



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

FORM

HC-62301 (11-16-2011)

2012 ECONOMIC CENSUS

Nursing, Assisted Living, and Residential Care Facilities

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

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

HC-62301

**INFORMATION COPY
DO NOT USE TO REPORT**

Report Online - It's fast and secure!
Go to: econhelp.census.gov

- **OR** -

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

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.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

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 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 **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		

--	--	--	--	--	--	--	--	--	--	--	--

CONTINUE WITH **2** ON PAGE 2

62301015



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.)

- 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

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012? (Mark "X" only ONE box.)

- 0011 In operation
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - Give date at right →
- | Month | Day | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 0015 Sold or leased to another corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

INFORMATION COPY
DO NOT USE TO REPORT

0060 Name of new owner or operator	0061 EIN (9 digits)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

0016 Other - Specify →

4 MONTHS IN OPERATION

Number of months in operation during 2012 (If none, mark "X" and go to 30.)	0002	Mark "X" if None 2012 Number <input type="checkbox"/> <input style="width: 20px; height: 20px;" type="text"/>
---	------	---

62301023



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

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79**:

Report →

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

Report →

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

5 REVENUE OR RECEIPTS

(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

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

INFORMATION COPY
DO NOT USE TO REPORT

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.

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 bad debt and other expenses identified on the information sheet.) 0140

6 Not Applicable.

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 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).

Mark "X" if None

2012	
Number	

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

2012		
\$ Bil.	Mil.	Thou.

1. Annual payroll 0300

2. First quarter payroll (January-March 2012) 0310

8-18 Not Applicable.

62301031



19 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.

Nursing, assisted living, and residential care facilities

- 0700 623 110 00 1 Licensed nursing facility - skilled nursing care facilities or nursing care facilities providing nursing or rehabilitation services
- 623 312 00 3 Home for the elderly, including independent living or assisted living facility without on-site nursing care facility
- 623 311 00 1 Continuing care retirement community (*Home for the elderly, including independent living services or assisted living facility with on-site nursing care facility.*)
- 623 210 00 2 Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 623 210 00 3 Adult foster care for the intellectually or developmentally disabled
- 623 220 00 2 Residential facility for the mentally ill, excluding intellectual and developmental disability facilities
- 623 220 00 1 Residential school or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 110 00 2 Inpatient hospice facility
- 623 990 00 1 Children's home, group foster home, or orphanage
- 623 990 00 2 Juvenile correctional center or home
- 611 110 00 2 Boarding school providing elementary or secondary education
- 623 990 00 3 Halfway home for delinquents and offenders
- 623 990 00 4 Halfway home for persons with social or personal problems
- 624 221 00 1 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624 229 00 3 Other housing services to low-income individuals and families, excluding long-term housing (*Include volunteer housing repair, housing counseling, etc.*) - Describe ↴

0701

- 531 110 10 4 Apartment building lessor only - no residential care or health services provided
- 777 620 00 1 Other nursing or residential care facility - Describe ↴

0701

Other health facilities and services

- 624 120 00 1 Adult activity or day care center
- 621 340 20 1 Physical therapist(s)
- 621 340 10 1 Speech therapist(s) and/or audiologist(s)
- 621 340 20 5 Occupational therapist(s)
- 621 610 00 2 Home hospice care

INFORMATION COPY
 DO NOT USE TO REPORT

62301049



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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Other health facilities and services - Continued

- 0700 621 610 00 1 Home health care provider, including visiting nurse associations
- 624 120 00 4 Homemaker or companion services such as cooking and cleaning - **no** health care provided
- 622 110 20 1 General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities
- 777 620 00 3 Other health services - Describe ∇

0701

Other kind of activity or facility

- 773 000 00 3 Other kind of activity or facility - Describe ∇

0701

INFORMATION COPY
DO NOT USE TO REPORT

20 and 21 Not Applicable.

22 DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in 5) 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 services to residents in independent living facilities who do not require daily assistance with medical or personal care. Services may include periodic personal care assistance. Include the provision of independent living apartments for the elderly. Report receipts from daily assisted living services to orphans and foster children on **line 2**, and receipts from halfway homes or disciplinary youth camps on **line 3d(1)**.

Line 2 - Report receipts from providing daily assisted living services to residents in care facilities who require help with activities of daily living (ADLs) (e.g., bathing, dressing, grooming, or eating) without providing rehabilitation or counseling services. Include daily assisted living services to orphans or foster children.

Line 3a - Report receipts from providing daily assisted living services bundled with mental and physical rehabilitation services to residents of intellectual and developmental disability facilities or to mentally ill residents in care facilities. Report inpatient treatment for substance abuse on the appropriate detail lines under **line 3b**.

