



2007 ECONOMIC CENSUS

Home Health Care Services

DUE DATE
FEBRUARY 12, 2008

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

HC-62106

**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 0018
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 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.	Mark "X" if None	2007			
		If a figure is \$1,025,628.79 :	Report → <input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
		If a value is "0" (or less than \$500.00):	Report → <input checked="" type="checkbox"/>	1	0	2	6

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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

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.

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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).

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

2007	
Mark "X" if None	Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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.)

Home health services

- 0700 621 610 00 3 Nursing agency primarily providing nursing and nursing assistant services to patients in their homes
- 561 320 00 1 Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers
- 621 610 00 1 Home health care provider, including visiting nurse associations
- 624 120 00 4 Homemaker or companion service (providing services, such as cooking and cleaning - **no** health care services provided)
- 621 610 00 2 Home hospice care
- 623 110 00 2 Inpatient hospice facility
- 621 999 90 5 Home infusion therapy
- 777 610 00 1 Other home health service, including inhalation or perfusion therapy - Specify ↴

0701

Other kind of business or activity

- 446 199 00 C Home health care supplies and medical equipment store
- 532 291 00 2 Home health care furniture and equipment rental or leasing
- 773 000 00 2 Other kind of business or activity - Specify ↴

0701

20 and 21 Not Applicable.

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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 traditional home health care services, medically related services specified by a physician in a plan of care and which are delivered to the patient's residence. Exclude receipts from physician services or from medical equipment services billed separately.

Line 1a - Report receipts from traditional home health care services combined with physical, occupational, and/or speech therapy.

Line 2 - Report receipts from the palliative care of the terminally ill, normally in the patient's residence (e.g., supportive medical, social, homemaker, and spiritual services).

Line 3 - Report receipts from home delivery and intravenous administration of life-sustaining nutrients, chemotherapy, antibiotics, and other medications that are needed to effectively treat certain conditions that do not respond to products when ingested orally.

Line 4 - Report receipts from home delivery and administration of respiratory medications and sleep disorder products to patients with conditions, such as chronic obstructive pulmonary disease (COPD), asthma, lung cancer, and sleep apnea.

Line 5 - Report receipts from services provided at a patient's residence that require a registered nurse or a licensed practical nurse to deliver. Include private duty nursing care. Report traditional home health care services on **line 1**.

Line 7 - Report receipts from personal care, light housekeeping, client transport, meal preparation, and client companionship services.

Line 8a - Report receipts from the rental or lease of medical equipment, such as hospital beds, wheelchairs, infusion and respiratory equipment, and supplies used by patients in their residences. Services may include delivery, set up, instruction, and maintenance of equipment.

Line 13 - 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 14**.

Line 14 - 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. Traditional home health care services						
a. With rehabilitative services	30271					
b. Without rehabilitative services	30272					
c. Sum lines 1a and 1b	30270					
2. Home hospice care services	30280					
3. Home infusion therapy services	30290					
4. Home respiratory therapy services	30300					
5. Home nursing care services	30310					
6. Outpatient physical, occupational, and speech therapy services	30320					
7. Homemaker and personal care services	30330					
8. Rental or lease of goods and/or equipment						
a. Medical equipment	39512					
b. All other goods and/or equipment	39513					
c. Sum lines 8a and 8b	39500					

CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

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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 - Continued

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
9. Resale of merchandise					
a. Prescription drugs	39655				
b. Non-prescription drugs, vitamins, supplements, and herbal remedies	39656				
c. Optical goods	39651				
d. Orthopedic appliances	39652				
e. All other medical equipment and supplies	39653				
f. Resale of all other merchandise - <i>Specify</i> ↴					
_____	39654				
g. Sum lines 9a through 9f	39600				
10. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
_____	39751				
11. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850				
12. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
13. Investment income, including interest and dividends	39920				
14. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				
15. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
_____	39966				
16. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	39990				

23-25 Not Applicable.

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26 SPECIAL INQUIRIES

FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007?
 (Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 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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