



# 2007 ECONOMIC CENSUS

## Services for the Elderly, Mentally Retarded, and Disabled

**DUE DATE**  
**FEBRUARY 12, 2008**

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

HC-62402

**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](http://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. • Please center numbers in their respective boxes. Examples:
  - Do not use pencil or felt-tip pen. • Do not put slashes through 0 or 7.
  - Place an "X" inside the box.
- 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
			-

**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

62402011

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

0018

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.

If a figure is \$1,025,628.79:

Report

If a value is "0" (or less than \$500.00):

Report

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.
	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

Mark "X" if None

B. Operating receipts of this (taxable) establishment . . . . . 0100

**C. Revenue and expenses of this (tax-exempt) establishment**

1. Revenue . . . . . 0101

2. Expenses (Include payroll. Exclude contributions, gifts, and grants paid.) . . . . . 0140

2007			
\$ Bil.	Mil.	Thou.	Dol.

**6 Not Applicable.**

62402029

**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).

Mark "X" if None	2007
	Number
<input type="checkbox"/>	

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

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

Mark "X" if None	2007			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				

**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.)

**Residential care for the elderly, mentally retarded, and disabled**

- 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 2  Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 777 624 02 1  Other residential care facility for the elderly, mentally retarded, or disabled - Specify

0701

**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 2  Agency for the aging
- 624 120 00 3  Multi-service organization providing a range of social assistance services to the elderly, mentally retarded, or disabled
- 624 120 00 4  Homemaker or companion service (providing services, such as cooking and cleaning - **no** health care services provided)

CONTINUE WITH 19 ON PAGE 4

CONTINUE ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

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

- 0700 624 120 00 5  Independent living skills training
- 624 120 00 6  Support group for the disabled
- 624 120 00 7  Social work case management service
- 624 120 00 8  Child early intervention center or service (providing services to children with disabilities or special needs)
- 624 210 00 3  Non-profit meal delivery service and/or congregate meals
- 485 991 00 1  Special needs transportation, including paratransit, senior citizen, non-emergency medical, handicapped, etc.
- 624 310 00 2  Job placement, training, or counseling program, including sheltered workshops
- 777 620 00 5  Other social assistance services primarily for the elderly, mentally retarded, or disabled - Specify ↴

0701

Counseling and health services

- 621 420 00 1  Mental health clinic, excluding alcohol and substance abuse treatment
- 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.)
- 624 120 00 9  Other non-medical counseling service to the elderly or disabled
- 621 610 00 1  Home health care provider, including visiting nurse associations
- 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)
- 621 999 10 2  Medical case management
- 777 620 00 3  Other health service - Specify ↴

0701

Services for children and youth

- 624 410 00 1  Child day care services, including those with preschool
- 624 110 00 6  Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 5  Social work case management services for children without disability or mental illness
- 777 620 00 4  Other social assistance services primarily for children or youth - Specify ↴

0701

CONTINUE WITH 19 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.

**19** KIND OF BUSINESS OR ACTIVITY - Continued

**Other individual and family services**

- 0700 624 190 00 1  Community action agency
- 624 190 00 2  Family service agency
- 624 190 00 E  Other multi-service organization, primarily providing a range of social assistance services to families and/or individuals, regardless of age
- 777 620 00 6  Other individual and family social assistance services - *Specify* ↴

0701

**Grantmaking, giving, advocacy, and all other activities**

- 777 620 00 7  Grantmaking or giving organization not directly providing social services - *Specify* ↴

0701

- 777 620 00 8  Advocacy group - *Specify cause or belief promoted* ↴

0701

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

0701

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

0701

**20 and 21** Not Applicable.

**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 1c** - Report receipts from providing temporary shelter for children, youth, and families.

**Lines 1d, 2f, and 3a** - Report receipts from providing advice and support by offering non-medical counseling and developmental services to promote the physical, emotional, and life skills development.

**Lines 1e and 3b** - Report receipts from providing access to a group gathering with a common problem or concern to offer advice, emotional support, guidance, and feedback to each other.

**Line 1f** - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development.

**Line 1g** - Report receipts from providing daily custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day. Services may be provided in the day-care center, child's home, etc. Report preschool receipts, including preschool combined with child day care, on **line 11**.

**Line 1h** - Report receipts from providing immediate help by telephone in the form of non-judgmental, active listening, and information and referral, that assist the child or youth callers in dealing with a situation or problem they face.

**Line 3c** - Report receipts from providing crisis intervention and protective services for adults who have been abused, neglected, or exploited, and are unable to take steps to correct their situation.

**Line 7** - Report receipts from providing information and referrals on topics, such as HIV/AIDS, substance abuse, pregnancy and parenting, health matters, social services, and other community resources.

**Line 8** - Report receipts from providing social assistance services to the general population. Exclude receipts from providing food services, shelter services, or information and referral services to the general population.

