

United States
Census
2010

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

GROUP QUARTERS VALIDATION QUESTIONNAIRE

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FORM **D-351(GQV)** (1-21-2009)

U S C E N S U S B U R E A U



Form D-351(GQV) (1-21-2009)

and	&
Apartments	Apts
Avenue	Ave
Black	Blk
Blue	Bl
Boulevard	Blvd
Brown	Brn
Basement	Bsmt
Box	Box
Brick	Brk
Building	Bldg
Circle	Cir
County	Co
Court	Ct
Downstairs	Dwnstr
Drive	Dr
East	E
Expressway	Expwy
Floor	Fl
Freeway	Fwy
Front	Frnt
Garage	Grg
Green	Gr
General Delivery	Gen Del
Highway Contract Route	HCR
House	Hse
Highway	Hwy
Interstate Highway	I-
Intersection	Int
Lane	Ln
Left	L
Living Quarters	LQs
Lower	Lwr

Migrant living quarters	Mig LQs
Mile	Mi
North	N
Number	#
Office	Ofc
Place	Pl
Porch	Prch
Post Office	PO
Postal Service Center	PSC
Private Road	PrRd
Road	Rd
Railroad/Rural Route	RR
Right	R
Route	RT
South	S
School	Schl
Split level	SL
Star Route	SR
Street/State	St
Suite	Ste
Terrace	Ter
Trail	Trl
Trailer (Mobile Home)	Trlr
Upper	Uppr
Vacant	V
Vehicular Trail	Ve Tr
Vacant Storage	VS
West	W
White	Wht
Yellow	Ylw



167002

4b. What is your correct address? (Complete for all added OLQs.)

House No.

Street Name

Unit Designation

ZIP Code

Building Name

Building No.

Rural Route Address

Rural Route ZIP Code

Physical Description/Location

(For ADDs only) Is this also your mailing address?

Yes

No

LCO

AA

State

County

Block

Map Spot

5. Now I am going to ask you some questions to help me determine what kind of place this is. Is this a soup kitchen, a shelter for people experiencing homelessness, or a facility that operates a regularly scheduled mobile food van?

Yes → *Go to Question 15*

No → *Go to Question 6*

6. Is this some type of facility, student housing, or group home?

Yes → *Go to Question 12*

No → *Go to Question 7*

7. Is this a hotel, motel, hostel, recreational vehicle (RV) park, campground, carnival, marina, or racetrack?

Yes → *Go to Question 15*

No → *Go to Question 8*

8. Is this housing for people with a religious affiliation such as a convent, monastery, or abbey?

Yes → *Go to Question 12*

No → *Go to Question 9*

9. Is this housing for workers, such as construction, migratory or farm workers, or for students at Job Corps centers?

Yes → *Go to Question 12*

No → *Go to Question 10*

10. Is this a private residence?

Yes → *Go to Question 11*

No → *Go to Question 12*

11. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. *Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.*

12. Does anyone live or stay here?

Yes → *Go to Question 15*

No → *Go to Question 13*

13. Could anyone live or stay here?

Yes → *Go to Question 15*

No → *Go to Question 14*

14. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. *Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.*

15. What is the telephone number here?

- -

16. Let me repeat the telephone number I just wrote down. (*Read telephone number given in Question 15 above.*) Is that correct?

Yes → *Go to Question 17*

No → **What is the correct telephone number?**

- - → *Go to Question 17*

17. What is your job title?

18a. Next, I am going to show you a list. (Show respondent flashcard Side 1.) Which of these BEST describes this place? Mark (X) one box.

