



2007 ECONOMIC CENSUS

Nursing and Residential Care Facilities

DUE DATE
FEBRUARY 12, 2008

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

HC-62301

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 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.

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 ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- Examples: 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 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 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 - Go to line B

0032 No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

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3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

Month	Day	Year

0015 Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018

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

0016 Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

Mark "X" if None

If a value is "0" (or less than \$500.00):

Report

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Include receipts (revenue) from both healthcare activities and non-healthcare activities, such as laundry services, beauty and barber services, and television rental, if owned and operated by this institution.)

A. Tax Status

1. Is this establishment operated on a not-for-profit basis?

0106 Yes - Go to line A2

0107 No - Complete line B

2. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 Yes - Complete line C

0104 No - Complete line B

Mark "X" if None

B. Operating receipts of this (taxable) establishment 0100

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue 0101

2. Expenses (Include payroll) 0140

2007			
\$ Bil.	Mil.	Thou.	Dol.

6 Not Applicable.

62301023

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

7 EMPLOYMENT AND PAYROLL

Include:

- 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 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None	2007
	Number
<input type="checkbox"/>	

A. Number of employees for pay period including March 12 0320

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None	2007			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				

1. Annual payroll 0300

2. First quarter payroll (January-March, 2007) 0310

8 - 13 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)

Nursing and residential care facilities

- 0700 623 311 00 1 Continuing care retirement community (Residential care facility with nursing care on-site.)
- 623 210 00 2 Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 210 00 3 Adult foster care or other residential facility for the developmentally disabled
- 623 110 00 1 Nursing care facilities providing nursing and rehabilitative services
- 623 110 00 2 Inpatient hospice facility
- 623 312 00 3 Home for the elderly, including independent living or assisted-living facility without nursing care on-site
- 623 220 00 1 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 2 Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 623 990 00 1 Children's home, group foster home, or orphanage
- 623 990 00 2 Juvenile correctional center or home
- 623 990 00 3 Halfway home for delinquents and offenders
- 623 990 00 4 Halfway home for persons with social or personal problems
- 623 990 00 5 Home for the deaf or blind
- 624 221 00 1 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Nursing and residential care facilities - Continued

0700 624 229 00 3 Other housing service to low-income individuals and families, excluding long-term housing (Include volunteer housing repair, housing counseling, etc.) - Specify ↴

0701

531 110 10 4 Apartment building operator only - no residential care or health services provided

561 210 00 6 Detention centers for adults

777 620 00 1 Other nursing or residential care facility - Specify ↴

0701

Other health facilities and services

622 110 20 1 General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities

777 623 01 1 Other hospital - Specify type ↴

0701

621 610 00 1 Home health care provider, including visiting nurse associations

621 610 00 2 Home hospice care

624 120 00 4 Homemaker or companion service (providing services, such as cooking and cleaning - **no** health care services provided)

624 120 00 1 Adult activity or day care center

621 340 20 1 Physical therapist(s)

621 340 20 5 Occupational therapist(s)

621 340 10 1 Speech therapist(s) and/or audiologist(s)

777 620 00 3 Other health service - Specify ↴

0701

Other kind of business or activity

773 000 00 3 Other kind of activity or facility - Specify ↴

0701

20 and 21 Not Applicable.

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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 5) 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.)

Line 1 - Report receipts from providing services for independent living to residents of custodial care facilities who do not require daily assistance with medical or personal care. Services may include periodic personal care assistance. Include the provision of independent living apartments for elderly.

Line 2 - Report receipts from providing assisted daily living services to residents of custodial care facilities who require daily assistance with personal care (e.g., bathing, dressing, grooming, or eating) without providing rehabilitation or counseling services. Include assisted living services to orphans or foster children.

Line 3a - Report receipts from providing assisted daily living services bundled with physical and/or occupational rehabilitation services to physically disabled residents of custodial care facilities.

Line 3b - Report receipts from providing assisted daily living services bundled with mental rehabilitation services to mentally retarded residents of custodial care facilities. Include receipts from intermediate care services for the mentally retarded. Report treatment for substance abuse on **line 6**.

Line 3c - Report receipts from providing assisted daily living services bundled with counseling services to residents of custodial care facilities who require behavioral remediation. Counseling services include programs to develop daily life management, personal financial management, and household and job seeking skills. Include halfway homes or disciplinary youth camps.

Line 4 - Report receipts from providing assisted daily living services bundled with skilled nursing services to residents of custodial health care facilities, who require daily nursing care, but where rehabilitative services are not provided.

Line 5 - Report receipts from providing assisted daily living services bundled with skilled nursing services and rehabilitation to residents of custodial health care facilities who require daily nursing care and mental or physical rehabilitation. Report treatment for substance abuse on **line 6**.

Line 6 - Report receipts from providing services to residents of custodial health care facilities that are suffering addiction or dependency on alcohol or drugs. Services may include detoxification, substance abuse counseling, treatments and therapies, and other designated medical services.

Line 7 - Report receipts from providing rehabilitation services for substance abuse on an outpatient basis. Examples include detoxification and substance abuse counseling, treatments, and therapies.

Line 8 - Report receipts from providing short-term care in a custodial health care facility, usually for temporary illnesses, or to periodically relieve regular caregivers of the burden of day-to-day care.

Line 13 - Report receipts from assuring a prospective or actual resident of a custodial health care facility that space will be available in the future at the same facility, usually in return for advanced payment and/or monthly payments.

Line 20 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 21**.

Line 21 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
1. Independent living services	30450				
2. Assisted daily living services without rehabilitation or counseling services (Include children and adults)	30460				
3. Assisted daily living services with rehabilitation services					
a. Physical and/or occupational rehabilitation services					
(1) Children	30481				
(2) Adults	30482				
(3) Sum lines 3a(1) and 3a(2)	30480				

CONTINUE WITH 22 ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
3. Assisted daily living services with rehabilitation services - Continued					
b. Mental rehabilitation services (<i>Exclude substance abuse</i>)					
(1) Children	30491				
(2) Adults	30492				
(3) Sum lines 3b(1) and 3b(2)	30490				
c. Assisted daily living services with counseling services					
(1) Children	30501				
(2) Adults	30502				
(3) Sum lines 3c(1) and 3c(2)	30500				
4. Skilled nursing home services without rehabilitation services	30510				
5. Skilled nursing home services with rehabilitation services					
a. Physical and/or occupational rehabilitation services	30521				
b. Mental rehabilitation services (<i>Exclude substance abuse</i>)	30522				
c. Sum lines 5a and 5b	30520				
6. Inpatient rehabilitation services for substance abuse	30720				
7. Outpatient rehabilitation services for substance abuse	30710				
8. Respite care services	30530				
9. Residential hospice care services	30540				
10. Home hospice care services	30280				
11. Adult day care services for the elderly and disabled	30604				
12. Child day care services	30587				
13. Right to occupancy (life lease) services (<i>Include entrance fees for continuing care retirement community.</i>)	30570				
14. Meals and beverages, prepared and served or dispensed, for immediate consumption (<i>Include cafeteria sales</i>)	39460				
15. Rental of non-residential space in buildings or other facilities	39550				
16. Resale of merchandise - <i>Specify</i> ↴					
	39659				

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CONTINUE WITH **22** ON PAGE 7

CONTINUE ON 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

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
17. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39754				
18. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B					
	39850				
19. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
20. Investment income, including interest and dividends	39920				
21. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				
22. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39971				
23. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1					
	39990				

23-29 Not Applicable.

REMARKS (*Please use this space for any explanations that may be essential in understanding your reported data.*)

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?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address	Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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