identifier (i.e., Patient A, Employee B, Respondent 1) or Name (only if requested by stakeholder)) Organization (if applicable)	Date(s) of outreach	What required stakeholder group did they represent?	If other, Is this please person/or describe resident or	anization a (i. the project's co	ommunity forums, focus	Did this person/organization participate in the meaningful engagement?	person/organization supportive of this	Did this person/organization provide a statement?	If permission is granted to share a statement or quote (250 word max), please include below:	If permission is not granted to share a verbatim statement, please include a summary of the statement(s) below:
IDI Participant #1		8/8/24, 8/14/24	residents of the project's service area	service are yes		(roups, surveys, etc.)	yes	project? yes	no		This participant is in full support of River Hospital's CON initiative. She feels River Hospital is a great resource for her community as it has shorter wait times for its emergency department, has a great and clean facility, and has numerous accessible outpatient services, such as its bis. She in not concerned about the decrease in bed numbers because she feels this project will make the hospital more attractive to local residents and will actually potentially fill the beds that they are not reaching in their adds pressus numbers grint from. This participant was happy to her hit River lespoist als upgrading their inpatient floor as "14 shows they are committed and here to stay, they are growing, and the end result is going to be good for the community as it will provide more efficient patient end:—"5 the does not feel any medically underserved groups will be negatively inspacted by this reduction in itemsed beds, stating that the decrease in bed size will allow the hoppital to provide higher quality medical can be declarationally of groups in the community who might not have the means or accessibility to travel to other medical systems. This participant pointed out that the greater Alexandria Bay community is impossible of proverty from each and analy from the higher receives here on the waterforth is these boxesions of inclination will be provided by medical to the disaboration of
IDI Participant #2	River Hospital	8/8/24, 8/14/24	organizations representing employees of the Applicant	yes	er	mai, IDI	yes	yes		I am writing in support of River inspirals' initiative to reduce its Kenned bed count to undergo a citability control to undergo and explaint communities of your summer resident of the Thousand Islands, I have watched the hospital evolve. Until its re-birth in 2003, great emphasis was placed on adding express. Over the years, the combined weight of these expansions resulted in an unusustainable business entity, in 2000, the possibility that the hospital might be forced to close became starkly evident. Ceastion of local hospital services would be untensable for year-onund residents and summer residents alike. In its unique becation, water access to the hospital is improved, particularly for emmergancy express. The efforts of Interested clizens, before and after the hospital's 2001 revaisance, have proven highly successful in addition to providing basic services, the hospital fives an one-law-feel water terror ground from Feer Traumstatic Stress (borders, and partners with local schools to make mental health nervice readily accessible to students and feel families. If year regional hospital. These developments have been more prosident for the partner and the providence of the properties of the providence of the provide	
IDi Participant #3		8/8/24, 8/14/24	community leaders	yes	er	rmail, phone calls, IDI	yes	yes	no		This participant is in full support of fiver freplatal. CDV initiative. She states fiver freplata is a great asset to the rural commonly and recovering residents from the greater Alexandria By an extra scale free freplatal as a resource for emergency medicine. She states fiver frequent as a high-quality medical facility, the states filter frequent and the states of the states filter frequent as a high-quality medical facility, the states filter frequent and the states filter frequent and the states filter frequent for the states filter frequent for the states filter frequent for first filter frequent for the states filter frequent for first filter filter frequent for first filter frequent for filter frequent for filter filter frequent for filter filter frequent for filter frequent
1Di Participant #4	River Hospital	8/9/24, 8/12/24, 8/14/24	organizations representing employees of the Applicant	yes	er	rmail, IDI	yes	yes	yes	As a 3 * year employee and community member, i can proudly state that Blove I hospital provides high quality assertine health are low or an end communicies. The receipt and appropriate provides high quality assertine health are low or an ended changes to our filter plan and provide improved patient care. Currently, our patients have a shower conson which requires us to stagger shower times and throughly clean between patients. Howing showers in each patient's bathroom all allow patients to shower more of them and whoto needing to reduce clusted their room. This is especially beneficial for patients with airborne precautions. Our patient bathrooms are narrow and callenging to non-layer for our bashirts patients or patient with moltify issues. An improved bathroom design will allow more patients to use the bathroom instead of a beddead commonde. Additionally, the consume are mainly and used to accommodate additional equipment such as a for improved storage of inems and equipment. Currently, the hallways have equipment on one side equipment. Unrettly a for the surge patient or view equipment. Improved storage in the rooms will decrease the furniture needed currently for storage and improve accessibility and decrease culture. I look forward to the changes that will allow us to continue to provide high quality patient care with improved accessibility for our patients.	
