



Starting March 2020, all households in the United States will receive Census information in the mail.



Here's what to do when you get Census information:



One Address = One Household = One Form

Step 1: Determine your household. Different units/apartments are considered different addresses, and must submit separate Census questionnaires. For example, 123 Main St., **Unit A** and 123 Main St., **Unit B** need to fill out 2 Census questionnaires. If you share an address, you should submit only **one** Census questionnaire that includes **every** person living at the address. This includes people you are not related to, even if there are multiple families, families + singles, or singles only at one address.



Step 2: As a household, decide who will be the leader to complete the Census questionnaire for everyone living at the address.



Step 3: The leader must gather information about every person who lives at the address, no matter where they are from or whether they are a citizen.



Step 4: The leader can complete the Census questionnaire online, by mail, by phone or by visiting Neighbors Link.



Neighbors Link in Ossining
23-25 Spring Street
Ossining, NY 10562
(914) 666-3410

Neighbors Link in Mount Kisco
27 Columbus Avenue
Mount Kisco, NY 10549
(914) 666-3410

CENSUS WORKSHEET

(This is NOT the Census, just a worksheet to help you fill out the Census.)

If you are the leader, then gather the below information from the rest of your household.

If you're not the leader, fill this out for yourself and your family and give it to your leader.

Person 1: First name _____ Last name _____ Sex (<i>circle one</i>): Male Female Age on April 1, 2020: _____ Birthdate (mm/dd/yyyy): _____	Is person 1 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (<i>write, for example Salvadoran, Guatemalan, Ecuadorian, etc.</i>) _____
What is person 1's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African Am. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Some other race _____	
Person 2: First name _____ Last name _____ Sex (<i>circle one</i>): Male Female Age on April 1, 2020: _____ Birthdate (mm/dd/yyyy): _____	Is person 2 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (<i>write, for example Salvadoran, Guatemalan, Ecuadorian, etc.</i>) _____
What is person 2's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African Am. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Some other race _____	
Person 3: First name _____ Last name _____ Sex (<i>circle one</i>): Male Female Age on April 1, 2020: _____ Birthdate (mm/dd/yyyy): _____	Is person 3 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (<i>write, for example Salvadoran, Guatemalan, Ecuadorian, etc.</i>) _____
What is person 3's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African Am. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Some other race _____	
Person 4: First name _____ Last name _____ Sex (<i>circle one</i>): Male Female Age on April 1, 2020: _____ Birthdate (mm/dd/yyyy): _____	Is person 4 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (<i>write, for example Salvadoran, Guatemalan, Ecuadorian, etc.</i>) _____
What is person 4's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African Am. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Some other race _____	