

# OFM Census Sheet A – Field Enumeration

Page No.

ONE HOUSING UNIT PER SHEET

Callback:

**BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL**

City/Town:		Block Group:	
Year/Ordinance:		Block Number:	
Enumerators:			

Address Information				One Entry Only		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Street Name	Address No.	Apt. No.*	Housing Unit Seq. No.**	No. of Units in Structure*	Mobile Home/Trailer	Special***
					MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

\*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.  
 \*\*Each housing unit is to be assigned a different housing unit sequence number.  
 \*\*\*Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

## Data Below This Line Are Confidential

### NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

- Do any of the persons listed above sleep elsewhere more than three nights per week? Yes  No   
 If yes, who: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Do any of the persons listed above attend school and not live at the above address during the school year? Yes  No   
 If yes, who: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Are any of the persons listed above members of the military and live on a military base or ship? Yes  No   
 If yes, who: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Do any of the persons listed above live more than six months of the year elsewhere? Yes  No   
 If yes, who: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Are there any other persons living in this house or on this property that I might miss? Yes  No

Is this a Vacant Housing Unit? Yes  No

<b>TOTAL PERSONS</b>	
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