U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

HC-62402

2002 ECONOMIC CENSUS

SERVICES FOR THE ELDERLY, MENTALLY RETARDED, AND **DISABLED**

OMB No. 0607-0887: Approval Expires 09/30/2004

DUE DATE FEBRUARY 12, 2003

Mail your completed form to: **U.S. CENSUS BUREAU** 1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

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

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

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

HC-62402

INFORMATION COPY ONOT USE TO REPORT

(Please correct any errors in this mailing address.)

	(Ficase correct arry cirors in						
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. • Please center numbers in their respective boxes. Examples:							
• Do not use pencil.	• Do not put slashes through 0 or 7.		, , ,				
• Place an "X" inside the box.	· ·	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. For further clarification, see information sheet(s).							
1 MONTHS IN OPERATION		Mark "X" 2002					
		if None Number of	months				
Number of months in ope	eration during 2002 (If none, mark "X" and go to 2 .)	0002					
2 EMPLOYER IDENTIFICATION Is the Employer Identificate establishment on its lates:	ON NUMBER tion Number (EIN) shown in the mailing address the t 2002 Internal Revenue Service Form 941, Employer	same as the one used for this 's Quarterly Federal Tax Return?					
₀₀₂₁	□ No - Enter current EIN (9 digits)	→ 0025					
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	0035 Number and street						
No - Enter physi	cal → 0036 City, town, village, etc.	0037 State 0038 ZIP Code					
location							
B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?							
₀₀₄₁	□ No legal boundaries	₀₀₄₄ Do not know					
C. Type of municipality where this establishment is physically located							
0046 City, village, or b		Other or do not kno	w				

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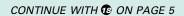
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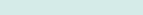
FORIII HC-624	102							Page 2
HOW TO		Dollar figures shou thousands of dollar	d be rounded to		Mark "X" if None	\$ Mil.	Z002 Thou.	Dol.
REPORT DOLLAR		If a figure is \$1,025,628.79 :		Report	. 🗆	1	0 2 6	
FIGURES				Report —	X			
4 SALES, S	CHIDMENTS D	ECEIPTS, OR REVENU		nopert ,				
		ECEIF 13, ON NEVENO	_					
A. Tax S	tatus							
1. Is	this establishn	nent operated on a no	t-for-profit basis?					
010	o ₆	Go to line A2 0107	□ No - Complete line	В				
2. W	as all or part o	of the income of this e le Internal Revenue Co	stablishment or organizat ode?	tion exempt from	Federal ii	ncome tax	es under	
010	yes - (Complete line C 0104	□ No - Complete line	R	Mark "X" if None	\$ Mil.	2002 Thou.	Dol.
						\$ IVIII.	i nou.	DOI.
B. Opera	ating receipts o	of this (taxable) establ	ishment	0100	, \square			
C. Reve	nue and expen	ses of this (tax-exemp	t) establishment					
1. Re	evenue			010				
2. E>	penses (Includ	de payroll. Exclude co	ntributions, gifts, and gra	ants paid.) ₀₁₄₀	, 🗆			
5 E-COMM	ERCE SALES,	SHIPMENTS, RECEIPT	S, OR REVENUE					
made	Yes - Go to	e see the information	oods or services. Paymer sheet(s) for further clarifi	ication.)	or servic	es may or	may not	De
0101						2002 Estimates are acceptable		
0182	□ No - <i>Go to</i>	6				\$ Mil.	Thou.	Dol.
			ue of this establishment <i>(</i> lude sales taxes.)					
6 EMPLOY	MENT AND PA	AYROLL						
Include:								
Ser	• Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ②.							
Exclude								
			ose payroll was filed unde	er an employee le	asing cor	npany's E	IN.	
		g obtained from a sta	_			rk "X"	2002	
For furth	er clarification,	, see information shee	et(s).		IŤ I	None	Number	
A. Numl	A. Number of employees for pay period including March 12							
					Mark "X"		2002	
B. Payro	II before dedu	ctions (Exclude emplo	yer's cost for fringe bene	efits.)	if None	\$ Mil.	Thou.	Dol.
1. Aı	nnual payroll .			0300	, 🗆			
2. Fi	rst quarter pay	roll (January-March, 2	2002)	0310	, 🗆			

