



2012 ECONOMIC CENSUS

Home Health Care Services

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-62106

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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

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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 **2** ON PAGE 2

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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 →
- 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 ↴

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Month	Day	Year
[] []	[] []	[] [] [] []

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 →

4 MONTHS IN OPERATION

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

	2012 Number
Mark "X" if None	[] []

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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

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

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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

2012		
\$ Bil.	Mil.	Thou.

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.

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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.

Home health services

- 0700 621 610 00 1 Home health care provider, including visiting nurse associations
- 621 610 00 4 Home health care provider - providing physical, speech, and/or occupational therapy services
- 621 610 00 3 Nursing agency primarily providing nursing and nursing assistant services to patients in their homes
- 561 320 00 1 Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers
- 621 610 00 2 Home hospice care
- 623 110 00 2 Inpatient hospice facility
- 624 120 00 4 Home care or companion services such as cooking and cleaning - **no** health care provided
- 621 610 00 5 Home infusion therapy
- 454 113 22 5 Home infusion pharmacy only - does not provide infusion therapy services
- 777 610 00 1 Other home health services, including inhalation or perfusion therapy - *Describe* ↴

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0701

Other kind of business or activity

- 446 199 00 C Home health care supplies and medical equipment store
- 532 291 00 2 Home health care furniture and equipment rental or leasing
- 773 000 00 2 Other kind of business or activity - *Describe type of business or activity* ↴

0701

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 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.

CONTINUE WITH **22** ON PAGE 5

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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Line 5 - 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.

Line 6 - 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.

Line 7 - 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.

Line 8a - 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).

Line 8b - 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.

Line 8c - 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").

Line 9a - 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.

Line 14 - 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**.

Line 15 - 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.

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Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
1. Home health care bundled service			
a. With rehabilitative services 30271			
b. Without rehabilitative services 30272			
c. Add lines 1a and 1b 30270			
2. Home nursing care services 30310			
3. Home hospice (end of life) care services 30280			
4. Home infusion therapy services 30290			
5. Home respiratory therapy services 30300			
6. Home physical, occupational, and speech therapy services 30550			
7. Home support counseling services 30740			

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CONTINUE WITH **22** ON PAGE 6

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
8. Non-medical home aide services			
a. Home aide services for elderly and disabled adults - Homemaker services 31562			
b. Home aide services for elderly and disabled adults - Personal care services 31563			
c. Home aide services, excluding elderly and disabled adults 31620			
9. Rental or lease of goods and/or equipment			
a. Medical equipment 39512			
b. All other goods and/or equipment 39513			
c. Add lines 9a and 9b 39500			
10. Resale of merchandise			
a. Prescription drugs 39655			
b. Non-prescription drugs, vitamins, supplements, and herbal remedies . . . 39656			
c. Optical goods 39651			
d. Orthopedic appliances 39652			
e. Hearing aids 39621			
f. All other resale of medical equipment and supplies 39658			
g. Resale of all other merchandise - Describe ↴			
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
h. Add lines 10a through 10g 39600			
11. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴			
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
12. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal ⑤, line B 39850			

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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.
13. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) 39910			
14. Investment income, including interest and dividends 39920			
15. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) 39930			
16. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴			
[Blank Box] 39966			
17. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1 39990			

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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 [Blank Box]

27-29 Not Applicable.

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REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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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
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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