard only → Skip to 22 No, never served in the military → Skip to 22
Yes No	
a. Learning, remembering, or concentrating?	b. 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.
b. Dressing, bathing, or getting around inside the home?	April 1995 or later
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	
18 Was this person under 15 years of age on	Korean conflict (June 1950—January 1955)
April 1, 2000?	World War II (September 1940—July 1947)
\bigcirc Yes \rightarrow Skip to 34	Some other time
No 19 If this person is female, how many babies has she	c. In total, how many years of active-duty military service has this person had?
ever had, not counting stillbirths? Do not count	Less than 2 years
stepchildren or children this person has adopted.	2 years or more
None	LAST WEEK, did this person do ANY work for either pay or profit? Mark X the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	Yes \square No \rightarrow Skip to 26a
Yes $ \bigcirc \text{ No } \rightarrow \text{Skip to } 21a $	

23	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.
	a. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or	a. LAST WEEK, was this person on layoff from a job?
	foreign country	$\bigcup_{i=1}^{n} Yes \to Skip \ to \ 26c$
		U No
	FOR OFFICE USE ONLY	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	b. Name of city, town, or village	Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 27</i>
		\bigcup No \rightarrow Skip to 26d
	FOR OFFICE USE ONLY	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?
24	a. How did this person usually get to work LAST	\square Yes \rightarrow Skip to 26e
9	WEEK? If this person usually used more than one method of transportation during the trip, mark 🗷 the box of the one used for most of the distance.	○ No
		d. Has this person been looking for work during
	Car, truck, or van	the last 4 weeks?
	Bus	Yes
	Taxicab	\bigcirc No \rightarrow Skip to 27
	Motorcycle	
	Safari or taxi bus	e. LAST WEEK, could this person have started a
	Ferryboat or water taxi	job if offered one, or returned to work if recalled?
	Walked	Yes, could have gone to work
		No, because of own temporary illness
	Other method	No, because of all other reasons (in school, etc.)
	If "Car, truck, or van" is marked in 24a, go to 24b.	
Y	Otherwise, skip to 25a.	When did this person last work, even for a few days?
24	b. How many people, including this person, usually	1995 to 2000
T	rode to work in the car, truck, or van LAST WEEK?	
	Drove alone	\bigcup 1994 or earlier, or never worked \rightarrow <i>Skip to 32</i>
	2 people	Industry or Employer — Describe clearly this person's
	3 people	chief job activity or business last week. If this person had
	4 people	more than one job, describe the one at which this person
	5 or 6 people	worked the most hours. If this person had no job or business last week, give the information for his/her last job
	7 or more people	or business since 1995.
		a. For whom did this person work? If now on
25	a. What time did this person usually leave home to go to work LAST WEEK?	active duty in the Armed Forces, mark X this box $\rightarrow \Box$ and print the branch of the Armed Forces.
	a.m. p.m.	Name of company, business, or other employer
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?	
	Minutes	
		FOR OFFICE
		USE ONLY

28	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 32 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks
	c. Is this mainly — Mark X ONE box.	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?
	 ✓ Manufacturing? ✓ Wholesale trade? ✓ Retail trade? ✓ Other (agriculture, construction, service, government, etc.)? 	Usual hours worked each WEEK
20	Occupation	2 INCOME IN 1999 — Mark 🗷 the "Yes" box for each
29	Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark (X) the "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.
		For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark 🗷 the "No" box for the other person. If exact amount is
		not known, please give best estimate.
	FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
	b. What were this person's most important activities or duties? (For example: patient care,	Yes Annual amount — <i>Dollars</i>
	directing hiring policies, supervising order clerks, repairing	\$, .00
	automobiles, reconciling financial records)	□ 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
		\$, .00 D Loss
30	Was this person — Mark 🗷 ONE box.	□ No
	Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or	
	commissions	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts —
	Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization	Report even small amounts credited to an account.
	Local GOVERNMENT employee (territorial, etc.)	Yes Annual amount — <i>Dollars</i>
	Federal GOVERNMENT employee	\$, .00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm	□ No
	SELF-EMPLOYED in own INCORPORATED business,	
	professional practice, or farm	
	Working WITHOUT PAY in family business or farm	



Person 2 (continued) Person 32 d. Social Security or Railroad Retirement () Yes Annual amount — Dollars **Information about** O No children helps your community plan for child care, education, e. Supplemental Security Income (SSI) and recreation. Yes Annual amount — Dollars O No What is this person's name? Print the name of Person 3 from page 2. f. Any public assistance or welfare payments from the state or local welfare office Last Name Yes Annual amount — Dollars First Name MI O No g. Retirement, survivor, or disability pensions — How is this person related to Person 1? Do NOT include Social Security. Mark X ONE box. Yes Annual amount — Dollars ☐ Husband/wife Natural-born son/daughter Adopted son/daughter O No Stepson/stepdaughter ☐ Brother/sister h. Any other sources of income received regularly Father/mother such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT Grandchild include lump-sum payments such as money from an Parent-in-law inheritance or sale of a home. Son-in-law/daughter-in-law Yes Annual amount — Dollars Other relative — *Print exact relationship*. What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net income was a loss, enter the amount and mark (X) the If NOT RELATED to Person 1: "Loss" box next to the dollar amount. Roomer, boarder Annual amount — Dollars Housemate, roommate Unmarried partner None OR Loss Foster child Are there more people living here? If yes, Other nonrelative continue with Person 3. What is this person's sex? Mark X ONE box. ☐ Male ☐ Female

