# U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

## 2012 ECONOMIC CENSUS
Home Health Care Services

(Please correct any errors in this mailing address.)

**DUE DATE**
FEBRUARY 12, 2013

**Need help or have questions?**
- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [econhelp.census.gov](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

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**Report Online - It's fast and secure!**
Go to: [econhelp.census.gov](http://econhelp.census.gov)

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

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**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.

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**1 EMPLOYER IDENTIFICATION NUMBER**
Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  □ Yes - Go to 0022  □ No - Enter current EIN (9 digits) 0025

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**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

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**CONTINUE WITH ON PAGE 2**

**PENALTY FOR FAILURE TO REPORT**

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**CONTINUE ON PAGE 2**
**PHYSICAL LOCATION - Continued**

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? *(Mark “X” only ONE box.)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No legal boundaries</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>0041</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0042</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0043</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0044</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C.** In what type of municipality is this establishment physically located? *(Mark “X” only ONE box.)*

<table>
<thead>
<tr>
<th></th>
<th>City, village, or borough</th>
<th>Town or township</th>
<th>Other</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>0046</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0047</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0048</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0024</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPERATIONAL STATUS**

Which ONE of the following best describes this establishment’s operational status at the end of 2012? *(Mark “X” only ONE box.)*

<table>
<thead>
<tr>
<th></th>
<th>In operation</th>
<th>Temporarily or seasonally inactive</th>
<th>Ceased operation - Give date at right</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>0011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INFORMATION COPY**

**MONTHS IN OPERATION**

Number of months in operation during 2012 *(If none, mark “X” and go to 5D.)*

<table>
<thead>
<tr>
<th></th>
<th>2012 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td></td>
</tr>
</tbody>
</table>
**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

- If a figure is $2,035,628.79:
  - Report
  - Example

- If a value is "0" (or less than $500.00):
  - Mark "X"

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**5 REVENUE OR RECEIPTS**

**A. Tax Status**

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?

- Mark "X" if None

<table>
<thead>
<tr>
<th>2012</th>
<th>$ Bil.</th>
<th>Mil.</th>
<th>Thou.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 0 3 6</td>
</tr>
</tbody>
</table>

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

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

1. **Revenue**
2. **Expenses**

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**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 to the left of 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**

<table>
<thead>
<tr>
<th>2012</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Payroll before deductions**

*(Exclude employer’s cost for fringe benefits.)*

1. **Annual payroll**
2. **First quarter payroll (January-March 2012)**

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**8 Not Applicable.**
## KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment’s principal kind of business or activity in 2012? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. **Mark “X” only ONE box.**

### Home health services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>621 610 00 1</td>
<td>Home health care provider, including visiting nurse associations</td>
</tr>
<tr>
<td>621 610 00 4</td>
<td>Home health care provider - providing physical, speech, and/or occupational therapy services</td>
</tr>
<tr>
<td>561 320 00 1</td>
<td>Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers</td>
</tr>
<tr>
<td>621 610 00 2</td>
<td>Home hospice care</td>
</tr>
<tr>
<td>623 110 00 2</td>
<td>Inpatient hospice facility</td>
</tr>
<tr>
<td>624 120 00 4</td>
<td>Home health or companion services such as cooking and cleaning - no health care provided</td>
</tr>
<tr>
<td>621 610 00 5</td>
<td>Home infusion therapy</td>
</tr>
</tbody>
</table>

**Other kind of business or activity**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>446 199 00 C</td>
<td>Home health care supplies and medical equipment store</td>
</tr>
<tr>
<td>532 291 00 2</td>
<td>Home health care furniture and equipment rental or leasing</td>
</tr>
<tr>
<td>773 000 00 2</td>
<td>Other kind of business or activity - Describe type of business or activity</td>
</tr>
</tbody>
</table>

20 and 21 Not Applicable.

## DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in 3) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 3. 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 providing an intermittent to 24-hour care bundle of medical and support services which are specified by a physician and delivered within the client’s residence. Report receipts from services and equipment billed separately on **lines 2 through 10**.

**Line 1a** - Depending on patient need, the bundle includes physical, occupational, and speech therapy; and may include skilled nursing care, medical social services, and home aide services.

**Line 1b** - Depending on patient need, the bundle may include skilled nursing care, medical social services, and home aide services.

**Line 2** - Report receipts, billed separately, for the services of a skilled nurse to patients for periods ranging from intermittent to 24-hour live-in care, in accord with physician instruction. Report skilled nursing services provided as part of a bundle on **lines 1a and 1b**.

**Line 3** - Report receipts, billed separately, from the care of the terminally ill, normally in the patient’s residence (e.g., supportive medical, social, homemaker, and spiritual services).

**Line 4** - Report receipts, billed separately, from home delivery and administration of intravenous life-sustaining nutrients, chemotherapy, antibiotics, and other medications that are needed to effectively treat certain conditions of patients that do not respond to products ingested orally.

