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

FORM
**SA-6216A**

**DUE DATE**

# 2001 SERVICE ANNUAL SURVEY

## Home Health Care Services

136 SAS_H
621610 E

*(Please correct any error in name, address, or ZIP Code)*

**NOTICE —** Your report to the Census Bureau is **confidential** by law (Title 13, U.S. Code). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process.**

**RETURN COMPLETED FORM TO**

**U.S. CENSUS BUREAU**
**1201 East 10th Street**
**Jeffersonville, IN 47132-0001**

**Any questions call 1–800–772–7851 weekdays, 8:30 a.m. to 5:00 p.m. EST**

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

**Item 1 SURVEY COVERAGE**

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high tech care, such as intravenous therapy.

Does the above coverage describe this firm's business activity?

0001
1 ☐ Yes – *Continue with Item 3*
2 ☐ No – *Specify your business activity and continue with Item 3*

0002

**Item 2 NOT APPLICABLE TO THIS FORM**

**Item 3 REPORT PERIOD**

*Mark (X) the one box which best describes the period covered by your report.*

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

0006
1 ☐ Calendar year – *Go to Item 4A*
2 ☐ Fiscal year
3 ☐ Less than 12 months

| | 2001 | | |
|---|---|---|---|
| | Month | Day | Year |
| From 0007 | | | |
| To 0008 | | | |

## Item 4A REVENUE AND EXPENSES

| | Key code | 2001 Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **1. Total Revenue** — Please refer to the enclosed instruction sheet before making your entries. **An estimate is acceptable if a book figure is not available.** | 002 | | | | |
| **2. Total Operating Expenses** — Please refer to the enclosed instruction sheet before making your entries. **An estimate is acceptable if a book figure is not available.** | 003 | | | | |

## Item 4B SOURCES OF FUNDING

Report the percentage of total revenue reported in Item 4A from the sources listed at the right. Report whole percents.

**An estimate is acceptable if a book figure is not available.**

**Do not combine data for two or more detail lines.**

**Enter "0" in items where applicable.**

**Exclude intracompany transfers.**

**Lines 1a through 1c —** Government reimbursement for patient services (Medicare, Medicaid, and other government programs including veteran programs). Include funding from the State Children's Health Insurance Program (SCHIP), under Medicaid.

**Line 3 —** Private insurance and medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.). Include third party and direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. **Exclude** worker's compensation sources.

**Line 6 —** All other sources (include percentage from all other government operating subsidies, matching funds, and government contracts). Tax-exempt firms include the percentage of total revenue from interest, dividends, gross contributions and grants, rents, and royalties.

**NOTE —** The sum of lines 1 through 6 should equal 100%.

| **Patient Care Revenue** | | 2001 |
|---|---|---|
| **1.** Government reimbursement for patient services | 100 | |
| **a.** Medicare | | % |
| **b.** Medicaid | 101 | % |
| **c.** Other government (Veterans, NIH, Indian Affairs, etc.) – *Specify* 2010 | 102 | % |
| **2.** Worker's compensation | 103 | % |
| **3.** Private insurance | 104 | % |
| **4.** Patient (out-of-pocket) | 105 | % |
| **5.** All other patient care sources not elsewhere classified – *Specify* 2001 | 106 | % |
| **Non-Patient Care Revenue** | | |
| **6.** All other sources (grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts. etc.) – *Specify* 2002 | 107 | % |
| **TOTAL – *Sum of lines 1 through 6*** | | **100%** |

## Item 4C E-COMMERCE RECEIPTS/REVENUE

E-commerce includes sales and receipts from any transaction completed over an Internet, extranet, 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 and services may or may not be made online. Please see the General Instruction sheet for further clarification before completing this item.

**An estimate is acceptable if a book figure is not available.**

**1.** Did your firm have e-commerce receipts/revenue during 2001?

0011 1 ☐ Yes — *Enter the date your firm began e-commerce sales.* → 0010

| Month (i.e., June=06) | Year (i.e., 2001=01) |
|---|---|
| | |

2 ☐ No — *Continue to Item 5.*

| | Key code | 2001 Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **2.** What was your firm's e-commerce receipts/revenue for 2001? (Include e-commerce receipts/revenue in Item 4A. **Exclude** sales taxes.) | 005 | | | | |

**Item 5 SALES TAXES AND OTHER TAXES**

Were sales taxes or other taxes (i.e. amusement, occupancy, use, etc.) collected from customers and forwarded directly to taxing authorities?