Person 3 (continued)	
What is this person's age and what is this person's date of birth? Age on April 1, 2000	What is this person's marital status? Now married Widowed Divorced Separated
Print numbers in boxes.	Never married
Month Day Year of birth	
NOTE: Please answer BOTH Questions 5 and 6.	a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
Is this person Spanish/Hispanic/Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino.	 No, has not attended since February 1 → Skip to 9a Yes, public school, public college Yes, private school, private college
No, not Spanish/Hispanic/Latino	
Yes, Mexican, Mexican Am., Chicano	b. What grade or level was this person attending? Mark (X) ONE box.
Yes, Puerto Rican	Nursery school, preschool
Yes, Cuban	Kindergarten
Yes, other Spanish/Hispanic/Latino — Print group. 🔽	Grade 1 to grade 4
	Grade 5 to grade 8
	Grade 9 to grade 12
	College undergraduate years (freshman to senior)
FOR OFFICE USE ONLY	Graduate or professional school (for example: medical, dental, or law school)
What is this person's race? Mark (x) one or more races to indicate what this person considers himself/herself to be.	a. 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.
White	No schooling completed
Black, African Am., or Negro	Nursery school to 4th grade
☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ☐	5th grade or 6th grade
	7th grade or 8th grade
	9th grade
	10th grade
	11th grade
Asian Indian Chinese Filipino Native Hawaiian Guamanian or Chamorro	12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Japanese ☐ Samoan	Some college credit, but less than 1 year
☐ Korean ☐ Other Pacific	1 or more years of college, no degree
Islander —	Associate degree (for example: AA, AS)
Other Asian — Print race.	Bachelor's degree (for example: BA, AB, BS)
Other Asian — Princiace.	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)
Some other race — Print race.	b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
FOR OFFICE	□ No
FOR OFFICE USE ONLY	Yes, in the U.S. Virgin Islands
	Yes, not in the U.S. Virgin Islands



Person 3 (continued) a. Does this person speak a language other than a. Did this person live in this house or apartment English at home? 5 years ago (on April 1, 1995)? Yes Person is under 5 years old \rightarrow Skip to 34 \square Yes, this house \rightarrow Skip to 16 No \rightarrow Skip to 11 No, different house b. What is this language? b. Where did this person live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, (For example: French, Spanish, Chinese, Italian) territory, or foreign country. If outside the U.S. Virgin Islands, print the answer below and skip to 16. c. How well does this person speak English? Very well Well Not well c. Name of city, town, or village ■ Not at all Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. Does this person have any of the following long-lasting conditions: Yes No a. Blindness, deafness, or a severe vision or hearing impairment? Is this person a CITIZEN of the United States? b. A condition that substantially limits \bigcup Yes, born in the U.S. Virgin Islands \rightarrow Skip to 14a one or more basic physical activities Yes, born in the United States, Puerto Rico, Guam, or such as walking, climbing stairs, Northern Mariana Islands reaching, lifting, or carrying? Yes, born abroad of U.S. parent or parents Because of a physical, mental, or emotional Yes, a U.S. citizen by naturalization condition lasting 6 months or more, does No, not a U.S. citizen (permanent resident) this person have any difficulty in doing any of No, not a U.S. citizen (temporary resident) the following activities: Yes No When did this person come to the U.S. Virgin Islands a. Learning, remembering, or to stay? If this person has entered the area more than concentrating? once, what is the latest year? Print numbers in boxes. b. Dressing, bathing, or getting around Year inside the home? c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home a. Where was this person's mother born? Print St. Croix, alone to shop or visit a doctor's office? St. John, or St. Thomas if in the U.S. Virgin Islands, or the d. (Answer if this person is 16 YEARS OLD name of the U.S. state, commonwealth, territory, or foreign OR OVER.) Working at a job or business? country. Was this person under 15 years of age on April 1, 2000? \bigcirc Yes \rightarrow Skip to 34 ∩ No **b. Where was this person's father born?** Print St. Croix,

If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children this person has adopted.

•		•	•
None	1	6	11
	2	7	12
	3	8	13
	4	9	14
	5	10	☐ 15 or more

country.

St. John, or St. Thomas if in the U.S. Virgin Islands, or the

name of the U.S. state, commonwealth, territory, or foreign

20	grandchildren under the age of 18 living in this house or apartment?	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on
	\bigcup Yes \bigcap No \rightarrow <i>Skip to 21a</i>	active duty in the Armed Forces.
	'	Yes
	 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) 	\bigcirc No \rightarrow Skip to 26a
	under the age of 18 who live(s) in this house or apartment?	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
	\square Yes \square No \rightarrow Skip to 21a	a. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is	foreign country
	financially responsible for more than one grandchild, answer	FOR OFFICE
	the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	FOR OFFICE USE ONLY
	Less than 6 months	b. Name of city, town, or village
	6 to 11 months	
	1 or 2 years	FOR OFFICE
	3 or 4 years 5 years or more	USE ONLY
	2	a. How did this person usually get to work LAST
21	 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 22 No, never served in the military → Skip to 22 b. When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served. April 1995 or later August 1990 to March 1995 (including Persian 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) 	WEEK? If this person 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 Taxicab Motorcycle Safari or taxi bus Ferryboat or water taxi Walked Worked at home → Skip to 28 Other method If "Car, truck, or van" is marked in 24a, go to 24b. Otherwise, skip to 25a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people 3 people 4 people
	Some other time	5 or 6 people
		7 or more people
	c. In total, how many years of active-duty military service has this person had?	a. What time did this person usually leave home to go to work LAST WEEK?
	Less than 2 years	
	2 years or more	a.m. p.m.
		b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes





