



# 1997 ECONOMIC CENSUS

## NURSING AND RESIDENTIAL CARE FACILITIES

OMB No. 0607-0827: Approval Expires 10/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

**SV-8003**

*Please read the accompanying instructions before answering the questions.*

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

**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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1  Yes 2  No - Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**

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

093 1  Yes 2  No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

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

095 1  Yes 3  No legal boundaries  
2  No 4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other - Specify   
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS** Number of months

**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**

001 1  In operation  
2  Temporarily or seasonally inactive  
3  Ceased operation - Give date at right  
4  Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

**Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS**

**a. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.**

- 003 1  Individual owner (sole proprietorship)
- 2  Partnership - Mark (X) this box if you file a partnership Federal income tax form.
- 5  Government - Mark (X) this box if this establishment is operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected.
- 0  Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.
- 9  Other - Specify

**b. TAX STATUS**

**(1) Is this establishment operated on a not-for-profit basis?**

- 005 1  Yes
- 2  No - Skip to item 5

**(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?**

- 004 1  Yes
- 2  No

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

**Example:** If a figure is \$1,125,628.79 • Preferred report **1 126** • Acceptable **1 125 629**

Mil- lions (000) | Thou- sands (000) | Dol- lars (000)

**1 126** | |

**1 125 629** | |

**Item 5. DOLLAR VOLUME**

*If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.*

**a. OPERATING RECEIPTS** of this (taxable) establishment in 1997

010 | | |

**b. REVENUE AND EXPENSES** of this (tax-exempt) establishment in 1997

010 | | |

**(1) REVENUE**

040 | | |

**(2) EXPENSES** (including payroll)

**NOTE** - Include receipts (revenue) from both health care activities and nonhealth care activities, such as laundry services, beauty and barber services, and television rental, if owned and operated by this institution.

Refer to the accompanying instruction sheet for definitions of receipts and revenue.

**Item 6. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

Mil. | Thou. | Dol.

030 | | |

**a. Annual**

031 | | |

**b. First quarter (January-March)**

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<b>Item 7. EMPLOYMENT</b>	Number
<b>Number of paid employees for pay period including March 12, 1997</b> (Include both full- and part-time employees)	032
<b>Item 8. KIND OF ACTIVITY OR FACILITY</b> <i>Mark (X) the ONE box which best describes this facility or its primary activity in 1997.</i>	
<b>Nursing and residential care facilities</b> <span style="float: right;">070</span>	
Continuing care retirement community (residential care with nursing care facility on-site) . . . . .	<input type="checkbox"/> 8053301
Mental retardation facility (e.g., group home or intermediate care facility providing residential care for the mentally retarded) . . . . .	<input type="checkbox"/> 8053201
Nursing care facility (providing nursing and rehabilitative services) . . . . .	<input type="checkbox"/> 8053101
Inpatient hospice facility . . . . .	<input type="checkbox"/> 8053102
Home for the elderly (except nursing homes and continuing care retirement communities) . . . . .	<input type="checkbox"/> 8361201
Residential alcohol or substance abuse rehabilitation facility (except nursing care facility) . . . . .	<input type="checkbox"/> 8361101
Residential facility for the mentally ill (except facilities for the mentally retarded) . . . . .	<input type="checkbox"/> 8361102
Children's home, group foster home, or orphanage . . . . .	<input type="checkbox"/> 8361301
Juvenile correctional home . . . . .	<input type="checkbox"/> 8361302
Halfway home for delinquents and offenders . . . . .	<input type="checkbox"/> 8361303
Halfway home for persons with social or personal problems . . . . .	<input type="checkbox"/> 8361304
Home for the deaf or blind . . . . .	<input type="checkbox"/> 8361305
Apartment building or complex (renting or leasing housing facilities only) . . . . .	<input type="checkbox"/> 6513009
Other nursing or residential facility – Describe . . . . .	<input type="checkbox"/> 7777774
<b>Other health facilities and services</b>	
General medical and surgical hospital (including osteopathic hospitals and combination hospital/nursing care facilities) . . . . .	<input type="checkbox"/> 8062001
Other hospital – Describe type . . . . .	<input type="checkbox"/> 7777775
Home health care agency (including visiting nurse association) . . . . .	<input type="checkbox"/> 8082001
Home hospice care . . . . .	<input type="checkbox"/> 8082003
Other health service – Describe . . . . .	<input type="checkbox"/> 7777776
<b>Other kind of activity or facility – Describe</b> . . . . .	<input type="checkbox"/> 7777777

**Item 9. SOURCES OF RECEIPTS OR REVENUE**

Report receipts or revenue by source in dollar figures (see example for item 5). Please do **not** combine data for two or more receipts or revenue lines.

