



# 2002 ECONOMIC CENSUS CLASSIFICATION FORM

FORM  
**HC-62390**

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

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**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.

HC-62390

**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.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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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).

**1-2** 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 <input type="checkbox"/> Yes	0035 Number and street									
0032 <input type="checkbox"/> No - Enter physical location	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.

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

**Nursing and residential care facilities**

- 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 11  Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 29  Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 623 990 00 19  Children's home, group foster home, or orphanage
- 623 990 00 27  Juvenile correctional center or home
- 623 990 00 35  Halfway home for delinquents and offenders
- 623 990 00 43  Halfway home for persons with social or personal problems
- 623 990 00 50  Home for the deaf or blind
- 624 221 00 18  Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 531 110 10 41  Apartment building operator only - no residential care or health services provided
- 777 620 00 11  Other nursing or residential care facility - *Specify* ↴

0701

**Other health services**

- 621 610 00 13  Home health care provider, including visiting nurse associations
- 624 120 00 44  Homemaker or companion service (providing services such as cooking and cleaning - **no** health care services provided)
- 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)

**Other kind of business or activity**

- 773 000 00 28  Other kind of business or activity - *Specify* ↴

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**19-28** Not Applicable.

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

**29 OPERATIONAL STATUS**

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

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

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	
		-	

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?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> 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	Month	Day	Year
	0069			

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

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