- 1. Boarding school (except for schools for people with disabilities) → [Go to Question 18b](#)
- 2. Correctional facility for adults or juveniles → [Go to Question 19](#)
- 3. Fraternity or sorority house for students at a college, university, or seminary → [Go to Question 28](#)
- 4. Group home (non-correctional) or residential treatment center (non-correctional) → [Go to Question 21](#)
- 5. Health care facility (e.g., skilled nursing facility, nursing facility, hospital, hospice) → [Go to Question 24](#)
- 6. Hotel, motel, hostel, single room occupancy units, inn, resort, lodge, or bed & breakfast → [Go to Tab 7](#)
- 7. Independent or assisted living facility → [Go to Tab 1](#)
- 8. Military Quarters (e.g., barrack/dormitory, disciplinary barrack/jail, military treatment facility) → [Go to Tab 15](#)
- 9. Recreational vehicle (RV) park, campground, carnival, marina, or racetrack → [Go to Tab 10](#)
- 10. Religious group living quarters intended to house members living in a group situation (e.g., convent, monastery, or abbey) [Type Code 902] → [Go to Tab 3](#)
- 11. Residence hall or dormitory for students that is owned, leased, or managed either by a college, university, or seminary, or by a private entity or organization [Type Code 501] → [Go to Tab 2](#)
- 12. Schools for people with disabilities (e.g., schools for the physically or developmentally disabled) [Type Code 405] → [Go to Tab 11](#)
- 13. Soup kitchen, shelter for people experiencing homelessness, or a facility that operates a regularly scheduled mobile food van. → [Go to Question 25](#)
- 14. Workers' group living quarters or group housing at Job Corps centers (e.g., migratory farm worker quarters, ranch housing, vocational training facilities, or housing for staff) [Type Code 901] → [Go to Tab 8](#)
- 15. Private residence – **THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.**

18b. At this address, is there housing for staff?

- Yes → [Go to Question 18c](#)
- No – **THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.**

18c. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → [Go to Tab 8](#)
- No – **THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.**

19. Is this correctional facility intended for adults or juveniles? Mark (X) one box.

- Adults → [Go to Question 20](#)
- Juveniles [Type Code 203] → [Go to Tab 4](#)

20. Now I am going to show you a list of types of correctional facilities. (Show respondent flashcard Side 2.) Which of these BEST describes this correctional facility? Mark (X) one box.

- 1. Federal detention center (also include Metropolitan detention center, Metropolitan Correctional Center, Bureau of Indian Affairs detention center, Immigration and Customs Enforcement Service Processing Centers and contract detention facilities) [Type Code 101]
- 2. Federal prison [Type Code 102]
- 3. State prison [Type Code 103]
- 4. Local or county jail or a correctional facility operated by the American Indian and Alaska Native (AIAN) tribal governments (also included are work farms and camps holding people awaiting trial or serving short sentences) [Type Code 104]
- 5. Correctional residential facility (including a halfway house, restitution center, prerelease center and work release center) [Type Code 105]

} [Go to Tab 4](#)

21. Which of the following BEST describes this facility?**Is this a . . . (read both) Mark (X) one box.**

- group home (non-correctional)?** → *Go to Question 22*
- residential treatment center (non-correctional)?** → *Go to Question 23*

22. Is this group home intended for adults or juveniles? Mark (X) one box.

- Adults** [Type Code 801] → *Go to Tab 3*
- Juveniles** [Type Code 201] → *Go to Tab 9*

23. Is this residential treatment center intended for adults or juveniles? Mark (X) one box.

- Adults** [Type Code 802] → *Go to Tab 3*
- Juveniles** [Type Code 202] → *Go to Tab 9*

24. Which of the following BEST describes this facility?**Is this a . . . (read list) Mark (X) one box.**

- skilled nursing facility or nursing facility?** [Type Code 301] → *Go to Tab 1*
- hospital including mental or psychiatric hospital?** → *Go to Tab 6*
- in-patient, free-standing hospice facility?** [Type Code 403] → *Go to Tab 5*

25. Is this facility a shelter?

- Yes** → *Go to Tab 12*
- No** → *Go to Question 26*

26. Is this facility a soup kitchen?

- Yes** [Type Code 702] → *Go to Tab 13*
- No** → *Go to Question 27*

27. Is this a facility that operates a regularly scheduled mobile food van?

- Yes** [Type Code 704] → *Go to Tab 14*
- No** – **THIS ENDS OUR INTERVIEW.** Thank you very much for answering these questions. *Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.*

28. Is this a fraternity or sorority house that is recognized by a college, university, or seminary?

- Yes** [Type Code 501] → *Go to Tab 2*
- No** – **THIS ENDS OUR INTERVIEW.** Thank you very much for answering these questions. *Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.*

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**SKILLED NURSING FACILITY, NURSING FACILITY, OR
INDEPENDENT OR ASSISTED LIVING FACILITY**

1. What is the full name of this facility?

2. Next, I have some questions about the building at the address we just verified. At this address is there . . . (Read *each* question below.)