IDI Participant #S	River Hospital	8/8/24, 8/16/24	organizations representing employees of the Applicant	yes	ėr	mail, IDI	yes	yes	na		This participant is in full support of River Hospital's CON initiative. In his role as an admitting provider for the hospital's emergency department, he feels this project will not impact any medically underserved groups (positive or negative) and will only emhance the great care the hospital already provides. He states his community is avery rustin position with few minorities. He also states it is a very close-brit community and many employees of River Hospital lave within the community. He states he will be a culture of consosion and commitment to 1s patients, and this project is going to apport that culture. He foils the projecte forces are recognizely used on help River Hospital create a more properties of the project is community. He states, Tod'n's thin it is going to be longed create a more provided of the project is decreased in the project in the project is committed to the project is community. It is not provide great care to his community.
IDI Participant #6		8/8/24, 8/16/24	community leaders	yes	er	rmail, IDI	yes	yes	no		This participant is in full support of River Hospital's CON initiative. She states River Hospital has qualified healthcare providers and state—of-the-art equipment, the trusts them to treat her appropriately or refer her elevenhere if they cannot treat the case. She states River Hospital has a gear terpration for right-level consessorate care. She is not concerned about the decrease in hed size and feeth that this CON initiative will make better use of the inpatient River spaces given the duity planted recensus mathematics currently don't never the 2.7 zer end y concerned about this project is how the hospital plans to community that the state of the state of the space of the space of the proposed into flow of the proposed river to River Hospital section of the decrease in Section 1.2 and the space of the space o

IDI Participant #7	Jefferson County	8/8/24, 8/12/24, 8/20/24	community leaders	yes	email, phone calls, IDI	yes	yes	no
IDI Perticipant #8		8/8/24,8/12/24,8/14/24, 8/15/24,8/21/24	residents of the project's service area	yes	email, phone calls, IDI	yes	yes	no
IOI Participant #9		1/8/25, 1/9/25	residents of the project's service area	yes	email, IDI	yes	yes	no
IDI Participant #10		1/8/25, 1/9/25, 1/15/25	residents of the project's service area	yes	email, IDI	yes	yes	no

This participant is in full support of River Hospital's COD initiative. As a boal legislator in River Hospital's district, he feels the hospital does agent jot providing quality medical care for his rural constituents, it is confident in River Hospital's capabilities to treat and care for its injusticents and appreciates their partnerships with larger trauma centers for more complex medical care. He is not concerned about the decrease in the number of Exempted beds stating that this project will help River Hospital continue its commitment to providing high-quality rural medicine. He feels River Hospital will have an exert all positive impact on his community but will have a neutral impact on health equity (Decause River Hospital all ready equitably treats it pastert, and this project will not a feet that he project will have provided and the project will have a neutral impact on his community but will have a neutral impact on his community and care and treatment his project will not efficient process. He also the buff of River Hospital all ready equitably treats it pastert, and this project will not efficient process. He also the buff of River Hospital all ready care and the project will not efficient process. He also the buff of River Hospital all ready care and the project will not be ready to the project will not project to only supports on his community, also being in the construction industry himself, the hoppet the physical construction project is completed in a timely manner and at or under budget. Overal, this participant has no concerns about the CON project and its participant has no concerns about the CON project and its participant has no concerns about the CON project and by superface of the project and its participant has no concerns about the CON project and by superface of the project and the participant has no concerns about the CON project and by superface of the project and the participant of the Project Project and the participant of the Project Project Project and the participant of the Pro

This participant is in full support of River Hospital's CDN initiative. She is not concerned about the decrease in the number of beds because with the hospital's daily average of only 8, going from 2 to 17 beds is not a concern. Upgrading and modernizing seems more important, and he feels this project we very needed and well hought out. This participant feels this project will have an overall positive impact on her community and on health equity as well, stating. "I think people who live in our little north country community don't want to travel." In fact, the feels this project will improve health equity and access for lower-income members of her community on eath feeling by upgraded and modernized noting that there members of her community members of well on the state of t

This participant is in full support of liver inequilities. She is not concerned about the decrease in the number of beds, stating? It will be cost effective. It makes sense because hely not even filling through each grid probability and an engineer at a local firm, the is excited for the improvements that will be made to the antiquated infrastructure at her community hospital, noting the outdated breaffixed with Caystern and poor arishow that is currently in place at the hospital and the negative effects this has on patient recovery and infection control. She feets this project will have an overall positive impact on the community and is excited to see these improvements being made to the cold healthcare system, stating. These tropical is the epicenter and the community had of Alexandria Bay it. Respir this community affort in the interval of the community and a careful of the community and a careful or the community of the careful or the community. I depend the community of the careful or the car

This participant is in full support of River Hospital's CON initiative. She is not concerned about the decrease in the number of beds because with the hospital's daily average of only 8, going from 2 to 17 beds is not a concern, and this will still because beds available. Upgrading and noneliming seems more important, and the feets this project is very needed. This participant feels this project will have an overall positive impact on her community and is excited to see these improvements. I have head 2 family members who have been here in the inpatient floor, so I have seen firsthand the upgrades that need hospien. If lock, it he feets this project will improve head the quity and access for everyone, especially medically underserved members of her community given from that we the mann of minds available to excess medical facilities from the temperature of the community is important. Her only concern about the project is that not many community members currently know about the project, the suggested flow Feet plants plant with the community of the community of the project is the suggested flow Feet plants and was that not many community members currently know about the project; the suggested flow feet plants to modernize and upgrade the antiquated facilities more well-known to the greater Alexandria Bay are abecause it will positively impact the community.