	_
Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order
a. LAST WEEK, was this person on layoff from a job?	house, auto repair shop, bank)
$\bigcirc \text{ Yes} \rightarrow \text{Skip to 26c}$	
│	
b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
Yes, on vacation, temporary illness, labor	
dispute, etc. \rightarrow <i>Skip to 27</i> No \rightarrow <i>Skip to 26d</i>	c. Is this mainly — Mark 🗷 ONE box.
The 7 Ship to 25d	Manufacturing?
c. Has this person been informed that he or she	Wholesale trade?
will be recalled to work within the next 6 months OR been given a date to return to work?	Retail trade?
$\bigcirc \text{ Yes} \rightarrow \text{Skip to 26e}$	Other (agriculture, construction, service, government, etc.)?
No	
	9 Occupation
d. Has this person been looking for work during the last 4 weeks?	a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor
Yes	of order department, auto mechanic, accountant)
$\bigcirc \text{No} \rightarrow \text{Skip to } 27$	
1 NO - 3kip to 27	
e. 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.)	FOR OFFICE USE ONLY
When did this person last work, even for a	b. What were this person's most important
few days?	activities or duties? (For example: patient care,
1995 to 2000	directing hiring policies, supervising order clerks, repairing
\bigcup 1994 or earlier, or never worked \rightarrow <i>Skip to 32</i>	automobiles, reconciling financial records)
8 Industry or Employer — Describe clearly this person's	
chief job activity or business last week. If this person had more than one job, describe the one at which this person	
worked the most hours. If this person had no job or	
business last week, give the information for his/her last job or business since 1995.	
a. For whom did this person work? If now on	
active duty in the Armed Forces, mark X this box $\rightarrow \square$ and print the branch of the Armed Forces.	Was this person — Mark 🗷 ONE box.
	Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or
Name of company, business, or other employer	commissions
	Employee of a PRIVATE NOT-FOR-PROFIT,
	tax-exempt, or charitable organization
	Local GOVERNMENT employee (territorial, etc.) Federal GOVERNMENT employee
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
FOR OFFICE	SELF-EMPLOYED in own INCORPORATED business,
USE ONLY	professional practice, or farm Working WITHOUT PAY in family business or farm
	C Training William 1771 In Idining Business of Idini

31	a. LAST Y	YEAR, 1999, did this person work at a	32	d. 9	Social	Security or Railroad Retirement
	job or bu	siness at any time?	T	_		Annual amount — <i>Dollars</i>
	Yes					\$, .00
	U No →	Skip to 32			No	7 1 1 100
	b. How n	nany weeks did this person work in 1999?			140	
	•	d vacation, paid sick leave, and military service.		e. 9	Supple	emental Security Income (SSI)
	Weeks				Yes	Annual amount — <i>Dollars</i>
						\$.00
		the selection of the se			No	
	hours did	the weeks WORKED in 1999, how many I this person usually work each WEEK?				
		irs worked each WEEK		f. A	ny pu	ıblic assistance or welfare payments state or local welfare office
				_		Annual amount — Dollars
				_	. 65	\$. 00
	INICOME				NI-	\$
32		IN 1999 — Mark 🗷 the "Yes" box for each burce received during 1999 and enter the total			INO	
	amount re	eceived during 1999 to a maximum of . Mark (🗷) the "No" box if the income source		g. I	Retire	ment, survivor, or disability pensions —
	was not re			_		nclude Social Security. Annual amount — Dollars
	If net inco	ome was a loss, enter the amount and mark 🗷			Yes	
	the "Loss"	box next to the dollar amount.				\$, .00
	For incom	e received jointly, report, if possible, the te share for each person; otherwise, repo <u>rt</u>			No	
	the whole	amount for only one person and mark (X)		h. <i>i</i>	Anv o	ther sources of income received regularly
	the "No" i	box for the other person. If exact amount is n, please give best estimate.		suc	:h as \	/eterans' (VA) payments, unemployment
		s, salary, commissions, bonuses, or tips		incl	ude lu	ation, child support, or alimony — Do NOT mp-sum payments such as money from an
	from all i	obs — Report amount before deductions for		inh	eritano	re'or sale' of a home.
		nds, dues, or other items.			Yes	Annual amount — <i>Dollars</i>
		Annual amount — Dollars				\$, .00
		\$, .00			No	
	☐ No					
	h Colf o	mployment income from own nonfarm	33			s this person's total income in 1999? Add questions 32a—32h; subtract any loss <u>es.</u> If net
	business	es or farm businesses, including		inco	ome w	as a loss, enter the amount and mark 🗷 the x next to the dollar amount.
		orships and partnerships — Report NET fter business expenses.		LO	33 100.	Annual amount — Dollars
	Yes	Annual amount — Dollars				
		¢			None	OR S Loss
	O No	\$.00 Loss	34	Δre	ther	e more people living here? If yes,
	∪ No	•	Ÿ			with Person 4.
		t, dividends, net rental income, royalty				
		or income from estates and trusts — en small amounts credited to an account.				
	Yes	Annual amount — <i>Dollars</i>				
		\$				
	☐ No	.00 Loss				
	U NO					



Person





Knowing about age, race, and sex helps your community better meet the needs of everyone.

Last N	ame										
First N	ame									Ν	ЛΙ
Na Ac St Br Ga Ga Sc Sc	usbar atura dopte epso othe ther/ rando rent- on-in-	nd/w l-bor ed so n/ste r/sist 'motl child -in-la -law/	ife n son n/dau pdaug er ner	ighte ghter	r n-lav	v	ation	nshij	0.		
Ur Fo	oome ouser omar oster other r	er, bo mate ried child nonre	oarder , roon partne	nmati er	е	Mark	USE	ON	LY		
$\overline{}$	ale male		erson	ıs se	X ? /	VIAIK		OINE	: DO	х.	
What date Age o	of bi	rth?	'		je a	nd w	/hat	is t	his	pers	son's

NC	TE: Please answer BOTH Questions 5 and 6.
5 Is t	this person Spanish/Hispanic/Latino? rk (X) the "No" box if not Spanish/Hispanic/Latino.
00000	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group.
	FOR OFFICE USE ONLY
hir	hat is this person's race? Mark (x) one or ore races to indicate what this person considers inself/herself 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 — <i>Print race</i> .
	FOR OFFICE USE ONLY
7 WI	nat is this person's marital status? Now married Widowed Divorced Separated Never married