- a. a skilled nursing unit or a nursing unit?** Yes No
- b. housing for staff?** Yes No
- c. independent or assisted living units?** Yes No

3. Is EITHER Question 2a OR 2b above marked "Yes?"

- Yes → *Go to Question 4*
- No → *Go to Question 17*

4. Is the answer to Question 2a above "Yes" for skilled nursing unit or nursing unit?

- Yes [Type Code 301] → *Go to Question 5*
- No → *Go to Question 7*

5. Is the name of this skilled nursing unit or nursing unit exactly the same as the facility name?

- Yes
- No → *Specify* ↴

6. What is the maximum number of residents who can live or stay here in the skilled nursing unit or nursing unit at this address?

 Maximum number of residents

7. Is the answer to Question 2b above "Yes" for housing for staff?

- Yes → *Go to Question 8*
- No → *Go to Question 10*

8. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → *Go to Question 9*
- No → *Go to Question 10*

9. What is the maximum number of staff who can live at this address?

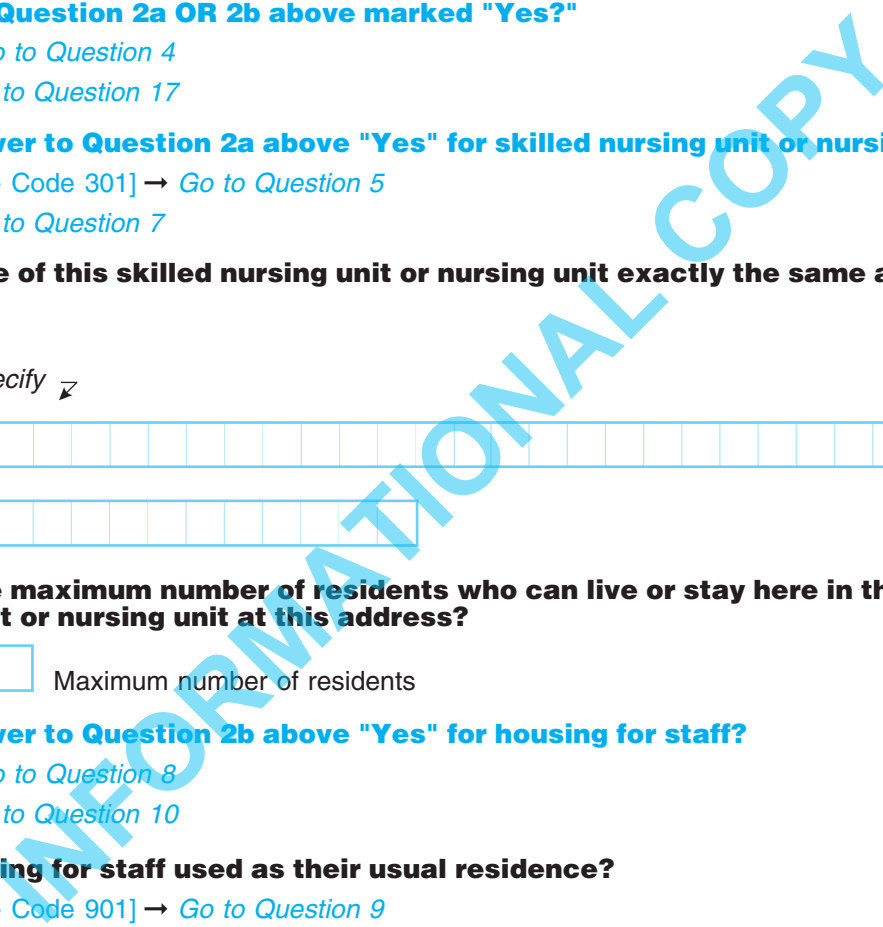
 Maximum number of staff

10. Is the answer to Question 2c above "Yes" for independent or assisted living units?

- Yes → *Go to Question 11*
- No → *Go to Question 16*

11. Do you have additional Questionnaires or a D-322(GQV) Multiple Questionnaires List for this address?

- Yes → *Go to Question 12*
- No → *Go to Question 15*



1

12. Now I'd like to read a list of addresses and ask you to tell me whether they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each address confirmed as a HU, then go to Question 13.)

13. Other than the addresses we just talked about, are there any other independent or assisted living units at this address?

- Yes → Go to Question 14
 No → Go to Question 16

14. What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.

15. Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.

16. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

For facility with ONLY independent or assisted living units

17. Do you have additional Questionnaires or a D-322(GQV) Multiple Questionnaires List for this address?

- Yes → Go to Question 18
 No → Go to Question 21

18. Now I'd like to read a list of addresses and ask you if they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each unit identified as a HU, then go to Question 19.)