	ZCTA #13907 Alex Bay New York	ZCTA #13608 Artwerr	New York ZCTA #5	3614 Brier Hill New York	ZCTA #13618, Cape 1		CTA #13622 Chairmont N	In Vote 70TA 813	24 Clayton New Y	out 70TA #136	634 Denter New York	ZUTA #13640, V Fineview New Y		201A #13641, F	shers Landing, New	70TA #13040	Hammond New York	70TA #19656 1 AD	Samoville New York ZCT	MINERA Manietow	n New York 70TA #	9679 Distributable Non	York ZCTA#13675 Plessis New	Vork ZCTA #11	9679 Redwood New York	2CTA #13691 Theresa New York	
	Percent	LUTA WIDOUS, Petalely	Percent Percent	Per	cent	Percent	CIA WIDGE, CIMUIDIS, II	Percent	224, Calyton, Hear I	reicers	Pe	room	Per	CEPE	Percent	ECINE ISO40	Percent	ECTA P13000, ES	Percent Los	N P 1300Y, MIGHLINGW	Percent Loring		FORE ECTAVISORS, FEMALE, FEMALE	Percent Lorent	Percent	Percent	
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SEX AND AGE (Census Table DP05) Total population												00 302 +1				ol and	+422 2 252 (1	n 1 230 +491					(v) (1) (1)				
Total population	1,750 ±331 1,750 ()		1,818 (X) 345	5 :142 345	(X) 1,814 ±169 +8.1 500 +58	1,814 (X)	1,985 ±297 1,98		2408 4,933 +265 55 106	(X) 3,947	1455 3,947	(X) 302 ±1	09 302	(0) 54 :	131 54 (1	0 2,257	2427 2,257 (X	0 3,230 ±491	3,230 (x)	404 ±107	404 (X) 2,16		(X) 63 ±73 63 +3.1 21 +21 34.409	1 (X) 1,108	#226 1,108 () #127 53.50% +3	0 3,123 ±218 3,123 (X) 1 1,784 +157 55,505 +3.6	
Female			51.70% ±3.6 150 48.30% ±3.6 193	±68 43.50% ±84 56.50%	±83 909 ±98 ±83 905 ±114			S 24.5 2,720 S 24.5 2,213	±285 55.10% ±231 44.90%		±300 51.00% +244 49.00%	23.8 154 2	58 51.00%	±10.2 24 :			2246 52.50% 54. +220 47.50% 54		52.20% ±3.8 1 47.80% +1.8		.60% ±7.7 1,13 .40% ±7.7 1.02		±3.1 21 ±21 34.409				
Sex ratio (males per 100 females)	130.0 433.0 (3)	0 3071 4157	48.30% 23.6 193		(X) 100.4 +14.4		03.3 +16.7	5 29.5 2,213	2231 44.90%	22.8 1,934 (V) 104.1	2244 49.00%	T3.5 146 1		710.2 30 1			2220 47.50% D4.	1 1,543 ±261		244 IBS 60	AUS 27.7 1,02		13.1 40 130 63.809	0 00 115.1	T110 46.50% T3.	1258 +183 (0) 00	
Under 5 years	41 +12 2 10% +1		6.40% +3.1 21			5 50% +2.6	91.2 110.7 (Q (X) 122.9	±119 4.50%	(X) 104.1	225.7 (X)				23 (0) (4		138 4.40% 11.	5 242 +111	1 (X) (X)		00% 43.3 30		(A) 52.5 284.3 (A		215.4 (A) D		
5 to 9 years	41 T32 2.30% T1		6.40% 23.1 Z	125 0.70%	+4.0 139 +58		161 450 830		1119 4.50%	22.4 157	4111 7.100	12.2 10 1			113 0.00% 244.		138 4.40% II. +57 5.80% +7	2 318 +136	7.50% II.U	12 19 3 11 410 F	30% ±2.3 20	271 9.30%	22.9 0 213 0.009		140 8.30% 14. 142 4.40% 13.	5 179 ±68 5.70% ±2.5	
5 to 9 years 10 to 14 years	92 +55 5 105 +2	0 64 433	3.60% ±1.5 46	±30 11.60%	25.3 66 232		182 287 9.20	5 24.3 135	142 2,70%	20.5 304	1124 7.70%	23.0 10 1	25 3,30%	*47 0	11 0.00% 144	2 262	169 7.20% 12	0 378 ±163	11 20% +41	9 18 2	20% +1.9 14	155 6.50%	+2.1 34 +20 23.009	N +10 3 75	251 6.80% 24.	2 185 269 5.90% 22.1	