	Person 4 (continued)	
8	a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9a Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)	b. What is this language? (For example: French, Spanish, Chinese, Italian) FOR OFFICE USE ONLY c. How well does this person speak English? Very well Well Not well Not at all Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
	Graduate or professional school (for example: medical, dental, or law school)	FOR OFFICE USE ONLY
9	a. What is the highest degree or level of school this person has COMPLETED? Mark (**) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed	Is this person a CITIZEN of the United States? Yes, born in the U.S. Virgin Islands → Skip to 14a Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, born abroad of U.S. parent or parents
	Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade	Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) When did this person come to the U.S. Virgin Islands
	 11th grade 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) 	to stay? If this person has entered the area more than once, what is the latest year? Print numbers in boxes. Year
	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,	a. Where was this person's mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
	MSW, MBA) Professional degree (for example: MD, DDS, DVM,	FOR OFFICE USE ONLY
	b. Has this person completed the requirements for a vocational training program at at a rade school, business	b. Where was this person's father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
	school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.	
	No Yes, in the U.S. Virgin Islands	FOR OFFICE USE ONLY 25 a Did this person live in this house or anartment
10	Yes, not in the U.S. Virgin Islands a. Does this person speak a language other than	 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? □ Person is under 5 years old → Skip to 34
	English at home?	Yes, this house \rightarrow <i>Skip to 16</i>

No, different house

 \bigcirc No \rightarrow Skip to 11

Yes

Person 4 (continued) b. Where did this person live 5 years ago? Print b. Is this grandparent currently responsible for St. Croix, St. John, or St. Thomas if in the U.S. Virgin most of the basic needs of any grandchild(ren) Islands, or the name of the U.S. state, commonwealth, under the age of 18 who live(s) in this house territory, or foreign country. If outside the U.S. Virgin or apartment? Islands, print the answer below and skip to 16. ✓ Yes \bigcirc No \rightarrow Skip to 21a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer c. Name of city, town, or village the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years Does this person have any of the following 3 or 4 years long-lasting conditions: 5 years or more Yes No a. Blindness, deafness, or a severe a. Has this person ever served on active duty vision or hearing impairment? in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training b. A condition that substantially limits for the Reserves or National Guard, but DOES include one or more basic physical activities activation, for example, for the Persian Gulf War. such as walking, climbing stairs, reaching, lifting, or carrying? Yes, now on active duty Yes, on active duty in past, but not now Because of a physical, mental, or emotional No, training for Reserves or National Guard condition lasting 6 months or more, does only \rightarrow Skip to 22 this person have any difficulty in doing any of the following activities: \bigcup No, never served in the military \rightarrow Skip to 22 No b. When did this person serve on active duty a. Learning, remembering, or in the U.S. Armed Forces? Mark [X] a box for concentrating? EACH period in which this person served. b. Dressing, bathing, or getting around inside the home? April 1995 or later August 1990 to March 1995 (including Persian Gulf War) c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home September 1980 to July 1990 alone to shop or visit a doctor's office? May 1975 to August 1980 d. (Answer if this person is 16 YEARS OLD Vietnam era (August 1964—April 1975) OR OVER.) Working at a job or business? February 1955 to July 1964 Korean conflict (June 1950—January 1955) Was this person under 15 years of age on April 1, 2000? World War II (September 1940—July 1947) Some other time \bigcup Yes \rightarrow Skip to 34 c. In total, how many years of active-duty military service has this person had? 19 If this person is female, how many babies has she ever had, not counting stillbirths? Do not count Less than 2 years stepchildren or children this person has adopted. 2 years or more None 6 11

15 or more a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes

2

3

7

8

12

13

2	LAST WEEK, did this person do ANY work for
	either pay or profit? Mark X the "Yes" box even if the
	person worked only 1 hour, or helped without pay in a
	family business or farm for 15 hours or more, or was on
	active duty in the Armed Forces.
	Yes

 \bigcirc No \rightarrow Skip to 26a

No \rightarrow Skip to 21a

2	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country	Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28. a. LAST WEEK, was this person on layoff from a job? ☐ Yes → Skip to 26c ☐ No
	FOR OFFICE USE ONLY	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	b. Name of city, town, or village	Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 27</i>
		\square No \rightarrow Skip to 26d
	FOR OFFICE USE ONLY	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?
24	a. How did this person usually get to work LAST WEEK? If this person usually used more than one method	$\bigcirc \text{ Yes} \rightarrow \textit{Skip to 26e}$
	of transportation during the trip, mark (X) the box of the one used for most of the distance.	No
	Car, truck, or van	d. Has this person been looking for work during the last 4 weeks?
	Bus	Yes
	Taxicab	$\bigcirc \text{No} \rightarrow \text{Skip to } 27$
	☐ Motorcycle ☐ Safari or taxi bus	LACTIVITY LIVE I
	Ferryboat or water taxi	e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Walked	Yes, could have gone to work
	\bigcirc Worked at home \rightarrow <i>Skip to 28</i>	No, because of own temporary illness
	Other method	No, because of all other reasons (in school, etc.)
	If "Car, truck, or van" is marked in 24a, go to 24b. Otherwise, skip to 25a.	When did this person last work, even for a few days?
24		1995 to 2000
Ī	rode to work in the car, truck, or van LAST WEEK? Drove alone	
	2 people	
	3 people	Industry or Employer — Describe clearly this person's chief job activity or business last week. If this person had
	4 people	more than one job, describe the one at which this person
	5 or 6 people	worked the most hours. If this person had no job or business last week, give the information for his/her last job
	7 or more people	or business since 1995.
25	a. What time did this person usually leave home to go to work LAST WEEK?	a. For whom did this person work? If now on active duty in the Armed Forces, mark X this box $\to \square$ and print the branch of the Armed Forces.
	a.m. p.m.	Name of company, business, or other employer
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?	
	Minutes	
		FOR OFFICE
		USE ONLY



b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 32 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks
 c. Is this mainly — Mark ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? 	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	INCOME IN 1999 — Mark 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 income was a loss, enter the amount and mark 🗷 the "Loss" box next to the dollar amount.
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.
FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	Yes Annual amount — Dollars S
	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
 Was this person — Mark ONE box. Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local GOVERNMENT employee (territorial, etc.) Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm Working WITHOUT PAY in family business or farm 	S .00 Loss C. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars S .00 Loss No