19. Other than the addresses we just talked about, are there any other independent or assisted living units at this address?

- Yes → Go to Question 20
 No → Go to Question 22

20. What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.

21. Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.

22. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "D3" box in the Address Status section.

RESIDENCE HALL, DORMITORY, OR FRATERNITY/SORORITY HOUSE FOR COLLEGE, UNIVERSITY, OR SEMINARY STUDENTS

1. What is the full name of this residence hall, dormitory, fraternity or sorority house?

2. What is the maximum number of people who can live or stay here at this address?

Maximum number of people

3. What is the name of this college, university, or seminary? *(Enter all that apply.)*

4. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. *Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.*

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RELIGIOUS GROUP LIVING QUARTERS INTENDED TO HOUSE MEMBERS LIVING IN A GROUP SITUATION, GROUP HOME (non-correctional) FOR ADULTS, OR RESIDENTIAL TREATMENT CENTER (non-correctional) FOR ADULTS

1. What is the full name of this facility?

2. Next, I have a question about the building at the address we just verified. What is the maximum number of people who can live or stay here at this address?

Maximum number of people

3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

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CORRECTIONAL FACILITY FOR ADULTS OR JUVENILES

1. What is the full name of this correctional facility?

2. At this address, is there more than one building where inmates can live or stay?

- Yes → *Go to Question 9*
- No → *Go to Question 3*

3. Is the name of this building exactly the same as the facility name?

- Yes
- No → *Specify name of building* ↴

4. What is the maximum number of inmates who can live or stay here?

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Maximum number of inmates

5. At this address, in addition to housing for inmates, is there also housing for staff?

- Yes → *Go to Question 6*
- No → *Go to Question 8*

6. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → *Go to Question 7*
- No → *Go to Question 8*

7. What is the maximum number of staff who can live at this address?

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Maximum number of staff

8. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. *Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.*

9. How many buildings are there where inmates can live or stay?

--	--	--	--

Total number of buildings

10. Now I would like to ask you some questions about each of the buildings where inmates can live or stay. *List all buildings where inmates can live or stay. Ask both Questions b and c for each building.*

a. Let's talk about the . . .	b. What is the name or designation of this building?	c. What is the maximum number of inmates who can live or stay here at this building?						
1st building	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					→ <i>Go to Question 10a and ask about the 2nd building</i>

Continue with Question 10 on the next page.

4

10. Continued

a. Let's talk about the . . .	b. What is the name or designation of this building?	c. What is the maximum number of inmates who can live or stay here at this building?	
2nd building	<input type="text"/>	<input type="text"/>	<p>Is there another building? Yes → Go to Question 10a and ask about the next building No → Go to Question 12</p>
3rd building	<input type="text"/>	<input type="text"/>	
4th building	<input type="text"/>	<input type="text"/>	
5th building	<input type="text"/>	<input type="text"/>	
6th building	<input type="text"/>	<input type="text"/>	
7th building	<input type="text"/>	<input type="text"/>	
8th building	<input type="text"/>	<input type="text"/>	
9th building	<input type="text"/>	<input type="text"/>	
10th building	<input type="text"/>	<input type="text"/>	
11th building	<input type="text"/>	<input type="text"/>	
12th building	<input type="text"/>	<input type="text"/>	
13th building	<input type="text"/>	<input type="text"/>	

- 11.** Mark (X) only if there are more buildings, go to D-351CF(GQV), Correctional Facility Continuation Form, then come back to Question 12.
- 12.** Check to make sure the number of buildings listed agrees with the number of buildings in Question 9.
- 13. At this address, in addition to housing for inmates, is there also housing for staff?**
 Yes → Go to Question 14
 No → Go to Question 16
- 14. Is the housing for staff used as their usual residence?**
 Yes [Type Code 901] → Go to Question 15
 No → Go to Question 16
- 15. What is the maximum number of staff who can live at this address?**
 Maximum number of staff
- 16. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.**

IN-PATIENT HOSPICE FACILITY (Free-standing only)

1. What is the full name of this facility?

2. Next, I have some questions about the building at the address we just verified. What is the maximum number of patients who can live or stay here at this address?