15 to 19 years	71 +18 4 20% +2		8 50% +2.7 31		+7.7 132 +79		91 141 460		+150 8.00%	+1.0 210	+100 5.30%	+25 0 1			11 0.00% 144		100 7.00% 14	0 205 +94	6 5 30% +2.6	5 17 1			+3.1 34 +19 23.009		*40 5.10% +1	5 202 +98 5.50% +2.9	
20 to 24 years	38 +29 7 20% +1	7 147 +75	8.10% ±3.5 20	+20 5 80%	+5.8 54 +64	3.00% +3.5	151 +112 760	5 +5 1 215	1142 4.40%	+2 8 149	+100 1.80%	+2.4 31 1	45 10 10%	+13.9 0	11 0.00% +44	8 169	+1.09 7.50% +5	7 250 ±145	7 70% +4.4	16 +19 4	00% +4.7 23	+61 11.00%	+3.7 0 +13 0.009	442.1 91	±96 8.40% ±8.	4 229 +126 7 30% +3.6	
25 to 34 years	297 +163 17 00% +7		11 50% +3.6 81	+63 23.50%	212.2 159 276	8 80% +4.2	162 155 8.20	% +2.6 841	1194 17.00%	+1.0 570	+190 13.40%	+4.6 9 1	11 1 00%	*11 0	113 0.00% 244.	8 177	183 7.80% 12.	9 286 +101	8 90% +11	50 +33 12	40% +6.5 31	±107 14.60%	14 S 0 113 0.000	442.1 142	266 12.80% 25.	2 764 ±276 24.50% ±9.3	
35 to 44 years	139 ±64 7.90% ±3.	2 261 198 1	14.40% ±3.9 43	1 230 11.90%	±8.7 197 ±66	10.90% ±3.3	213 272 10.70	S ±3.2 558	1136 11.30%	22.7 378	1176 9.60%	24.3 5	17 1.70%	12.2 0	111 0.00% 244	8 172	243 7.60% 12.	2 451 ±154	14.00% ±4.2	38 ±19 9	40% 14.4 21		±3.5 12 ±17 19.709	N ±8.4 125	254 11.40% 24	3 349 ±96 11.20% ±2.9	
45 to 54 years	95 ±43 5.40% ±2.	A 193 ±63	10.60% ±3.2 54	£ ±28 15.70%	±6.9 149 ±66	8.20% ±3.4	141 #55 7.10	% ±2.7 613	1131 12.40%	22.5 534	1133 13.50%	23.2 22 1	22 7.30%	25.7 0 :	13 0.00% ±44.	4 378	±111 16.70% ±3.	1 331 ±93	1 10.20% ±2.8	44 ±19 10	90% ±4.9 20	±69 9.40%	±3.1 12 ±17 19.709	S 19.2 125	261 11.10% 25.	6 381 ±129 12.20% ±3.8	
55 to 59 years	181 ±69 10.30% ±3.	9 183 164 3	10.10% ±3.7 17	2 219 4.90%	16.0 86 135	4.70% ±1.9	140 150 7.10	% 22.5 387	±135 7.80%	22.6 173	±66 4.40%	±1.9 0 ±	13 0.00%	±12.4 0 :	13 0.00% ±44.	\$ 161	146 7.10% 12	4 199 ±80	6.20% ±2.5	33 ±24 8.	20% 15.4 11	240 5.10%	±2.0 0 ±13 0.009	542.1 64	±38 5.80% ±3.	4 214 179 5.90% 12.4	
90 to 64 years 95 to 74 years	209 ±70 11.90% ±4.	0 114 143	6.30% ±2.3	27 1.70%	22.3 162 255	8.90% ±2.9	162 180 8.20	% ±3.5 361	2114 7.30%	±2.2 149	±112 8.80%	22.7 22 1	21 7.30%	16.1 0	113 0.00% ±44.	\$ 224	169 9.90% 13.	1 120 150	3.70% ±1.9	51 ±22 12	.60% ±4.0 12	247 5.90%	±2.2 0 ±13 0.009	% ±42.1 95	253 E.60% 24.	7 160 ±54 5.10% ±1.8	
85 to 74 years	292 ±109 16.70% ±4.	9 146 ±41	8.00% ±2.3 23	1 122 6.10%	16.0 375 ±88	20.70% ±5.0	288 ±80 14.50	% 24.4 758	1192 15.40%	23.5 617	1197 15.60%	24.4 79 1	46 25.20%		19 42.60% 127.	.7 243	151 10.80% 13.	4 253 ±87	8.10% ±3.0	62 ±23 15	.30% ±5.8 21	±79 9.80%	±3.6 9 ±13 14.809	K ±35.2 108	±50 9.70% ±4.	3 182 ±49 5.80% ±1.6	
