



2002 ECONOMIC CENSUS CLASSIFICATION FORM

DUE DATE
FEBRUARY 12, 2003

HC-62490

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

**Need help or have questions
about filling out this form?**

Visit our Web site at
www.census.gov/econhelp

- OR -

Write to the address above.
Include your 11-digit Census File
Number (CFN) printed in the
mailing address.

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes.
- Do not put slashes through 0 or 7.



0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed.

1-2 Not Applicable.

3 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. box and rural route addresses are not physical locations.)

0031 Yes

0032 No - Enter physical location →

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

0041 Yes

0042 No

0043 No legal boundaries

0044 Do not know

C. Type of municipality where this establishment is physically located

0046 City, village, or borough

0047 Town or township

0048 Other or do not know

4-17 Not Applicable.



62490016

18 KIND OF BUSINESS OR ACTIVITY
Principal kind of business or activity in 2002
(Mark "X" only ONE box.)

Services for children and youth

- 0700 624 410 00 19 Child day care services, including those with preschool
- 624 410 00 35 Before and/or after school care program
- 624 120 00 85 Child early intervention center or service (providing services to children with disabilities or special needs)
- 624 110 00 46 Youth center (not primarily providing recreational services)
- 713 940 90 36 Youth recreational center
- 624 110 00 61 Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 38 Adoption and/or foster care placement service
- 621 330 00 20 Counseling or therapy service provided by mental health practitioners, excluding services provided by physicians (Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)
- 624 110 00 12 Other nonmedical social assistance counseling service

Services for the elderly, mentally retarded, and disabled, excluding counseling and health services

- 624 120 00 10 Adult activity or day care center
- 624 120 00 44 Homemaker or companion service (providing services such as cooking and cleaning - **no** health care services provided)
- 621 610 00 13 Home health care provider, including visiting nurse associations
- 624 120 00 69 Support group for the disabled
- 624 120 00 28 Agency for the aging

Other individual and family services

- 624 190 00 72 Information and referral services
- 624 190 00 80 Crisis intervention (Include hotline or telephone counseling, suicide crisis centers, etc.)
- 624 190 00 64 Other counseling service focusing on the emotional or social well-being of families or individuals, excluding counseling primarily for children, the elderly, or the disabled - Specify ↴

0701

- 624 190 00 B3 Support group, excluding groups for the disabled (Include groups for recovering alcoholics and drug abusers; victims of abuse, crime, or disease; etc.)
- 624 190 00 C1 Traveler's aid service
- 624 190 00 15 Community action agency
- 624 190 00 23 Family service agency

Food, shelter, and relief services

- 624 210 00 11 Community food services, including food banks, nonprofit meal delivery services, soup kitchens, community gardens, etc.
- 624 221 00 18 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

18 KIND OF BUSINESS OR ACTIVITY - Continued

Food, shelter, and relief services - Continued

- 0700 624 229 00 28 Transitional housing
- 624 229 00 36 Other housing service to low-income individuals and families, excluding long-term housing (Include services such as volunteer housing repair, housing counseling, etc.) - Specify ↴

0701 [Empty box]

- 624 230 00 17 Disaster, emergency relief, or refugee service (providing food, shelter, clothing, medical relief, refugee resettlement, and counseling to victims of domestic or international disasters or conflicts)

Job training

- 624 310 00 10 Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops
- 611 513 00 20 Apprenticeship training program, not providing vocational rehabilitation
- 611 519 10 14 Vocational or technical school, excluding computer repair or truck driving schools

Other social assistance service

- 777 620 00 94 Other social assistance service - Specify ↴

0701 [Empty box]

Grantmaking and giving

- 813 211 00 19 Philanthropic trust or foundation, making grants but not directly providing services
- 777 813 01 17 Other trust or foundation - Specify ↴

0701 [Empty box]

- 813 212 00 18 Health-related fundraising organization (solicits contributions from the general public and others to promote health related awareness, education, and research services)
- 813 219 00 11 Community chest or other local giving council
- 813 219 00 29 Federated fundraising organization, excluding health-related fundraising organizations
- 561 499 00 25 Fundraising organization (raises funds on a contract or fee basis for other organizations)
- 777 813 01 25 Other grantmaking or giving organization - Specify ↴

0701 [Empty box]

Advocacy

- 813 311 00 18 Human rights organization, including civil liberties or constitutional rights organizations
- 813 312 00 25 Environmental, natural resources, or wildlife advocacy organization
- 813 312 00 17 Humane society
- 813 319 00 10 Organization against drunk driving

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18 KIND OF BUSINESS OR ACTIVITY - Continued

Advocacy - Continued

- 0700 813 319 00 28 Organization against drug abuse
- 813 319 00 36 Community or neighborhood advocacy group, excluding civic associations
- 777 813 01 33 Other social advocacy group, promoting world peace or understanding, protecting national security interests, etc. - *Specify* ↴

0701

Other kind of activity or facility

- 773 000 00 36 Other kind of activity or facility - *Specify* ↴

0701

19-28 Not Applicable.

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

- 0011 In operation
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - Give date at right →
- 0015 Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴

| 0018 | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

| | | | | |
|--|--|-------------------------------------|---------------|--|
| 0060 Name of new owner or operator | | 0061 Employer Identification Number | | |
| | | Enter EIN of new owner (9 digits) → | | |
| 0062 Mailing address (number and street, P.O. Box, etc.) | | | | |
| | | | | |
| 0063 City, town, village, etc. | | 0064 State | 0065 ZIP Code | |
| | | | | |

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078 Yes 0079 No - Enter time period covered →

| | | | | | | | |
|------|--|-------|------|------|--|-------|------|
| FROM | | Month | Year | TO | | Month | Year |
| 0070 | | | | 0071 | | | |

0072 Name of person to contact regarding this report

0073 Title

| | | | | | | | | | | |
|-----------|--|-----------|--------|--|-----------|------|--|-----------|--------|--|
| Telephone | | Area code | Number | | Extension | Fax | | Area code | Number | |
| 0074 | | | | | | 0075 | | | | |

0076 Internet e-mail address

Date completed 0069

| | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.



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