Maximum number of patients

3. At this address, in addition to housing for patients, is there also housing for staff?

- Yes → *Go to Question 4*
- No → *Go to Question 6*

4. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → *Go to Question 5*
- No → *Go to Question 6*

5. What is the maximum number of staff who can live at this address?

Maximum number of staff

6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. *Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.*

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HOSPITAL (including mental or psychiatric hospital)

1. What is the full name of this facility?

2. Is the name of this building exactly the same as the facility name?

- Yes
- No → *Specify name of building* ↘

3. Now I have some questions about the building at the address we just verified.

a. At this building . . . *(Read each question below.)*

b. (If "Yes" in Question 3a, ask):
What is the maximum number of these patients?

Type code

(1) is there a mental or psychiatric unit or floor for long-term care?

- Yes → *Go to 3b*
- No ↘

401

(2) is there an in-patient hospice unit?

- Yes → *Go to 3b*
- No ↘

403

(3) is there a skilled nursing unit?

- Yes → *Go to 3b*
- No ↘

301

(4) do you accept patients with no disposition or exit plan?

- Yes → *Go to 3b*
- No → *Go to Question 4*

402

4. At this building, is there housing for staff?

- Yes → *Go to Question 5*
- No → *Go to Question 7*

5. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → *Go to Question 6*
- No → *Go to Question 7*

6. What is the maximum number of staff who can live at this address?

Maximum number of staff

7. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview.

If Question 3a(1), 3a(2), 3a(3), 3a(4), or 5 is answered "Yes," go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

If Questions 3a(1), 3a(2), 3a(3), 3a(4), and 5 are all answered "No," go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.

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**WORKERS' GROUP LIVING QUARTERS OR
GROUP HOUSING AT JOB CORPS CENTERS
(e.g., migratory farm worker quarters, ranch housing, vocational
training facilities, or housing for staff)**

1. What is the full name of this facility?

→ *Go to Question 2*

No name → *Go to Question 3*

2. Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?

Yes → *Go to Question 4*

No → *Specify name of building* ↘ *Go to Question 4*

3. Does this building have a name?

Yes → *Specify name of building* ↘ *Go to Question 4*

No → *Go to Question 4*

4. What is the maximum number of people who can live or stay here at this address?

Maximum number of people

5. What months of the year do students or workers usually live or stay here?

Mark (X) all that apply.

- All year
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. *Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.*

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GROUP HOME (non-correctional) FOR JUVENILES OR RESIDENTIAL TREATMENT CENTER (non-correctional) FOR JUVENILES

1. What is the full name of this juvenile facility?

[Grid for name entry]

[Grid for name entry]

2. Next, I have some questions about the building at the address we just verified. What is the maximum number of juveniles who can live or stay here at this address?

[Grid] Maximum number of juveniles

3. At this address, in addition to housing for juveniles, is there also housing for staff?

- Yes → Go to Question 4
- No → Go to Question 6

4. Is the housing for staff used as their usual residence?

- Yes [Type Code 901] → Go to Question 5
- No → Go to Question 6

5. What is the maximum number of staff who can live at this address?

[Grid] Maximum number of staff

6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

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RECREATIONAL VEHICLE (RV) PARK, CAMPGROUND, CARNIVAL, MARINA, OR RACETRACK

1. What is the full name of this facility?

2. What months of the year are you open? *Mark (X) all that apply.*

- All year
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

3. What is the maximum number of sites, pads, slips, or units at this location?

 Maximum number

4. How many sites, pads, slips, or units do you expect to be occupied during March or April?

 Number

5. Can we have a site map or plan of your grounds/facility/area that will indicate the places where people can camp, park their recreational vehicles, or stay on their boats?

- Yes → *Collect the site plan, then go to Question 6*
- No → *Go to Question 6*

6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. *Go to the Certification Tab and mark (X) the "Transient" box in the Address Status section.*

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**SCHOOLS FOR PEOPLE WITH DISABILITIES
(e.g., schools for the physically or developmentally disabled)**

1. What is the full name of this facility?

**2. Next, I have some questions about the building at the address we just verified.
What is the maximum number of students who can live or stay here at this address?**

Maximum number of students

3. At this address, in addition to housing for students, is there also housing for staff?

Yes → *Go to Question 4*

No → *Go to Question 6*

4. Is the housing for staff used as their usual residence?

Yes [Type Code 901] → *Go to Question 5*

No → *Go to Question 6*

5. What is the maximum number of staff who can live at this address?

Maximum number of staff

**6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.
Someone may contact you by telephone to verify this interview. *Go to the Certification
Tab and mark (X) the "Group Quarters" box in the Address Status section.***