75 to 84 years	168 ±56 9.60% ±3.	3 92 ±32	5.00% ±1.9	213 0.00%		9.50% ±3.5	159 :69 8.00		183 4.80%	21.7 173	±88 4.40%		40 27.50%		13 35.20% 123.	3 131	135 5.80% 11	6 132 156	4.10% 11.8	35 118 8	.70% ±4.3 5	129 2.60%	±1.4 0 ±13 0.009		±78 5.90% ±7.	0 61 ±35 2.00% ±1.1	
85 years and over	92 ±65 5.30% ±3.		0.80% ±0.7		±10.9 21 ±20		39 124 2.00		±39 1.50%	20.8 93					20 22.20% ±31.		120 1.40% 10.1	9 55 ±43	1.70% 11.3	25 228 6		211 1.10%	±0.5 0 ±13 0.009		±21 1.50% ±2.		
Median age (years)	58.1 ±5.5 (X) (X	() 39.3 ±3.8	(X) (X) 32.1	1 22.6 (X)	(X) 49.3 ±9.3	(X) (X)	42.9 26.7 ((X) (X) 43.9	25.1 (X)	(X) 43.8	25.4 (X)	(X) 55.8 ±	1.7 (X)	(0) 78.5 ±	7.3 (X) (X	() 45.7	24.3 (X) (X	Q 31 ±10.7	7 (X) (X)	55.8 ±7.5	(X) (X) 3	±5.6 (X)	(X) 44.2 ±25.3 (X	(X) 38.1	±8.1 (X) (X	(x) 30.2 ±3.2 (x) (x)	
RACE (Census Table DP05) Total population	1.750 ±331 1.750 0	ol rend errol			col sand esent	t and look	1 081 +207 1 10	el ori assu	4000 4000	(Y) 3 947							4437 3387 /3	1 230 +491	la last last	anal annul	404 00 216					0 3 121 +218 3 121 00	
One race	1,750 ±331 1,750 D		1,818 (X) 345	1142 345	(X) 1,814 ±169 +5.1 1,684 +177		1,985 ±297 1,98 1,881 +291 94,90		±408 4,933	(X) 3,947 +2.7 3.902	±455 3,947	(X) 302 ±1	09 302 08 98 30%	(0) 54	11 100 00% +44		±427 2,257 (X	0 3,230 ±491 2 3.189 ±484	3,230 (X)	404 ±107 378 ±91 93		±277 2,163 +261 93.50%	(X) 61 ±73 61 +2.8 52 +73 85.209	1 (X) 1,108 X +35.2 1,028	#226 1,108 D	3,123 ±218 3,123 (X) 8 2,813 +322 50,10% +6.7	
Two or more races	1,741 1330 99.50% 10.		5 80% +2.9 15		+5.1 1,080 T1/2 +5.1 178 +00		1,883 1291 94.90	5 22.9 4,689	2420 95.00%	22.7 3,902	2457 98.90%	21.1 297 21		43.7 0	11 0.00% 144		+71 160% ±1	2 3,189 2484	98.70% 11.1	26 +28 6		+65 6 50%	+2 B 9 +11 14 B(2)		+20 2 70% +1		
One race			5.80% 12.9 13 94.70% +2.9 330	219 4.30%		97 90% +5.1	1881 +201 94 90	34 22.9 247	1135 5.00%	22.7 45	244 1.10%	21.4 3				8 2 176	173 3.50% 13. +427 95.60% +1	2 1189 +484	1 95 70% +11		50% ±5.9 2.02	+261 93 52%	+2 8 52 +73 B5 209		+274 97 10% +1	8 2 811 +122 50 10% +6.7	
White			94.20% 22.9 330 90.70% +4.0 330	1135 95.70%	+5.1 1,000 1172		1,883 1291 94.90		1420 95.00% 1415 85.80%	22.7 3,902	2457 98.9U%	21.1 297 21 41.1 207 41			11 100.00% 144		1427 95.40% 13. +425 95.60% +1	1 1,044 +491	98.70% 11.1	378 291 93	30% 47.7 1.00		12.8 52 273 85.209 15.4 52 173 85.209		1224 97.30% T1. +274 95.70% +2		
Black or African American	27 +49 1505 +2		100% +12 0			0.80% ±1.7	116 +53 5.80		168 6,00%	+1.4 34	+10 0.90%	*10 0 1			13 0.00% 244		19 0.30% 10		3.50% 13.7	21 +22 5	20% +5.2 9		±4.9 0 ±13 0,005		213 0.00% 23.	5 0 +11 0.005 +1.1	
