



2007 ECONOMIC CENSUS

Classification Form

DUE DATE
FEBRUARY 12, 2008

Mail your completed form to:

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

HC-62490

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

- 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.

1 Not Applicable.

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	

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 →

Month	Day	Year

AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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 →

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4 - 18 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.)

Services for children and youth

- 0700 624 410 00 1 Child day care services, including those with preschool
- 624 410 00 3 Before and/or after school care program
- 624 120 00 8 Child early intervention center or service (providing services to children with disabilities or special needs)
- 624 110 00 4 Youth center (not primarily providing recreational services)
- 713 940 90 3 Youth recreational center
- 624 110 00 6 Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 3 Adoption and/or foster care placement service
- 621 330 00 2 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 1 Other non-medical social assistance counseling service

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

- 624 120 00 1 Adult activity or day care center
- 624 120 00 4 Homemaker or companion service (providing services, such as cooking and cleaning - no health care services provided)
- 621 610 00 1 Home health care provider, including visiting nurse associations
- 624 120 00 6 Support group for the disabled
- 624 120 00 2 Agency for the aging

CONTINUE WITH 19 ON PAGE 3

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Other individual and family services

- 0700 624 190 00 7 Information and referral services
- 624 190 00 8 Crisis intervention (Include hotline or telephone counseling, suicide crisis centers, etc.)
- 624 190 00 6 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 [Empty box for activity description]

- 624 190 00 B 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 C Traveler's aid service
- 624 190 00 1 Community action agency
- 624 190 00 2 Family service agency

Food, shelter, and relief services

- 624 210 00 1 Community food services, including food banks, non-profit meal delivery services, soup kitchens, community gardens, etc.
- 624 221 00 1 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624 229 00 2 Transitional housing
- 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 [Empty box for activity description]

- 624 230 00 1 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 1 Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops
- 611 513 00 2 Apprenticeship training program, not providing vocational rehabilitation
- 611 519 10 1 Vocational or technical school, excluding computer repair or truck driving schools

Other social assistance service

- 777 620 00 9 Other social assistance service - Specify ↴

0701 [Empty box for activity description]

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Grantmaking and giving

0700

813 211 00 1 Philanthropic trust or foundation - making grants but not directly providing services

777 813 01 1 Other trust or foundation - *Specify* ↴

[Empty text box for specification]

0701

813 212 00 1 Health-related fundraising organization (*Solicits contributions from the general public and others to promote health-related awareness, education, and research services.*)

813 219 00 1 Community chest or other local giving council

813 219 00 2 Federated fundraising organization, excluding health-related fundraising organizations (*Include United Way locations.*)

561 499 00 2 Fundraising organization (*Raises funds on a contract or fee basis for other organizations.*)

777 813 01 2 Other grantmaking or giving organization - *Specify* ↴

[Empty text box for specification]

0701

Advocacy

813 311 00 1 Human rights organization, including civil liberties or constitutional rights organizations

813 312 00 2 Environmental, natural resources, or wildlife advocacy organization

813 312 00 1 Humane society

813 319 00 1 Organization against drunk driving

813 319 00 2 Organization against drug abuse

813 319 00 3 Community or neighborhood advocacy group, excluding civic associations

777 813 01 3 Other social advocacy group - promoting world peace or understanding, protecting national security interests, etc. - *Specify* ↴

[Empty text box for specification]

0701

Other kind of activity or facility

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

[Empty text box for specification]

0701

20 - 29 Not Applicable.

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

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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