d. Social Security or Railroad Retirement Yes Annual amount — Dollars No	Your answers help
e. Supplemental Security Income (SSI) Yes Annual amount — Dollars	your community plan for the future.
\$, .00 ☐ No	
f. Any public assistance or welfare payments from the state or local welfare office	What is this person's name? Print the name of Person 5 from page 2. Last Name
Yes Annual amount — <i>Dollars</i>	
\$, .00	First Name MI
□ No	
g. Retirement, survivor, or disability pensions — Do NOT include Social Security.	How is this person related to Person 1? Mark (X) ONE box.
Yes Annual amount — <i>Dollars</i>	Husband/wife
\$, .00	Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter
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 sale of a home.	Brother/sister Father/mother Grandchild Parent-in-law
Yes Annual amount — <i>Dollars</i>	Son-in-law/daughter-in-law
\$, .00	U Other relative — Print exact relationship.
□ No	
What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net income was a loss, enter the amount and mark X the	FOR OFFICE USE ONLY
"Loss" box next to the dollar amount.	If NOT RELATED to Person 1:
Annual amount — <i>Dollars</i>	Roomer, boarder Housemate, roommate
None OR \$.00 Loss	Unmarried partner
4 Are there more people living here? If yes,	Foster child
continue with Person 5.	Other nonrelative
	What is this person's sex? Mark X ONE box.
	☐ Male ☐ Female
	- Cinaic



	Person 5 (continued)	
4	What is this person's age and what is this person's date of birth?	What is this person's marital status? Now married
	Age on April 1, 2000	Widowed
		Divorced
	Print numbers in boxes.	Separated Never married
	Month Day Year of birth	_
		8 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling
7	NOTE: Please answer BOTH Questions 5 and 6.	which leads to a high school diploma or a college degree.
5	Is this person Spanish/Hispanic/Latino?	No, has not attended since February 1 \rightarrow <i>Skip to 9a</i>
Τ	Mark 🗷 the "No" box if not Spanish/Hispanic/Latino.	Yes, public school, public college
	No, not Spanish/Hispanic/Latino	Yes, private school, private college
	Yes, Mexican, Mexican Am., Chicano	b. What grade or level was this person attending?
	Yes, Puerto Rican	Mark X ONE box.
	Yes, Cuban	Nursery school, preschool
	Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> $ abla$	<u> </u>
		Grade 1 to grade 4
		Grade 5 to grade 8
		Grade 9 to grade 12
		College undergraduate years (freshman to senior)
	FOR OFFICE USE ONLY	Graduate or professional school (for example: medical, dental, or law school)
6	What is this person's race? Mark (X) one or more races to indicate what this person considers himself/herself to be.	a. 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.
	Black, African Am., or Negro	No schooling completed
	American Indian or Alaska Native — <i>Print name</i>	Nursery school to 4th grade
	of enrolled or principal tribe.	5th grade or 6th grade
		7th grade or 8th grade
		9th grade
		10th grade
		11th grade
	Asian Indian Native Hawaiian Guamanian or	12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA
	Chamorro Chamorro	or the equivalent (for example: GED)
	☐ Japanese ☐ Samoan	Some college credit, but less than 1 year
	Other Pacific	1 or more years of college, no degree
	Slander —	Associate degree (for example: AA, AS)
	Other Asian — Print race.	Bachelor's degree (for example: BA, AB, BS)
	Other Asian Trimerace. y	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)
	Some other race — Print race.	b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
	FOR OFFICE	□ No
	USE ONLY	Yes, in the U.S. Virgin Islands
		Yes, not in the U.S. Virgin Islands

Person 5 (continued) 10 a. Does this person speak a language other than a. Did this person live in this house or apartment English at home? 5 years ago (on April 1, 1995)? Yes \bigcup Person is under 5 years old \rightarrow *Skip to 34* \bigcirc No \rightarrow Skip to 11 \bigcup Yes, this house \rightarrow Skip to 16 No, different house b. What is this language? b. Where did this person live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, (For example: French, Spanish, Chinese, Italian) territory, or foreign country. If outside the U.S. Virgin c. How well does this pe Very well Well Not well ☐ Not at all Where was this person b St. Thomas if in the U.S. Vi U.S. state, commonwealth, 12 Is this person a CITIZEN Yes, born in the U.S. V Yes, born in the United Northern Mariana Islan Yes, born abroad of U Yes, a U.S. citizen by n No, not a U.S. citizen (No, not a U.S. citizen (When did this person co to stay? If this person ha once, what is the latest Year 14 a. Where was this person St. John, or St. Thomas if in name of the U.S. state, cor country.

FOR OFFICE USE ONLY	Islands, print the answer below and skip to 16.
c. How well does this person speak English?	
○ Very well	FOR OFFICE
Well	USE ONLY
Not well	c. Name of city, town, or village
U Not at all	
Where was this person born? <i>Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.</i>	FOR OFFICE USE ONLY
	Does this person have any of the following long-lasting conditions:
FOR OFFICE USE ONLY	Yes No a. Blindness, deafness, or a severe vision or hearing impairment?
Is this person a CITIZEN of the United States?	b. A condition that substantially limits
 Yes, born in the U.S. Virgin Islands → Skip to 14a Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands 	one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
Yes, born abroad of U.S. parent or parentsYes, a U.S. citizen by naturalization	Because of a physical, mental, or emotional
No, not a U.S. citizen (permanent resident)	condition lasting 6 months or more, does
No, not a U.S. citizen (temporary resident)	this person have any difficulty in doing any of the following activities:
When did this person come to the U.S. Virgin Islands	Yes No
to stay? If this person has entered the area more than once, what is the latest year? Print numbers in boxes.	a. Learning, remembering, or concentrating?
Year	b. Dressing, bathing, or getting around inside the home?
	c. (Answer if this person is 16 YEARS OLD
a. Where was this person's mother born? Print St. Croix,	OR OVER.) Going outside the home alone to shop or visit a doctor's office?
St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
	Was this person under 15 years of age on April 1, 2000?
FOR OFFICE USE ONLY	Yes \rightarrow Skip to 34
b. Where was this person's father born? Print St. Croix,	∪ No
John, or St. Thomas if in the U.S. Virgin Islands, or the me of the U.S. state, commonwealth, territory, or foreign untry.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children this person has adopted.
	□ None □ 1 □ 6 □ 11
FOR OFFICE USE ONLY	□ 2□ 7□ 12□ 3□ 8□ 13□ 4□ 9□ 14
	☐ 5 ☐ 10 ☐ 15 or more