American Indian and Alaska Native	11 +19 0.70% +1		130% +14 0		+10.9 0 +13		6 +9 0.10		+23 0.50%	10.5	+11 0.00%	*10 0 1			11 0.00% 144		16 0.20% 10.	1 11 +24	0.60% +0.7		00% +9.4	+12 0.30%	+0.5 0 +13 0.005		+5 0.20% +0	5 14 +20 0.60% +0.6	
Asian	5 +7 0.30% +0	4 0 +11	0.00% +2.2	+13 0.00%	+10.9 0 +11	0.00% +2.2	9 +17 050	% +0.6 34	±35 0.70%	+0.7 0	+11 0.00%	+10 0 1	13 0.00%	+12.4 0	11 0.00% +44	8 11	±11 0.50% ±0.1	5 0 +11	0.00% +1.2	1 +2 0	20% +0.6 3	±16 0.70%	+0.8 0 +13 0.005	421 16	±22 1.40% ±2.	0 54 ±77 1.70% ±2.4	
Native Hawaiian and Other Pacific Islander	0 ±13 0.00% ±2.	3 0 213	0.00% ±2.2	213 0.00%	±10.9 0 ±13	0.00% ±2.2	0 113 0.00	% 22.0 0	±13 0.00%	20.8 0	±13 0.00%	11.0 0 1		±12.4 0	111 0.00% 244	8 0	113 0.00% 11	8 0 ±11	0.00% ±1.2	0 ±13 0	.00% 19.4	213 0.00%	±1.8 0 ±13 0.009	N 242.1 0	±13 0.00% ±3.	5 0 ±13 0.00% ±1.3	
Some other race	13 ±16 0.70% ±0.	9 22 226	1.20% ±1.4	213 0.00%	±10.9 2 ±3	0.10% ±0.2	0 113 0.00	% ±2.0 98	±43 2.00%	±0.9 6	113 0.20%	203 0 1	13 0.00%	±12.4 0	111 0.00% 244	8 0	113 0.00% 11	8 17 ±11	0.50% ±0.6	16 215 4	.00% ±1.9	213 0.00%	±1.8 0 ±13 0.009	N 242.1 0	±13 0.00% ±3.	5 5 29 0.20% 20.3	
Two or more races	9 ±10 0.50% ±0.	6 105 156	5.80% ±2.9 15	119 4.30%	25.1 128 299	7.10% 25.3	102 259 5.10	% ±2.9 247	±135 5.00%	±2.7 45	±44 1.10%	±1.1 5	15 1.70%	±2.7 0	13 0.00% 144.	8 81	173 3.60% 13.	2 41 ±37	1.30% ±1.1	26 ±28 6.	.40% ±5.9 14	165 6.50%	12.8 9 113 14.809	£35.2 30	±20 2.70% ±1.	8 310 ±205 9.90% ±6.7	
HISPANIC OR LATING AND RACE (Census Table DP05)																											
Table DP05)																											
	1,750 ±331 1,750 ()		1,818 (X) 345				1,985 1297 1,98		1408 4,933		1455 3,947	(X) 302 ±1			54 (1		1627 2,257 (8	0 3,230 ±49			404 (X) 2,16 90% ±5.6 5		(X) 61 ±73 6:	1 (X) 1,108	1226 1,108 ()	(X) 3,123 ±218 3,123 (X)	
Hispanic or Latino (of any race) Not Hispanic or Latino	1.737 ±329 59.30% ±0.		3.80% ±2.6 0				75 ±56 3.80 1.910 ±296 96.20		161 5.10% 1405 94.90%	21.2 110	1108 2.80%	12.7 10 1			13 0.00% ±44		±427 98.80% ±1.	25 22	7 0.80% ±0.9	44 I.29 IU 360 +90 89		±39 2.50%	118 0 113 0005	N ±42.1 19 N ±42.1 1.089	127 1.70% 12.	4 97 274 3.10% 22.4 4 3.026 +227 56.50% +2.4	
Not respond or Latino	1,737 1329 99.30% 10.	9 1,749 1921 1	96.20% ±2.6 345	1142 100.00%	±10.9 1,740 ±177	95.90% ±4.6	1,910 1296 96.20	5 22.8 4,563	2402 34305	11.2 3,837	±448 97.20%	12.7 292 11	US 96.70%	24.7 54 3	EST 100.00% 244.	4 2,229	2427 98.80% 11.	1 3,205 ±497	99.20% ±0.9	300 190 89	10% 15.0 2,10	±277 97.50%	11.8 64 1/3 100.009	N 242.1 1,089	2221 98.30% ±2.	4 3,026 ±227 96.90% ±2.4	
HEALTH INSURANCE COVERAGE (Census																											
Table DP03)																											