0077 1 ☐ Yes – *Report the amount of such taxes* →
2 ☐ No – *Continue to Item 6.*

| Key code | 2001 Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|
| 007 | | | | |

**Item 6 NUMBER OF LOCATIONS**

Enter the total number of service locations covered by this report as of December 31, 2001. →

| 2001 Number |
|---|
| 0012 |

**Item 7 OWNERSHIP OR CONTROL**

**a.** Does another firm own more than 50 percent of the voting stock or have the power to control the management and policies of this company?

0013 1 ☐ Yes →
2 ☐ No

0014 Name of owning or controlling company

Number and street

City, State, and ZIP Code

0015 EIN → – 

**b.** Did this firm acquire or merge with another company during 2001?

0016 1 ☐ Yes →
2 ☐ No

0017 Name of company acquired or merged with

Number and street

City, State, and ZIP Code

Date of merger or acquisition → 0018 Month Year

0019 EIN → – 

**Item 8 REMARKS –** ***Please use this space for any explanations that may be helpful in understanding your reported data. For any separate correspondence pertaining to this report, please include the IDENTIFICATION number shown in the address label area or at the top of the page.***

0027

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, Room 3110, FB 3, U.S. Census Bureau, Washington, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

**Item 9 CERTIFICATION –** This report is substantially accurate and has been prepared in accordance with instructions.

0020 Name of person completing this report – *Please print*

0021 Address *(Number and street, city, State, ZIP Code)*

0022 Telephone — Area code | Number | Extension

Signature of authorized person

0023 Fax — Area code | Number | Extension

0024 Title

0025 Date

0026 E-mail address

***Please return the completed form in the enclosed envelope.***
***If you prefer, you may fax the completed form to 1–800–447–4613.***

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
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# SERVICE ANNUAL SURVEY

## GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. **If the report does not appear to apply to your kind of business or activity, describe your business or activity in Item 1 and complete the remainder of the form as accurately as possible.**

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

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**1201 East 10th Street**
**Jeffersonville, IN 47132-0001**

or call our Census Bureau representative in Jeffersonville, Indiana at 1–800–772–7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

**Always include** your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE, ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more revenue lines.

For location(s) sold or acquired during the year specified, report only for the period that the locations were operated by this firm.

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## SPECIFIC INSTRUCTIONS

### Taxable Firms

### Revenue

Report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. **Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.**

***Include –***

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

***Exclude –***

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.

# SERVICE ANNUAL SURVEY
## SPECIFIC INSTRUCTIONS – Continued

### Tax-Exempt Firms

### Revenue

Except for firms operating on a commission basis, report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. **Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.**

***Include –***

- Program service revenue for services provided in 2000, whether or not payment was received in 2000.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

***Exclude –***

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

### E-commerce Revenue

(In the following instructions, online refers to any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system.)

***Include –***

- Revenue from online orders for goods or services placed by a buyer.
- Revenue from online services provided where charges are based on the usage of those services (e.g., commissions or fees from use of computerized reservation systems, financial transaction processing systems, etc.)
- Commissions or fees from the trading of securities or the sale of other financial products online (e.g., insurance, loans, etc.).
- Commissions or fees from selling or from facilitating the sale of third party products (e.g., click-through including referral fees) through your company's Web site.

### E-commerce Revenue – Continued

***Include –***

- Revenue from orders or contracts negotiated online with a buyer and seller on the price and terms for transferring ownership or the rights to use goods or services.
- Revenue from telephone transactions using interactive voice response systems.

***Exclude –*** revenue from:

- Online billings where the order or contract was not negotiated online.
- Delivery of services online where the order or contract was not negotiated online.
- Provision of telecommunications and related infrastructure systems (e.g., data transfer, Web hosting, Internet access) where the order or contract for such services was not negotiated online.
- Orders for goods or services placed by facsimile machine or over switched telephone network.

### Expenses

Report costs incurred during the survey year specified even though payments may have been made at a later date.

***Include –***

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

***Exclude –***

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- **For firms engaged in raising funds –** Funds which are transferred to charities or other organizations.