or apartment? Yes No → Skip to 21a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent	LAST WEEK, did this person do ANY work for either pay or profit? Mark the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → Skip to 26a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
has been responsible for the longest period of time.	USE ONLY
Less than 6 months	b. Name of city, town, or village
6 to 11 months	
1 or 2 years	FOR OFFICE
3 or 4 years	USE ONLY
5 years or more	4 a. How did this person usually get to work LAST
 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 22 No, never served in the military → Skip to 22 b. 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. 	WEEK? If this person 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 Taxicab Motorcycle Safari or taxi bus Ferryboat or water taxi Walked Worked at home → Skip to 28 Other method
April 1995 or later	If "Car, truck, or van" is marked in 24a, go to 24b.
August 1990 to March 1995 (including Persian Gulf War)	Otherwise, skip to 25a.
September 1980 to July 1990 May 1975 to August 1980	b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
Vietnam era (August 1964—April 1975)	☐ Drove alone
February 1955 to July 1964	2 people
Korean conflict (June 1950—January 1955)	3 people
World War II (September 1940—July 1947)	4 people
Some other time	5 or 6 people
	7 or more people
c. In total, how many years of active-duty military service has this person had?	a. What time did this person usually leave home to go to work LAST WEEK?
Less than 2 years	to go to work End I WEEK!
2 years or more	a.m. p.m.
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?
	Minutes

•	Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.	b. What kind of business or industry was this? Describe the activity at location where employed. (For
26	a. LAST WEEK, was this person on layoff from	example: hospital, newspaper publishing, mail order house, auto repair shop, bank)
	a job?	
	Yes \rightarrow <i>Skip to 26c</i> No	
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	
	Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 27</i>	
	\bigcirc No \rightarrow Skip to 26d	c. Is this mainly — Mark 🗷 ONE box.
		Manufacturing?
	c. Has this person been informed that he or she	Wholesale trade?
	will be recalled to work within the next 6 months OR been given a date to return to work?	Retail trade?
		Other (agriculture, construction, service, government, etc.)?
	Yes \rightarrow <i>Skip to 26e</i> No	government, etc.):
	U No 2	9 Occupation
	d. Has this person been looking for work during	a. What kind of work was this person doing?
	the last 4 weeks?	(For example: registered nurse, personnel manager, supervisor
	Yes	of order department, auto mechanic, accountant)
	\bigcirc No \rightarrow Skip to 27	
	·	
	e. 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.)	FOR OFFICE USE ONLY
	When did this person last work, even for a	352 SHE!
Y	few days?	b. What were this person's most important
	1995 to 2000	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing
		automobiles, reconciling financial records)
	Industry or Employer — Describe clearly this person's	
48	chief job activity or business last week. If this person had	
	more than one job, describe the one at which this person	
	worked the most hours. If this person had no job or business last week, give the information for his/her last job	
	or business since 1995.	
	a. For whom did this person work? If now on	_
	active duty in the Armed Forces, mark (X) this box $\rightarrow \bigcirc$ 3	0 Was this person — Mark ☒ ONE box.
	and print the branch of the Armed Forces.	Employee of a PRIVATE-FOR-PROFIT company or
	Name of company, business, or other employer	business or of an individual, for wages, salary, or commissions
		Employee of a PRIVATE NOT-FOR-PROFIT,
		tax-exempt, or charitable organization
		Local GOVERNMENT employee (territorial, etc.)
		☐ Federal GOVERNMENT employee☐ SELF-EMPLOYED in own NOT INCORPORATED
		business, professional practice, or farm
	FOR OFFICE	SELF-EMPLOYED in own INCORPORATED business,
	USE ONLY	professional practice, or farm
		Working WITHOUT PAY in family business or farm



31	a. LAST YEAR, 1999, did this person work at a job or business at any time? ☐ Yes ☐ No → Skip to 32	d. Social Security or Railroad Retirement Yes Annual amount — Dollars No
	b. How many weeks did this person work in 1999?	
	Count paid vacation, paid sick leave, and military service. Weeks	e. Supplemental Security Income (SSI)
	vveeks	Yes Annual amount — <i>Dollars</i>
		\$.00
	c. During the weeks WORKED in 1999, how many	□ No
	hours did this person usually work each WEEK? Usual hours worked each WEEK	f. Any public assistance or welfare payments from the state or local welfare office
		Yes Annual amount — <i>Dollars</i>
		\$.00
	INCOME IN 1999 — Mark 🗷 the "Yes" box for each	□ No
32	income source received during 1999 and enter the total	□ NO
	amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not	g. Retirement, survivor, or disability pensions — <i>Do NOT include Social Security.</i>
	received.	Yes Annual amount — <i>Dollars</i>
	If net income was a loss, enter the amount and mark 🗷 the "Loss" box next to the dollar amount.	
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark 🗷	□ No
	the "No" box for the other person. If exact amount is not known, please give best estimate.	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
	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.	inheritance or sale of a home. Yes Annual amount — Dollars
	Yes Annual amount — Dollars	
	\$.00	\$
		∪ No
		What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET	income was a loss, enter the amount and mark $oldsymbol{\mathcal{K}}$ the "Loss" box next to the dollar amount.
	income after business expenses.	Annual amount — Dollars
	Yes Annual amount — Dollars \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ None OR \$.00 □ Loss
	No Loss	Are there more people living here? If yes, continue with Person 6.
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.	
	Yes Annual amount — <i>Dollars</i>	
	\$.00 D Loss	
	□ No	

Housing information helps your community plan for police and fire protection. 1 What is this person's name? Print the name of Person 6 from page 2.