Civilian noninstitutionalized population	1.730 ±331 1.730 D	0 1.764 ±312	1.764 (X) 343	1142 345	(X) 1.810 ±169	1.810 (X)	1.967 ±297 1.96	7 (X) 4.282	±408 4.282	(X) 3.929	1454 3.929	(X) 302 ±1	09 302	00 54 :	231 24 0	0 2.257	1427 2.257 (X	0 3.217 ±490	3.217 (0)	404 ±107	404 00 1.97	1275 1.973	(X) 61 ±73 61	1 (X) 1.108	1226 1.108 0	3.072 ±223 3.072 (X)	
With health insurance coverage	1.617 ±321 93.50% ±2.	8 1.671 ±294 1	94.70% ±4.2 336	±139 97.40%	±3.9 1.740 ±178	96.10% ±3.4	1.952 ±294 99.20	5 20.6 4.190	±405 97.90%	21.5 3.653	1409 93.00%	24.3 295 23	08 97,70%	22.3 54 :	131 100.00% ±44.	\$ 2,069	1166 91,70% 19.	2,368 2484	73.60% ±16.7	377 ±105 93	30% ±5.6 1.82	±251 92.70%	±3.7 61 ±73 100.009	S ±42.1 1.043	2215 94.10% 23.	8 3.011 ±230 98.00% ±1.7	
With private health insurance	1.167 ±272 67.50% ±6.	6 1.212 #226 6	68.70% ±7.5 215	±95 62.30%	±21.5 1.326 ±180	73.30% ±7.0	1.496 ±271 76.10	5 26.9 3.320	±383 77.50%	24.5 2.616	1386 66,60%	±8.4 209 ±	85 69.20%	±17.8 45 :	28 83,30% ±15.0	0 1,506	1354 66,70% 130.	1 1.462 ±161	45.40% ±11.6	239 ±78 59	20% ±10.5 1.26	1216 64.20%	±7.7 61 ±73 100.009	S ±42.1 872	±206 78.70% ±7.	S 1.90S ±334 62.10% ±8.6	
With public coverage	824 ±192 47.60% ±8.	1 842 ±203 4	47.70% ±7.5 137	2 ±96 39.70%	±19.7 956 ±192	52.80% ±9.9	969 ±150 49.30	% 25.5 1,842	1296 43.00%	25.5 1,735	±389 44.20%	18.4 241 1	93 79.80%	118.0 54 :	±31 100.00% ±44.	\$ 1,010	1161 44.70% 19.	3 1,353 ±330	42.10% ±11.6	232 ±74 57	A0% 19.7 85	±178 43.90%	±7.6 0 ±13 0.009	N ±42.1 400	±141 36.10% ±10.	9 1,586 ±225 51.60% ±7.3	
No health insurance coverage	4 ±7 1.80% ±3.	0 28 242	6.50% ±9.6	213 0.00%	±30.6 31 ±22	7.10% 25.5	0 113 0.00	% 27.4 0	113 0.00%	25.3 4	25 0.40%	20.7 0 1	13 0.00%	260.1 0	13 . *	* 100	±159 19.30% ±25.	2 454 241	40.40% ±26.0	0 ±13 0	.00% ±46.5 2	±32 5.00%	±5.2 0 ±13 0.009	N ±62.2 0	±13 0.00% ±14.	5 0 ±13 0.00% ±5.4	
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION																											
NUNINSTITUTIONALIZED POPULATION																											
(Census Table DP02) Total Civilian Noninstitutionalized Population																					404 (X) 1,97						
Total Civitan Noninstrutionalized Population With a disability	1,730 ±331 1,730 ()	() 1,764 ±312	1,764 (X) 345	1142 345	(X) 1,810 ±169	1,810 (X)	1,967 ±297 1,96	7 (X) 4,282	1408 4,282	(X) 3,929	1454 3,929	(X) 302 ±1	09 302	pq 54 :	54 (1	0 2,257	±427 2,257 (X	0 3,217 ±490	3,217 (X)	404 ±107	404 (X) 1,97	2275 1,973	(X) 61 ±73 61	1 (X) 1,108	1226 1,108 ()	(X) 3,072 ±223 3,072 (X)	
error in Constantly	2/4 199 15.70% 15.	ur aver 1104 :	22.50% ±4.4 43	Tai 11.90%	17.71 254 192	14.00% ±5.0	279 177 14.00	N 23.7 509	1109 14.20%	23.0 798	7286 20.30%	10.34 53 1	34 17.50%	18.94 21 :	EZN 38.90% ±16.	4 329	1931 14.60% 13.	H 409 2130	H 12.70% 24.7	1/0 182 42	10% 213.9 24	2/01 12.60%	29.01 01 213 0.009	M 142.1 140	ING 12.50% 17.	s 308 284 10.00% ±2.6	