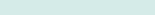
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.						
7 LEASED EMPLOYMENT AND PAYROLL						
A. Did this establ leasing compa	A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?					
Exclude:						
Temporary	staffing obtained from a staffing service.					
• Contractors	, subcontractors, or independent contractors.					
	or managed services, such as janitorial, guard, or landscape services.					
 Professiona programmi 	I or technical services purchased from another firm, such as software consulting, computer ng, engineering, or accounting services.					
Employees	already reported in 6 .					
For further cla	ification, see information sheet(s).					
₀₂₄₁	Go to line B					
₀₂₄₂ No -	Mark "X" 2002 Go to 1 if None Number					
B. Number of lea	sed employees for pay period including March 12					
C. Payroll for least fringe benefits	ed employees before deductions (Exclude employer's cost for 2002					
iringe benefits	\$ Mil. Thou. Dol.					
1. Annual pay	roll for leased employees					
	Mark "X" 2002					
	if None \$ Mil. Thou. Dol.					
2. First quarte	r payroll for leased employees (January-March, 2002)					
8-17 Not Applicab	le.					
KIND OF BUSINES Principal kind of b (Mark "X" only Of	usiness or activity in 2002					
Residential car	e for the elderly, mentally retarded, and disabled					
⁰⁷⁰⁰ 623 311 00 11	☐ Continuing care retirement community (Residential care with nursing care facility on-site.)					
623 210 00 21	Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded					
623 210 00 39	Adult foster care or other facility for the developmentally disabled					
623 110 00 14	☐ Nursing care facility, providing nursing and rehabilitative services					
623 110 00 22	☐ Inpatient hospice facility					
623 312 00 10	Home for the elderly, excluding nursing care facilities and continuing care retirement communities					
623 220 00 29	Residential facility for the mentally ill, excluding facilities for the mentally retarded					
777 624 02 15	Other residential care facility for the elderly, mentally retarded, or disabled - Specify					
0701						
	CONTINUE WITH ® ON PAGE 4					

Form HC-62402

		ı aye 4					
18 KIND OF BUSINES	SS O	R ACTIVITY - Continued					
Services for th	Services for the elderly, mentally retarded, and disabled, excluding counseling and health services						
0700 624 120 00 10		Adult activity or day care center					
624 120 00 28		Agency for the aging					
624 120 00 36		Multi-service organization providing a range of social assistance services to the elderly, mentally retarded, or disabled					
624 120 00 44		Homemaker or companion service (providing services such as cooking and cleaning - no health care services provided)					
624 120 00 51		Independent living skills training					
624 120 00 69		Support group for the disabled					
624 120 00 77		Social work case management service					
624 120 00 85		Child early intervention center or service (providing services to children with disabilities or special needs)					
624 210 00 37		Nonprofit meal delivery service and/or congregate meals					
485 991 00 12		Special needs transportation, including paratransit, senior citizen, nonemergency medical, handicapped, etc.					
624 310 00 28							
777 620 00 52		Other social assistance services primarily for the elderly, mentally retarded, or disabled - Specify					
0701							
Counseling and	d he	alth sarvices					
621 420 00 13		Mental health clinic, excluding alcohol and substance abuse treatment					
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.)					
624 120 00 93		Other nonmedical counseling service to the elderly or disabled					
621 610 00 13		Home health care provider, including visiting nurse associations					
621 610 00 21		Home hospice care					
621 340 20 16		Physical therapist(s)					
621 340 20 57		Occupational therapist(s)					
621 340 10 18		Speech therapist(s) and/or audiologist(s)					
777 620 00 37		Other health service - Specify					
0701							







			er your 11-digit Census File mailing address.					
18 KIND OF BUSINESS OR ACTIVITY - Continued								
Services for children and youth								
0700	624 410 00 19		Child day care services, including those with preschool					
	624 110 00 61		Multi-service organization providing a range of social assistance services to children and youth					
	624 110 00 53		Social work case management services for children without disability or mental illness					
	777 620 00 45		Other social assistance services primarily for children or youth - Specify					
0701	0701							
	Other individua	al ar	nd family services					
	624 190 00 15		Community action agency					
	624 190 00 23		Family service agency					
	624 190 00 E6		Other multi-service organization, primarily providing a range of social assistance services to families and/or individuals, regardless of age					
	777 620 00 60		Other individual and family social assistance services - Specify					
0701								
	Grantmaking,	givir	ng, advocacy, and all other activities					
	777 620 00 78 Grantmaking or giving organization not directly providing social services - Specify							
0701								
	777 620 00 86		Advocacy group - Specify cause or belief promoted					
0701								
	777 620 00 94		Other social assistance service - Specify					
0701								
	773 000 00 36		Other kind of activity or facility - Specify					
0701								
19-6	Not Applicab	le.						
	•		IPMENTS, RECEIPTS, OR REVENUE					
	(Report receipts or revenue by source (reported in 4) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)							
5	shelter, relief, voc	atior	ents from providing social assistance (e.g., child care, counseling, community food, temporary relation) and related services to individuals and families. Report receipts from health a the appropriate lines.					
	Line 2a - Report payments for care to the mentally retarded provided in a facility (or portion of a facility) certified to receive Medicaid reimbursement as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).							
I	L ine 2c - Report _I ntermediate Care	oayn Faci	nents for residential care to youth, the elderly, or the disabled, excluding care provided in an lity for the Mentally Retarded, hospice, or nursing home.					
	CONTINUE WITH ② ON PAGE 6							