1 What is this person's name? Print the name of	
Person 6 from page 2. Last Name	
Last Name	
First Name MI	
How is this person related to Person 1? Mark NONE box.	
Husband/wife	
Natural-born son/daughter	
Adopted son/daughter Stepson/stepdaughter	
Brother/sister	
Father/mother	
Grandchild Parent-in-law	
Son-in-law/daughter-in-law	
Other relative — <i>Print exact relationship.</i>	
If NOT RELATED to Person 1:	
Roomer, boarder FOR OFFICE	
Housemate, roommate USE ONLY Unmarried partner	
Foster child	
Other nonrelative	
What is this person's sex? Mark X ONE box.	
Male	
Female	
What is this person's age and what is this person's date of birth?	
Age on April 1, 2000	
	T
Print numbers in boxes.	
Month Day Year of birth	

NOTE: Please answer BOTH Questions 5 and 6.		
Is this person Spanish/Hispanic/Latino? Mark (X) 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 — <i>Print group.</i>	7	
	•	
FOR OFFICE USE ONLY		
6 What is this person's race? Mark X one or		
more races to indicate what this person considers himself/herself to be.		
White		
Black, African Am., or Negro		
American Indian or Alaska Native — <i>Print name</i>		
of enrolled or principal tribe.		
Asian Indian Native Hawaiian		
Chinese Guamanian or Chamorro		
Filipino Chamorro Japanese Samoan		
Other Pacific		
Vietnamese Print race. 7		
☐ Other Asian — Print race. ¬		
☐ Some other race — <i>Print race</i> . 🗾		
TOP OFFICE CONTRACTOR OF THE PROPERTY OF THE P		
FOR OFFICE USE ONLY		
What is this parson/s marital status?		
What is this person's marital status? Now married		
Widowed		
Divorced		
Separated		
Never married		



8 a. At any time since February 1, 2000, has this person	10 b. What is this language?
attended regular school or college? Include only nursery	
school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college	
degree.	(For example: French, Spanish, Chinese, Italian)
\square No, has not attended since February 1 \rightarrow <i>Skip to</i> 9a	FOR OFFICE USE ONLY
Yes, public school, public college	c. How well does this person speak English?
Yes, private school, private college	Very well
b. What grade or level was this person attending? Mark X ONE box.	Well Well
Nursery school, preschool	Not well
☐ Kindergarten	Not at all
Grade 1 to grade 4	Where was this person born? Print St. Croix, St. John, or
Grade 5 to grade 8	St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
Grade 9 to grade 12	
College undergraduate years (freshman to senior)	
Graduate or professional school (for example: medical, dental, or law school)	FOR OFFICE USE ONLY
9 a. What is the highest degree or level of school	12 Is this person a CITIZEN of the United States?
this person has COMPLETED? Mark X ONE box.	Yes, born in the U.S. Virgin Islands \rightarrow <i>Skip to 14a</i>
If currently enrolled, mark the previous grade or highest degree received.	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
No schooling completed	Yes, born abroad of U.S. parent or parents
Nursery school to 4th grade	Yes, a U.S. citizen by naturalization
5th grade or 6th grade	No, not a U.S. citizen (permanent resident)
7th grade or 8th grade	No, not a U.S. citizen (temporary resident)
9th grade	13 When did this person come to the U.S. Virgin Islands
☐ 10th grade ☐ 11th grade	to stay? If this person has entered the area more than
12th grade, NO DIPLOMA	once, what is the latest year? Print numbers in boxes.
HIGH SCHOOL GRADUATE — high school DIPLOMA	Year
or the equivalent (for example: GED)	
Some college credit, but less than 1 year	a. Where was this person's mother born? Print St. Croix,
1 or more years of college, no degree	St. John, or St. Thomas if in the U.S. Virgin Islands, or the
Associate degree (for example: AA, AS)	name of the U.S. state, commonwealth, territory, or foreign country.
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)	FOR OFFICE USE ONLY
Doctorate degree (for example: PhD, EdD)	b. Where was this person's father born? Print St. Croix,
b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for	St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
occupational training, or place of work? Do not include academic college courses.	
□ No	FOR OFFICE
Yes, in the U.S. Virgin Islands	USE ONLY
Yes, not in the U.S. Virgin Islands	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
a. Does this person speak a language other than English at home?	\bigcirc Person is under 5 years old \rightarrow <i>Skip to 34</i>
	\bigcirc Yes, this house \rightarrow <i>Skip to 16</i>
Yes \bigcirc No \rightarrow <i>Skip to 11</i>	No, different house

b. Where did this person live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. If outside the U.S. Virgin Islands, print the answer below and skip to 16.	 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes
	\square No \rightarrow Skip to 21a
c. Name of city, town, or village	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer
c. Name of city, town, of vinage	the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
FOR OFFICE USE ONLY	Less than 6 months 6 to 11 months
16 Does this person have any of the following	1 or 2 years
long-lasting conditions:	3 or 4 years
Yes No	5 years or more
vision of flearing impairment?	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs,	for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
reaching, lifting, or carrying?	Yes, now on active duty
17 Because of a physical, mental, or emotional	Yes, on active duty in past, but not now
condition lasting 6 months or more, does this person have any difficulty in doing any of	No, training for Reserves or National Guard only \rightarrow <i>Skip to 22</i>
the following activities:	\bigcup No, never served in the military \rightarrow <i>Skip to 22</i>
a. Learning, remembering, or concentrating?	b. 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.
b. Dressing, bathing, or getting around inside the home?	April 1995 or later
c. (Answer if this person is 16 YEARS OLD	August 1990 to March 1995 (including Persian Gulf War)
OR OVER.) Going outside the home alone to shop or visit a doctor's office?	September 1980 to July 1990
d. (Answer if this person is 16 YEARS OLD	May 1975 to August 1980
OR OVER.) Working at a job or business?	✓ Vietnam era (August 1964—April 1975)✓ February 1955 to July 1964
18 Was this person under 15 years of age on	Korean conflict (June 1950—January 1955)
April 1, 2000?	World War II (September 1940—July 1947)
$\bigcup_{i=1}^{n} Yes \to Skip \text{ to } 34$	Some other time
No 19 If this person is female, how many babies has she	c. In total, how many years of active-duty military service has this person had?
ever had, not counting stillbirths? Do not count	Less than 2 years
stepchildren or children this person has adopted.	2 years or more
None	2 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	Yes \bigcirc No \rightarrow Skip to 26a
Yes	
\square No \rightarrow Skip to 21a	