GEO ID	NAME	DP03_0119PF	DP03_0119PM	DP03 0062E	DP03 0062M	DP03 0074PE	DP03_0074PM	DP03 0005PE	DP03 0005PM	DP02 0067PE	DP02 0067PM	DP04_0058PE	DP04_0058PM
							Percent Margin of						
			Percent Margin of			Percent!!INCOME AND	Error!!INCOME AND						
		Percent!!PERCENTAGE OF	Error!!PERCENTAGE OF	Estimate!!INCOME AND	Margin of Error!!INCOME AND	BENEFITS (IN 2021	BENEFITS (IN 2021		Percent Margin of				
		FAMILIES AND PEOPLE	FAMILIES AND PEOPLE	BENEFITS (IN 2021	BENEFITS (IN 2021	INFLATION-ADJUSTED	INFLATION-ADJUSTED	Percent!!EMPLOYMENT	Error!!EMPLOYMENT		Percent Margin of		Percent Margin of
		WHOSE INCOME IN THE	WHOSE INCOME IN THE	INFLATION-ADJUSTED	INFLATION-ADJUSTED	DOLLARS)!!Total	DOLLARS)!!Total	STATUS!!Population 16 years	STATUS!!Population 16 years	Percent!!EDUCATIONAL	Error!!EDUCATIONAL	Percent!!VEHICLES	Error!!VEHICLES
		PAST 12 MONTHS IS	PAST 12 MONTHS IS			households!!With Food	households!!With Food	and over!!In labor	and over!!In labor	ATTAINMENT!!Population 25		AVAILABLE!!Occupied	AVAILABLE!!Occupied
			BELOW THE POVERTY			Stamp/SNAP benefits in the	Stamp/SNAP benefits in the	force!!Civilian labor	force!!Civilian labor	years and over!!High school		housing units!!No vehicles	housing units!!No vehicles
Geography	ZCTA Name	LEVEL!!All families	LEVEL!!All families	household income (dollars)	household income (dollars)	past 12 months	past 12 months	force!!Unemployed	force!!Unemployed	graduate or higher	graduate or higher	available	available
Alex Bay, New York	13607	1.90%	±2.	1 60,667	±16,801	19.10%	±6.7	5.609	6 ±3.	96.409	±2.1	9.405	6 ±4.8
Antwerp, New York	13608				±8,583		±6.0	5.409			±4.1		
Brier Hill, New York	13614				±49,496		±13.1	3.309					
Cape Vincent, New York	13618				±10,385	5.00%	±2.7	3.109		30.307	±1.6		
Chaumont, New York	13622					8.00%	±3.3	3.709					
Clayton, New York	13624				±8,183		±4.9	2.109					
Dexter, New York	13634				±24,176	12.90%	±6.9	4.609					
Wellesley Island, New York & Fineview, New York	13640				±36,552	8.30%	±13.8	10.709					
Fisher's Landing, New York	13641				±1,408	0.00%	±62.2	0.009			±44.8		
Hammond, New York	13646		±5.		±12,001	14.70%	±3.7	2.909	6 ±1.			0.20	
LaFargeville, New York	13656		±8.		±11,043	21.30%	±6.5	5.409				14.30/	
Morristown, New York	13664				±12,590	19.90%	±12.5	8.909					
Philadelphia, New York	13673				±14,939	22.20%	±7.2	3.709					
Plessis, New York	13675				**	0.00%	±71.8	0.009			±57.3		
Redwood, New York	13679				±32,602	11.10%	±5.6	1.209			±3.7		
Theresa, New York	13691	9.50%	±4.	8 75,972	±14,568	15.30%	±4.8	4.509	6 ±2.	94.009	±2.5	3.405	£2.6