

D-352.1GQ (GQE)  
(05/04/2009)

U.S. Department of Commerce  
Economic and Statistics Administration  
U.S. Census Bureau

**GROUP QUARTERS ENUMERATION RECORD**  
**GROUP QUARTERS ENUMERATION**  
**2010 CENSUS**

RCC:  
LCO:  
CLD:  
AA Number:  
GQ ID:

||| **BARCODE Number** |||  
##### ### #### #

GQ Name: \_\_\_\_\_  
Facility Name: \_\_\_\_\_

1. State:	2. County:	3. Block No:	4. Map Spot No:	5. GQ Type Code:
6a. House Number:	6b. Street Name:		6c. Unit Designation:	
7. Rural Route or P.O. Box Number:				
8. City:			9. Zip Code:	
10. Building Name:			11. Building Number:	
12. Physical Description:				
13. GQ Contact Name:			14. GQ Contact Title:	
15. GQ Contact Telephone Number:			16. Max Pop:	
17. Will your facility be closed anytime between April 1 and May 14, 2010? <input type="checkbox"/> Yes SEE NOTES SECTION <input type="checkbox"/> No				
18. Expected Pop:	19. Are clients males only, females only, or both?		<input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both	
20. Best days and times for facility to be enumerated:				
	Monday	___:___ a.m.	___:___ p.m.	
	Tuesday	___:___ a.m.	___:___ p.m.	
	Wednesday	___:___ a.m.	___:___ p.m.	
	Thursday	___:___ a.m.	___:___ p.m.	
	Friday	___:___ a.m.	___:___ p.m.	
	Saturday	___:___ a.m.	___:___ p.m.	
	Sunday	___:___ a.m.	___:___ p.m.	
21. Enumeration appointment:				
22. Does the Administrator want to self-enumerate? (CORRECTIONAL FACILITIES AND HOSPITALS ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No				
23. Can you or a staff member assist with the enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Staff member name and telephone number:				
Name			Telephone	
25. Do you have a roster available for our use during enumeration? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**NOTES SECTION**

26. (Lead) Enumerator Name:	27. Date Assigned (mm/dd/yy):
28. Date Enumeration Conducted (mm/dd/yy):	29. Number of ICRs:
30. For CL Use Only:	
<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 Survivor ID# _____ <input type="checkbox"/> V <input type="checkbox"/> O	

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THIS IS THE CONTROL NUMBER FOR THIS GROUP QUARTERS.  
YOUR MATERIALS FOR ENUMERATION INCLUDE LABELS  
PRINTED WITH THIS NUMBER.

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