



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

FORM

HC-62390 (11-16-2011)

2012 ECONOMIC CENSUS

Classification Form

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

DUE DATE
30 DAYS AFTER
RECEIPT OF FORM

(Please correct any errors in this mailing address.)

HC-62390

Need help or have 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.

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.

1 Not Applicable.

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



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 ↴

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

0018

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify →

0815

4 - 18 Not Applicable.**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

CONTINUE WITH **19** ON PAGE 3

CONTINUE ON PAGE 3

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Nursing, assisted living, and residential care facilities - Continued

- 0700 623 220 00 2 ☐ Residential facility for the mentally ill, excluding intellectual and developmental disability facilities
- 623 220 00 1 ☐ Residential alcohol 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 site of 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
- 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

CONTINUE WITH **19** ON PAGE 4

CONTINUE ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued**Other kind of activity or facility**

0700

773 000 00 3

☐Other kind of activity or facility - *Describe* ↴

0701

20-29 Not Applicable.

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

**INFORMATION COPY
DO NOT USE TO REPORT**

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

Tele-
phone

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.**

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