If w	t what location did this person work LAST WEEK? this person worked at more than one location, print here he or she worked most last week. Name of the island in the U.S. Virgin Islands, or	Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28. a. LAST WEEK, was this person on layoff from a job?
na	ame of U.S. state, commonwealth, territory, or	$\bigcirc \text{ Yes} \rightarrow \text{Skip to 26c}$
to	oreign country	○ No
	FOR OFFICE USE ONLY	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
b.	Name of city, town, or village	Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 27</i>
		\square No \rightarrow Skip to 26d
	FOR OFFICE USE ONLY	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?
of w	How did this person usually get to work LAST IEEK? If this person usually used more than one method fransportation during the trip, mark (X) the box of the ne used for most of the distance.	\square Yes \rightarrow Skip to 26e \square No
	Car, truck, or van	d. Has this person been looking for work during the last 4 weeks?
	Bus	Yes
	Tarricas	\bigcirc No \rightarrow Skip to 27
	Motorcycle Safari or taxi bus	
		e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Walked	Yes, could have gone to work
	Worked at home \rightarrow <i>Skip to 28</i>	No, because of own temporary illness
	Other method	No, because of all other reasons (in school, etc.)
o lf	"Car, truck, or van" is marked in 24a, go to 24b. therwise, skip to 25a.	When did this person last work, even for a few days?
24 b.	How many people, including this person, usually ode to work in the car, truck, or van LAST WEEK?	1995 to 2000
	Drove alone	\square 1994 or earlier, or never worked \rightarrow <i>Skip to 32</i>
	2 people	
	3 people	Industry or Employer — Describe clearly this person's chief job activity or business last week. If this person had
	4 people	more than one job, describe the one at which this person
	5 or 6 people	worked the most hours. If this person had no job or business last week, give the information for his/her last job
-	7 or more people	or business since 1995.
25 a. to	What time did this person usually leave home go to work LAST WEEK?	 a. For whom did this person work? If now on active duty in the Armed Forces, mark X this box → and print the branch of the Armed Forces.
	a.m. p.m.	Name of company, business, or other employer
	How many minutes did it usually take this	
1 -	erson to get from home to work LAST WEEK? inutes	
101		
		FOR OFFICE USE ONLY

b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 32 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks 		
c. Is this mainly — Mark ☒ ONE box. ☐ Manufacturing? ☐ Wholesale trade? ☐ Retail trade? ☐ Other (agriculture, construction, service, government, etc.)?	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK		
Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	INCOME IN 1999 — Mark 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 income was a loss, enter the amount and mark 🗶 the "Loss" box next to the dollar amount.		
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark 🗷 the "No" box for the other person. If exact amount is not known, please give best estimate.		
FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.		
b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	Yes Annual amount — Dollars Solf-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.		
	Yes Annual amount — Dollars		
Was this person — Mark ✗ ONE box. ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions ☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization ☐ Local GOVERNMENT employee (territorial, etc.)	No c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars		
Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm Working WITHOUT PAY in family business or farm	S .00 Loss		



d. Social Se	ecurity or Railroad Retirement						
	Innual amount — <i>Dollars</i>						
	\$						
□ No	P 9 1.00						
e. Supplem	e. Supplemental Security Income (SSI)						
	Annual amount — <i>Dollars</i>						
	\$, .00						
□ No							
f. Any public assistance or welfare payments from the state or local welfare office							
☐ Yes A	nnual amount — <i>Dollars</i>						
	\$						
□ No							
g. Retirement, survivor, or disability pensions — Do NOT include Social Security.							
☐ Yes A	nnual amount — <i>Dollars</i>						
	\$						
□ No	, , , , , , , , , , , , , , , , , , ,						
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 sale of a home.							
☐ Yes A	nnual amount — <i>Dollars</i>						
	\$ 1 00						
☐ No	, , , , , , , , , , , , , , , , , , , ,						
What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars							
□ None	OR \$.00 Loss						

Thank you for completing your official Census 2000 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.

FOR OFFICE USE ONLY							
LCO County Block	AA	Map Spot					
Unit ID							
← APPLY LABEL HERE →							
House No. Street or road name,	Apartment No.						
Location description							
City	Island	U.S. Virgin Islands	ZIP Code				
R3. Respondent – Lived here on April 1, 2000 Moved in after April 1, 2000 (Refer to Card K)							
A. Status on April 1, 2000 1 = Occupied 2 = Occupied – Continuation 3 = Vacant – Regular 4 = Vacant – Usual home elsewhere 5 = Demolished/Burned out 6 = Cannot locate 7 = Duplicate 8 = Nonresidential 9 = Other (open to elements, condemned, under construction)	B. POP on Ap 01–97 = Total p 00 = Vacant 98 = Delete 99 = POP unkn	described thi April 1, 2000 For rent For sale of Rented or or occasio For migra	C. VACANT – Which category best described this vacant unit as of April 1, 2000? For rent For sale only Rented or sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant				
D. SP E. UHE F. MOV G. PI	H. REF I. REP J. CO	K. TC L. JIC1 M. JIC2	N. JIC3 O. JIC4				



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