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CONTINUE WITH 22 ON PAGE 5
### DETAIL OF REVENUE OR RECEIPTS - Continued

<table>
<thead>
<tr>
<th>Line</th>
<th>Description of revenue or receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Report receipts, billed separately, 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.</td>
</tr>
<tr>
<td>6</td>
<td>Report receipts, billed separately, from the provision of physical, occupational, and speech therapy services in accord with physician instruction, to treat patients at home who are recovering from injury, joint replacement, stroke, and other debilitating conditions.</td>
</tr>
<tr>
<td>7</td>
<td>Report receipts, billed separately, from providing therapeutic counseling in support of caregivers, family and other advocates of patients. May include emotional, financial, and social counseling as well as advising patients and families on the type and location of specific services.</td>
</tr>
<tr>
<td>8a</td>
<td>Report receipts, billed separately, from assistance to elderly and disabled adults with household cleaning, laundry, cooking, and shopping. Include receipts for delivery of meals to the home (e.g., meals-on-wheels).</td>
</tr>
<tr>
<td>8b</td>
<td>Report receipts, billed separately, from personal care services only (no medical care) for elderly and disabled adults to enable them to continue living alone or with relatives, rather than in an institution. Personal care services include assistance with bathing, eating, grooming, and assistance with self-administered medicines.</td>
</tr>
<tr>
<td>8c</td>
<td>Report receipts, billed separately, from providing homemaker or personal care services to people in their homes, except for elderly and disabled adults. Include receipts for delivery of meals to the home (e.g., “meals-on-wheels”).</td>
</tr>
<tr>
<td>9a</td>
<td>Report receipts, billed separately, 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.</td>
</tr>
<tr>
<td>14</td>
<td>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 15.</td>
</tr>
<tr>
<td>15</td>
<td>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.</td>
</tr>
<tr>
<td>2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ Bil.</td>
</tr>
<tr>
<td>Description of revenue or receipts</td>
<td></td>
</tr>
<tr>
<td>1. Home health care bundled service</td>
<td></td>
</tr>
<tr>
<td>a. With rehabilitative services</td>
<td>30271</td>
</tr>
<tr>
<td>b. Without rehabilitative services</td>
<td>30272</td>
</tr>
<tr>
<td>c. Add lines 1a and 1b</td>
<td>30270</td>
</tr>
<tr>
<td>2. Home nursing care services</td>
<td>30310</td>
</tr>
<tr>
<td>3. Home hospice (end of life) care services</td>
<td>30320</td>
</tr>
<tr>
<td>4. Home infusion therapy services</td>
<td>30330</td>
</tr>
<tr>
<td>5. Home respiratory therapy services</td>
<td>30340</td>
</tr>
<tr>
<td>6. Home physical, occupational, and speech therapy services</td>
<td>30550</td>
</tr>
<tr>
<td>7. Home support counseling services</td>
<td>30740</td>
</tr>
</tbody>
</table>
## 8. Non-medical home aide services

a. Home aide services for elderly and disabled adults - Homemaker services
   
   Estimate are acceptable.
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

b. Home aide services for elderly and disabled adults - Personal care services
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

c. Home aide services, excluding elderly and disabled adults
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

## 9. Rental or lease of goods and/or equipment

a. Medical equipment
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

b. All other goods and/or equipment
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

c. Add lines 9a and 9b
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

## 10. Resale of merchandise

a. Prescription drugs
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

b. Non-prescription drugs, vitamins, supplements, and herbal remedies
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

c. Optical goods
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

d. Orthopedic appliances
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

e. Hearing aids
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

f. All other resale of medical equipment and supplies
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

g. Resale of all other merchandise - Describe
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

h. Add lines 10a through 10g
   
   $\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

## 11. All other operating receipts - Describe if more than 10 percent of total receipts or revenue

$\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$

## 12. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal, line B

$\text{Bil.} \quad \text{Mil.} \quad \text{Thou.}$
### 22. DETAIL OF REVENUE OR RECEIPTS - Continued

<table>
<thead>
<tr>
<th>Description of revenue or receipts</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report thousands of dollars. Estimates are acceptable.</td>
</tr>
<tr>
<td></td>
<td>$ Bil.</td>
</tr>
</tbody>
</table>

#### 13. Contributions, gifts, and grants

- **a.** Government
  
- **b.** Private, including individuals, community efforts, and fundraising *(Include commissioned fundraising.)*

#### 14. Investment income, including interest and dividends

#### 15. Gains (losses) from assets sold *(Report losses by including a dash prior to the dollar amount.)*

#### 16. All other revenue *(Describe if more than 10 percent of total receipts or revenue)*

#### 17. TOTAL REVENUE *(For tax-exempt establishments, sum of lines should equal 0, line C1)*

| 23 – 25 | Not Applicable. |

#### 26. SPECIAL INQUIRIES

**FRANCHISE**

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012? *(Mark “X” only ONE box.)*

   - **0237** Yes - franchisee-owned establishment
   - **0238** Yes - franchisor-owned establishment
   - **0239** No

2. If yes, provide the trademark(s) below.

   **0235**

| 27 – 29 | Not Applicable. |

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**DO NOT USE TO REPORT**
REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

Thank you for completing your 2012 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.