22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

- Line 2e Continuing care retirement communities should report receipts from entrance fees here.
- Line 11 Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 12.
- Line 12 Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.
- Line 13 Report revenues from sources not separately identified on other lines.

			2002			
	Description of sales, shipments, receipts, or revenue	Cen- sus use	Estimates are acceptable			
			\$ Mil.	Thou.	Dol.	
0723		0720	0721	•		
1.	Payments for child care, counseling, community food, temporary shelter, vocational rehabilitation, and related social assistance services provided to individuals and families					
	a. Government payers	30391				
	b. Private payers	30392				
	c. Sum lines 1a and 1b	30390				
2.	Inpatient and residential services					
	a. Intermediate care for the mentally retarded	30320				
	b. Inpatient hospice care	30280				
	c. Residential care - no health care services provided	30380				
	d. Nursing home service	30310				
	e. Continuing care retirement community entrance fee payments	30370				
3.	Home health care services, excluding services performed by physicians	30260				
4.	Home hospice care	30270				
5.	Membership dues	30400				
6.	Sales of food and beverages	39200				
7.	Sales of other merchandise	39012				
8.	All other operating receipts - Specify if more than 10 percent of total receipts or revenue					
		39506				
9.	OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 4, line B	39690				
		2000				
10.	Contributions, gifts, and grants					
	a. Government	39700				
	b. Private, including individuals, community efforts, and commissioned fundraisers	39710				
		33713				
11.	Investment income, including interest and dividends	39720				



CONTINUE WITH 2 ON PAGE 7

Form HC-62402 Page 7							
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.							
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued						
				2002			
	Description of sales, shipments, receipts, or revenue	Cen- sus use	Estimates are acceptable				
0723		0720	\$ Mil.	Thou.	Dol.		
12.	Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39730	1 1				
13.	All other revenue - Specify if more than 10 percent of total receipts or revenue						
		39906	1 1	1 1			
14.	TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1	39990					
23-	Not Applicable.						
26	SPECIAL INQUIRIES						
	 A. TRANSFERRED CONTRIBUTIONS OF TAX-EXEMPT ESTABLISHMENTS (To be completed only by those indicating "Yes" in ②, line A2) 1. During 2002, were any funds raised by this establishment and subsequently transferred to charities or other organizations for charitable purposes? 						
	No - Go to line B			2002			
	3512 No - Go to line B		\$ Mil.	Thou.	Dol.		
	2. Amount of these transferred funds	3515					
	 B. GRANTS AND OTHER PAYMENTS TO INDIVIDUALS OR ORGANIZATIONS (To be completed only by those indicating "YES" in ②, line A2) 1. During 2002, did this establishment award any grants; make payments to, or in behalf of, specific individuals; or provide benefits for its members or dependents (except employment-related benefits)? 						
	3551			2002			
	3552 No - Go to 2 9		\$ Mil.	2002 Thou.	Dol.		
	2 Amount of these analysis and other normants	255F					
		3555					
Y	-28 Not Applicable.						



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Form HC-62402 Page 8

101111110-02-102	i age o						
OPERATIONAL STATUS Activity that best describes this establishment's status at the end of 2002 (Mark "X" only ONE box.)							
In answerien Consed answerien	- Give date at right O018 Month Day Year						
0011 ☐ In operation 0014 ☐ Ceased operation	- Give date at right						
Temporarily or 0015 Sold or leased to a seasonally inactive - Give date at righ name and mailing	t AND enter new						
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						
© 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?	Month Year Month Year						
0078 ☐ Yes 0079 ☐ No - Enter time period covered—▶	FROM TO 0071						
0072 Name of person to contact regarding this report	0073 Title						
Telephone Area code Number Exte	ension Area code Number Fax -						
0076 Internet e-mail address	Date completed Month Day Year						
Thank you for completing your	0069						

Thank you for completing your 2002 Economic Census form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