CONTINUE WITH **2** ON PAGE 6

62402052



**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

**Line 9** - Report receipts from providing a bundle of services offered by social assistance membership organizations to members in exchange for payment of nonrefundable initiation fees and/or annual membership dues.  
**Line 10** - Report receipts from providing seminars, workshops, and other training to promote social issues.  
**Line 17** - 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 18**.  
**Line 18** - 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	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>1.</b> Social assistance services for children, youth, and families					
<b>a.</b> Adoption services	30581				
<b>b.</b> Foster care and guardianship arrangement services for children, youth, and families	30582				
<b>c.</b> Social assistance services related to shelter for children, youth, and families	30583				
<b>d.</b> Counseling and developmental services	30584				
<b>e.</b> Self-help group services	30585				
<b>f.</b> Children and youth service programs	30586				
<b>g.</b> Child day care services	30587				
<b>h.</b> Crisis intervention services for children and youth (Include youth telephone hotline services)	30588				
<b>i.</b> Other social assistance services for children, youth, and families - Specify	30589				
<b>j. Sum lines 1a through 1i</b>	30580				
<b>2.</b> Social assistance services for the elderly and disabled					
<b>a.</b> Prepared on-site meals	30601				
<b>b.</b> Prepared meals at home	30602				
<b>c.</b> Vocational rehabilitation services for the disabled	30603				
<b>d.</b> Adult day care services for the elderly and disabled	30604				
<b>e.</b> Social interaction services, on-site	30605				
<b>f.</b> Counseling and developmental services	30606				
<b>g.</b> Other social assistance services for the elderly and disabled - Specify	30607				
<b>h. Sum lines 2a through 2g</b>	30600				

CONTINUE WITH 22 ON PAGE 7

CONTINUE ON PAGE 7

62402060



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			
<b>3.</b> Social assistance services for adults <i>(Exclude the elderly and disabled)</i>					
<b>a.</b> Counseling and developmental services	30611				
<b>b.</b> Self-help group services	30612				
<b>c.</b> Crisis intervention services	30613				
<b>d.</b> Vocational rehabilitation services <i>(Exclude the disabled)</i>	30614				
<b>e.</b> Other social assistance services for adults <i>(Exclude the elderly and disabled) - Specify</i>	30615				
<b>f. Sum lines 3a through 3e</b>	30610				
<b>4.</b> Social assistance services for immigrants and refugees					
<b>a.</b> Emergency relief services	30621				
<b>b.</b> Other social assistance services for immigrants and refugees - <i>Specify</i>	30622				
<b>c. Sum lines 4a and 4b</b>	30620				
<b>5.</b> Social assistance food services for the general population	30630				
<b>6.</b> Social assistance services related to shelter for the general population	30640				
<b>7.</b> Information and referral services	30650				
<b>8.</b> Other social assistance services for the general population - <i>Specify</i>	30660				
<b>9.</b> Membership services <i>(Include initiation fees and dues)</i>	32510				
<b>10.</b> Training services related to social assistance	30680				
<b>11.</b> Pre-primary grade instructional programs <i>(Include preschool programs combined with child day care)</i>	30690				
<b>12.</b> Outpatient rehabilitation services for substance abuse	30710				
<b>13.</b> Resale of merchandise - <i>Specify</i>	39662				

CONTINUE WITH **22** ON PAGE 8

CONTINUE ON PAGE 8

62402078



**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>14.</b> All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39756				
<b>15. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B</b> . . . . .	39850				
<b>16.</b> Contributions, gifts, and grants					
<b>a.</b> Government . . . . .	39900				
<b>b.</b> Private, including individuals, community efforts, and commissioned fundraisers . . . . .	39910				
<b>17.</b> Investment income, including interest and dividends . . . . .	39920				
<b>18.</b> Gains (losses) from assets sold ( <i>Report losses by including a dash prior to the dollar amount.</i> ) . . . . .	39930				
<b>19.</b> All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39973				
<b>20. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1</b> . . . . .	39990				

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

**A. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS**  
*(To be completed only by those indicating "Yes" in 5, line A2.)*

**1.** During 2007, did this establishment do **any** of the following:

- award grants
- make gifts or contributions
- make payments to, or on behalf of, specific individuals
- pay assessments (dues) to the parent or other chapters of the same organization
- transfer funds raised by this establishment to charities or other organizations for charitable purposes?

3861  Yes - Go to line 2

3862  No - Go to **B**

**2.** Amount of grants, transferred contributions, and similar payments . . . . . 3865

2007			
\$ Bil.	Mil.	Thou.	Dol.

CONTINUE WITH 26 ON PAGE 9

62402086



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

**26** SPECIAL INQUIRIES - Continued

**B. SOCIAL ASSISTANCE**

Estimate the percent of receipts for social assistance services reported in **22**, lines 1 through 8, from the following payers:

- 1. Government payers . . . . . 3741
- 2. Private payers . . . . . 3742
- 3. **TOTAL** . . . . .

2007	
Percent	
	%
	%
1 0 0	%

**C. 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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