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SHELTER FOR PEOPLE EXPERIENCING HOMELESSNESS (Emergency and Transitional) OR DOMESTIC VIOLENCE SHELTER

1. What is the full name of this shelter?

2. Is this facility a . . . (read both) Mark (X) one box.

- shelter for people experiencing homelessness (emergency and transitional shelter)? [Type Code 701]
- domestic violence shelter? [Type Code 703]

3. What is the maximum number of people who can live or stay here?

 Maximum number of people

4. In addition to providing housing, do you also operate a soup kitchen here for people experiencing homelessness?

- Yes [Type Code 702] → Go to Question 5
- No → Go to Question 7

5. What is the full name of this soup kitchen?

6. What is the maximum number of people who can be served at a meal?

 Maximum number of people

7. Do you also operate a regularly scheduled mobile food van?

- Yes [Type Code 704] → Go to Question 8
- No → Go to Question 9

8. What is the maximum number of people you can serve from this regularly scheduled mobile food van?

 Maximum number of people

9. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

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SOUP KITCHEN

13

1. What is the full name of this soup kitchen?

2. What is the maximum number of people who can be served at a meal?

Maximum number of people

3. Do you also operate a regularly scheduled mobile food van?

Yes [Type Code 704] → *Go to Question 4*

No → *Go to Question 5*

4. What is the maximum number of people you can serve from this regularly scheduled mobile food van?

Maximum number of people

5. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Someone may contact you by telephone to verify this interview. *Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.*

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MILITARY QUARTERS (e.g., barrack/dormitory, disciplinary barrack/jail, Military Treatment Facility)

1. What is the full name of this military installation?

2. Is this building a . . . (read all) Mark (X) one box.

- barrack/dormitory – non-disciplinary?** [Type Code 601]
- disciplinary barrack/jail?** [Type Code 106]
- Military Treatment Facility?** → *Go to Question 4*

3. What is the maximum number of people who can be assigned to this barrack/dormitory/jail?

Maximum number of people → *Go to Question 5*

4. Now I have some questions about this Military Treatment Facility.

a. At this facility . . . (Read each question below.)

**b. (If "Yes" in Question 4a, ask):
What is the maximum number of these patients?**

Type code

(1) are there Active Duty military personnel assigned to a bed?

- Yes → *Go to 4b*
- No ↘

404

(2) do you accept patients with no disposition or exit plan?

- Yes → *Go to 4b*
- No → *Go to Question 6*

402

5. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.

If question 4a(1) or 4a(2) is answered "Yes" – Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

If questions 4a(1) and 4a(2) are answered "No" – Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.

15

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167040

HU LISTING PAGE		PAGE <input type="text"/>	OF <input type="text"/>
UNIT DESIGNATION	Is the Unit already listed in the Address Register as a HU?		
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
If there are more housing units, please continue on the next page.			

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HU Listing Page



167041

HU LISTING PAGE - Continued		PAGE <input type="text"/>	OF <input type="text"/>
UNIT DESIGNATION	Is the Unit already listed in the Address Register as a HU?		
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Line No. <input type="text"/>	Page No. <input type="text"/>
<input type="checkbox"/> Mark (X) if a Continuation Form is needed and then please continue with Housing Unit Continuation Form, D-351HU(GQV).			

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ADDRESS STATUS

Mark (X) the appropriate box below.

- Group Quarters
- Housing Unit
- Nonresidential → Describe location on an INFO-COMM

Crew Leader Initials

- Vacant → Describe location on an INFO-COMM
- Transient

Crew Leader Initials

- D1 – Cannot locate in listed block → Describe location efforts on an INFO-COMM

	Date verified		
Crew Leader Initials	Mo	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- D2 – Information for this questionnaire was collected on:

Survivor Case ID No. ↗

- D3 → Mark (X) only if directed to in Tab 1

CERTIFICATION

Sign and date the certification below.

I certify that the entries I have made on this questionnaire are correct to the best of my knowledge.

Lister Name – Printed

Last name	First name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Lister Signature

Date		
Mo	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Initials	Date		
	Mo	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1st CALLBACK

Date				
Mo	Day	Year	Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

2nd CALLBACK

Date				
Mo	Day	Year	Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

1st REASSIGNMENT

Lister Name	Date		
	Mo	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd REASSIGNMENT

Lister Name	Date		
	Mo	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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CERTIFICATION

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