



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

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.

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 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 →

0815

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.)

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

CONTINUE WITH 19 ON PAGE 3

CONTINUE 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

Nursing and residential care facilities - Continued

- 0700 561 210 00 6 Detention centers for adults
- 777 620 00 1 Other nursing or residential care facility - *Specify* ↴

0701

Other health services

- 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)
- 624 120 00 1 Adult activity or day care center
- 621 610 00 2 Home hospice care
- 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)

Other kind of business or activity

- 773 000 00 2 Other kind of business or activity - *Specify* ↴

0701

20-29 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
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report	Title
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Telephone	Area code	Number		Extension	Fax	Area code	Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Internet e-mail address	Date completed	Month	Day	Year
<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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