



2002 ECONOMIC CENSUS

NURSING AND RESIDENTIAL CARE FACILITIES

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

HC-62301

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 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.

**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. Examples:
- 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 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

2002	
Number of months	

Mark "X" if None

2 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 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025

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 Yes

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.?

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



62301015

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

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

Mark "X" if None

Report

Report

2002		
\$ Mil.	Thou.	Dol.
1	0 2 6	

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Include receipts (revenue) from both healthcare activities and non-healthcare activities, such as laundry services, beauty and barber services, and television rental, if owned and operated by this institution.)

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

2002		
\$ Mil.	Thou.	Dol.

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

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181 Yes - Go to line B

0182 No - Go to 6

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.) 0185



62301023

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

6 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 2.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

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

Mark "X" if None	2002		
	Number		

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

1. Annual payroll 0300

2. First quarter payroll (January-March, 2002) 0310

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in 6.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to 18

B. Number of leased employees for pay period including March 12. 0370

Mark "X" if None	2002		
	Number		

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees 0350

2. First quarter payroll for leased employees (January-March, 2002) 0360

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

62301031

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
- 624 229 00 36 Other housing service to low-income individuals and families, excluding long-term housing *(Include services such as volunteer housing repair, housing counseling, etc.) - Specify ↴*

0701

- 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 facilities and services

- 622 110 20 12 General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities
- 777 623 01 17 Other hospital - *Specify type ↴*

0701

- 621 610 00 13 Home health care provider, including visiting nurse associations
- 621 610 00 21 Home hospice care
- 624 120 00 44 Homemaker or companion service (providing services such as cooking and cleaning - **no** health care services provided)

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

18 KIND OF BUSINESS OR ACTIVITY - Continued

Other health facilities and services - Continued

- 0700 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)
- 777 620 00 37 Other health service - *Specify* ↴

0701

Other kind of activity or facility

- 773 000 00 36 Other kind of activity or facility - *Specify* ↴

0701

19-21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 4) 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 2 - Report payments for inpatient nursing care, including all associated services whether or not billed separately.

Line 3 - Report payments for care to the mentally retarded provided in a facility (or portion of a facility) certified to receive Medicaid reimbursement as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Line 5 - Report payments for the residential care of youth, the elderly, the disabled, and others, **except** for nursing home services reported in line 2 and residential care for the mentally retarded which should be reported on line 3.

Line 8 - Hospitals should report net inpatient receipts less inpatient nursing receipts which should be reported on line 2, intermediate care for the mentally retarded which should be reported on line 3, and inpatient hospice care which should be reported on line 7.

Line 9 - Hospitals should report net outpatient receipts less home health care receipts which should be reported on line 6 and home hospice care which should be reported on line 7.

Lines 10, 11, 12, and 13 - Report sales that are charged separately from nursing or residential services provided.

Line 14 - Report all other receipts from providing services to patients, employees, and others (e.g., parking fees, hair and nail services, etc.) if such operations are owned and operated by this institution.

Line 17 - Report investment income, including interest and dividends. 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.

Line 19 - Report only rents and commissions from the departments and concessions **not** owned and operated by this institution. Do **not** include their gross sales or billings.

Line 20 - Do not include receipts from government programs (e.g., Medicare, Medicaid) on this line.

Line 21 - Amounts received from providing goods or services, except medical, to patients and others should be reported on previous lines.

Description of sales, shipments, receipts, or revenue	Census use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
1. Continuing care retirement community entrance fee payments	30370			
2. Nursing home service	30310			
3. Intermediate care for the mentally retarded	30320			

CONTINUE WITH 22 ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
4. Inpatient hospice care	30280			
5. Residential care - no health care services provided	30380			
6. Home health care services, excluding services performed by physicians	30260			
7. Home hospice care	30270			
8. Hospital inpatient services (<i>Exclude nursing home, intermediate care, and hospice services delivered in the hospital.</i>)	30330			
9. Hospital outpatient services (<i>Exclude home health care and hospice services.</i>)	30350			
10. Sales of food and beverages (<i>Include cafeteria sales.</i>)	39200			
11. Sales of durable medical equipment	39008			
12. Sales of all other merchandise (<i>e.g., gift shop, florist</i>)	39011			
13. Rental or lease of goods and/or equipment				
a. Rental or lease of medical equipment	39251			
b. Rental or lease of all other goods and/or equipment	39252			
c. Sum lines 13a and 13b	39250			
14. All other amounts received from providing services to patients and others - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴				
	39505			
15. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal Ⓐ, line B	39690			
16. Contributions, gifts, and grants				
a. Government	39700			
b. Private, including individuals, community efforts, and commissioned fundraisers	39710			
17. Investment income, including interest and dividends	39720			
18. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39730			
19. Rents and commissions from departments and concessions not owned and operated at this institution	39740			

CONTINUE WITH **23** ON PAGE 7

62301064

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	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
20. Appropriations from general government revenues and intergovernmental transfers (Only governmental or military institutions should report here.)	39750			
21. All other revenue - Specify if more than 10 percent of total receipts or revenue ↴ 	39905			
22. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1	39990			

23-28 Not Applicable.

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



62301072

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 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report	0073 Title

Telephone 0074	Area code	Number		Extension	Fax 0075	Area code	Number	
		-					-	

0076 Internet e-mail address	Date completed 0069	Month	Day	Year

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



62301080