Report receipts from government programs (e.g., Medicare, Medicaid) and insurance and health plans for providing medical services on lines a through e as appropriate.

**Note** – Both taxable and tax-exempt establishments should complete all applicable lines.

**Line b** – Report payments from inpatient nursing and residential care, including all associated services whether or not billed separately.

**Line d** – Hospitals should report net inpatient receipts, less inpatient nursing receipts which should be reported on line b.

**Line e** – Hospitals should report net outpatient receipts, less home health care receipts which should be reported on line c.

**Lines f, g, and h** – Report sales that are charged separately from nursing and residential services provided.

**Line j** – Report all other receipts from providing services to patients, employees, and others (e.g., parking fees, television services).

**Line m** – Report investment income, including interest and dividends. Do **not** include proceeds from the sale of investments and other assets.

**Line n** – Report only rents and commissions from departments and concessions **not** owned and operated by this institution. Do **not** include their gross sales or billings.

**Line o** – Do **not** include receipts from government programs (e.g., Medicare, Medicaid) on this line.

**Line p** – Amounts received from providing services to patients and others should be reported on lines a through j.

Item 9. SOURCES OF RECEIPTS OR REVENUE – Continued				
Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Continuing care retirement community entrance fee payments	400 <b>5050</b>	401		
b. Payments for inpatient nursing and/or residential services	<b>5100</b>			
c. Home health care services	<b>5150</b>			
d. Hospital inpatient services, except nursing home services	<b>5200</b>			
e. Hospital outpatient services, except home health services	<b>5250</b>			
f. Food and beverage sales (including cafeteria)	<b>8500</b>			
g. Sales of durable medical equipment	<b>8625</b>			
h. Sales of all other merchandise (e.g., gift shop, florist)	<b>8626</b>			
i. Rental and leasing of goods and equipment				
(1) Rental and leasing of medical equipment	<b>8551</b>			
(2) All other goods and equipment rental and leasing	<b>8552</b>			
j. All other amounts received from providing services to patients and others – Describe if more than 10 percent of total receipts or revenue	076 <b>8969</b>			
<b>k. OPERATING RECEIPTS – For taxable establishments, sum of lines a through j should equal item 5a</b>	<b>8990</b>			
l. Contributions, gifts, grants				
(1) Government	<b>9000</b>			
(2) Private (including individuals, community efforts, and commissioned fundraisers)	<b>9050</b>			
m. Investment income, including interest, dividends, and real estate rental or leasing income	<b>9100</b>			
n. Rents and commissions from departments and concessions <b>not</b> owned and operated by this institution	<b>9150</b>			
o. Appropriations from general government revenues and intergovernmental transfers – <b>Only governmental or military institutions should report here</b>	<b>9200</b>			
p. All other revenue – Describe if more than 10 percent of total receipts or revenue	077 <b>9504</b>			
<b>q. TOTAL REVENUE – For tax-exempt establishments, sum of lines a through j and l through p should equal item 5b(1)</b>	<b>9990</b>			

**Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**

**a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?**

1  Yes – Complete this item  
2  No – Skip to item 11

**b. Is this company owned or controlled by another company?**

097 1  Yes →  
2  No

Enter name, address, and EIN of the owning or controlling company  
EIN (9 digits) \_\_\_\_\_

**c. Does this company own or control any other company or companies?**

098 1  Yes →  
2  No

Enter name, address, and EIN of the owned or controlled company  
EIN (9 digits) \_\_\_\_\_

**ITEM 10 CONTINUED ON PAGE 3**

<b>If not shown, please enter your 11-digit Census File Number from the address label on page 1</b>	Census File Number
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<b>Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued</b> <b>d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?</b>	Number 079
If more than one, provide the <b>physical location</b> address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.	
<b>Estimates are acceptable</b> if book figures are not available.	

1	Name Number and street City State ZIP Code Kind-of-business description	1997	Receipts or revenue	081	Mil.	Thou.	DoI.
			Annual payroll	082			
		Paid employees for pay period including March 12					
		083					
		<b>Census use</b> <sup>088</sup>					
2	Name Number and street City State ZIP Code Kind-of-business description	1997	Receipts or revenue	081	Mil.	Thou.	DoI.
			Annual payroll	082			
		Paid employees for pay period including March 12					
		083					
		<b>Census use</b> <sup>088</sup>					
3	Name Number and street City State ZIP Code Kind-of-business description	1997	Receipts or revenue	081	Mil.	Thou.	DoI.
			Annual payroll	082			
		Paid employees for pay period including March 12					
		083					
		<b>Census use</b> <sup>088</sup>					

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

<b>Item 11. CERTIFICATION</b> – This report is substantially accurate and has been prepared in accordance with instructions.						
<b>Period covered by this report</b>	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date

**SV**