Line 3b - Report receipts from providing daily assisted living services to residents of healthcare facilities that are suffering an addiction or dependency on alcohol or drugs. Services may include detoxification, substance abuse counseling, treatments, and therapies, and other designated medical care. Report receipts for outpatient substance abuse services on **line 5**.

Line 3c - Report receipts from providing daily assisted living services bundled with physical, speech, and/or occupational rehabilitation services to physically disabled residents of care facilities.

Line 3d - Report receipts from providing daily assisted living services bundled with counseling services to residents of care facilities who require behavioral remediation. Counseling services include programs to develop daily life management, personal finance management, and household and job seeking skills. Include halfway homes or disciplinary youth camps.

Line 4a - Report receipts from providing assistance with activities of daily living (ADLs) bundled with nursing services to residents of healthcare facilities, who require daily nursing care, but where rehabilitative services are not provided.

Line 4b - Report receipts from providing assistance with activities of daily living (ADLs) bundled with nursing services to residents of healthcare facilities, who require daily nursing care and physical or mental rehabilitation.

Line 5 - Report receipts from providing rehabilitation services for substance abuse on an outpatient basis. Examples include detoxification and substance abuse counseling, treatments, and therapies.

Line 6 - Report receipts from assuring a prospective or actual resident of a health care facility that space will be available in the future at the same facility, usually in return for advanced payment and/or monthly payments.

Line 7 - Report receipts from providing short term care in a health care facility, usually for temporary illnesses, or to periodically relieve regular caregivers of the burden of day-to-day care.

Line 18 - 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 19**.

Line 19 - 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.

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

62301056



22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
1. Independent living services 30450			
2. Daily assisted living services without rehabilitation and counseling services (Include children and adults. Exclude nursing facilities.) 30460			
3. Daily assisted living services with rehabilitation and therapy/counseling services (Exclude nursing facilities.)			
a. Mental rehabilitation services for the intellectually and developmentally disabled or the mentally ill (Exclude substance abuse.)			
(1) Children 30491			
(2) Adults 30492			
(3) Add lines 3a(1) and 3a(2) 30490			
b. Detoxification and substance abuse therapy			
(1) Children 30721			
(2) Adults 30722			
(3) Add lines 3b(1) and 3b(2) 30720			
c. Daily assisted living services with physical, speech, and/or occupational rehabilitation services			
(1) Children 30731			
(2) Adults 30732			
(3) Add lines 3c(1) and 3c(2) 30730			
d. Daily assisted living services with counseling services			
(1) Children 30501			
(2) Adults 30502			
(3) Add lines 3d(1) and 3d(2) 30500			

**INFORMATION COPY
DO NOT USE TO REPORT**

62301064



CONTINUE WITH **22** ON PAGE 7

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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
4. Daily assisted living and skilled nursing services			
a. Skilled nursing services without rehabilitation services 30510			
b. Skilled nursing services with rehabilitation services			
(1) Physical, speech, and/or occupational rehabilitation services 30520			
(2) Mental rehabilitation services (Exclude substance abuse) 30521			
(3) Add lines 4b(1) and 4b(2) 30520			
5. Outpatient rehabilitation services for substance abuse 30710			
6. Right to occupy (life lease) services (Include entrance fees for continuing care retirement community.) 30570			
7. Respite care services 30530			
8. Residential facility hospice (end of life) care services 30540			
9. Home hospice (end of life) care services 30280			
10. Adult day care services for elderly and disabled adults 31565			
11. Child day care services 30590			
12. Meals and beverages, prepared and served or dispensed, for immediate consumption (Include cafeteria sales.) 39460			
13. Rental of non-residential space in buildings or other facilities 39550			
14. Resale of merchandise - Describe ↴			
[] 39659			
15. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴			
[] 39754			
16. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			

INFORMATION COPY
DO NOT USE TO REPORT

62301072



22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
17. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) 39910			
18. Investment income, including interest and dividends 39920			
19. Gains (losses) from assets sold (Report losses by including gains prior to the dollar amount.) 39920			
20. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴			
[Redacted] 39971			
21. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal ②, line C1 39990			

INFORMATION COPY
DO NOT USE TO REPORT

23-29 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

Area code	Number	Extension
[][][]	[][][][] - [][][][]	[][][]

Fax	Area code	Number
	[][][]	[][][][] - [][][][]

E-mail address

Date completed	Month	Day	Year
	[][]	[][]	[][][][]

Thank you for completing your 2012 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

62301080

