



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

FORM

HC-62402 (02-02-2012)

2012 ECONOMIC CENSUS

Services for the Elderly, Disabled, and Intellectually and Developmentally Disabled

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-62402

**INFORMATION COPY
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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

-

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

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 MONTHS IN OPERATION

Mark "X"
if None

2012
Number

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

☐

<input type="text"/>	<input type="text"/>
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62402029

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

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

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 ☐

Mark "X"
if None

2012		
\$ Bil.	Mil.	Thou.
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

A. Number of employees for pay period including March 12 0320 ☐

2012		
Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Payroll before deductions
(Exclude employer's cost for fringe benefits.)

Mark "X"
if None

1. Annual payroll 0300 ☐

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

2012		
\$ Bil.	Mil.	Thou.
<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"/>

8-18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITYWhich **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.**Services for the elderly, disabled, and intellectually and developmentally disabled, excluding counseling and health services**

- 0700
- 624 120 00 1 ☐ Adult activity or day care center
- 624 120 00 3 ☐ Multi-service organization providing a range of social assistance services to the elderly, disabled, intellectually and developmentally disabled, or mentally ill
- 624 120 00 2 ☐ Agency for the aging
- 624 120 00 F ☐ Homemaker or companion services such as cooking and cleaning - **no** health care services provided (*i.e., non-medical home care*)
- 624 210 00 3 ☐ Non-profit meal delivery services and/or congregate meals
- 624 120 00 5 ☐ Independent living skills training
- 624 120 00 7 ☐ Social work case management services
- 624 310 00 2 ☐ Job placement, training, or counseling program, including sheltered workshops
- 624 120 00 8 ☐ Child early intervention center or services - providing services to children with disabilities or special needs
- 485 991 00 1 ☐ Special needs transportation, including paratransit, senior citizen, handicapped, etc.
- 624 120 00 6 ☐ Support group for the disabled
- 624 120 00 B ☐ Childcare or preschool for the developmentally or physically disabled
- 777 620 00 5 ☐ Other social assistance services primarily for the elderly, disabled, or intellectually and developmentally disabled - *Describe* ➤

0701

Residential care for the elderly, disabled, and intellectually and developmentally disabled

- 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
- 623 312 00 3 ☐ Home for the elderly, including independent living or assisted living facility without on-site nursing care facility
- 623 220 00 2 ☐ Residential facility for the mentally ill, excluding intellectual and developmental disability facilities
- 623 110 00 1 ☐ Licensed nursing facility - skilled nursing care facilities or nursing care facilities providing nursing or rehabilitation services
- 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.*)
- 531 110 10 7 ☐ Lessor of low income housing without residential care
- 777 624 02 1 ☐ Other residential care facility for the elderly, disabled, or intellectually and developmentally disabled - *Describe* ➤

0701

CONTINUE WITH **19** ON PAGE 5

CONTINUE ON PAGE 5

62402045

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Counseling and health services

- 0700 621 330 00 2 ☐ Counseling or therapy services provided by mental health practitioners, excluding services provided by physicians *(Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)*
- 624 120 00 9 ☐ Other non-medical counseling services to the elderly or disabled
- 621 420 00 1 ☐ Mental health clinic, excluding alcohol and substance abuse treatment
- 621 610 00 1 ☐ Home health care provider, including visiting nurse associations
- 621 610 00 2 ☐ Home hospice care
- 621 340 20 1 ☐ Physical therapist(s)
- 621 340 20 5 ☐ Occupational therapist(s)
- 621 340 10 1 ☐ Speech therapist(s) and/or audiologist(s)
- 621 999 10 2 ☐ Medical case management
- 777 620 00 3 ☐ Other health services - *Describe* ↴

0701

Services for children and youth, excluding counseling and health services

- 624 410 00 1 ☐ Child day care services, including those with preschool and/or Head Start programs
- 624 110 00 6 ☐ Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 5 ☐ Social work case management services for children without disability or mental illness
- 777 620 00 4 ☐ Other social assistance services primarily for children or youth - *Describe* ↴

0701

Services for individuals and families, excluding counseling and health services

- 624 190 00 1 ☐ Community action agency
- 624 190 00 2 ☐ Family services agency
- 624 190 00 E ☐ Multi-service organization, primarily providing a range of social assistance services to families and/or individuals, regardless of age
- 777 620 00 6 ☐ Other individual and family social assistance services - *Describe* ↴

0701

CONTINUE WITH **19** ON PAGE 6

CONTINUE ON PAGE 6

62402052



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

0700 777 620 00 7 ☐ Grantmaking or giving organization not directly providing social services - *Describe* ↗

0701

777 620 00 8 ☐ Advocacy group - *Describe cause or belief promoted* ↗

0701

777 620 00 9 ☐ Other social assistance services - *Describe* ↗

0701

773 000 00 3 ☐ Other kind of activity or business - *Describe* ↗

0701

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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 a wide variety of non-medical social assistance services to children, youth, and families, including disabled children. Report home aide services for children on **line 4**. Report receipts from food bank or pantry services, shelter services, or emergency relief services on **lines 5** through **7**. Report receipts from providing child day care services on **line 11**.

Line 1c and line 2g - Report receipts from providing advice and support by offering non-medical counseling and developmental services to promote physical, emotional, and life skills development.

Line 1c(1) - Report receipts from providing access to a gathering of children, youth, or families with a common problem or concern to offer advice, emotional support, guidance, and feedback to each other.

Line 1c(2) - Report receipts from providing information and referrals to children, youth, and families on topics such as abuse, contraception, sexually transmitted diseases, and other community resources.

Line 1c(3) - Report receipts from providing crisis intervention to children, youth, and families in the form of non-judgmental, active listening, and information and referral services to assist in dealing with an immediate crisis/problem.

Line 2b - Report receipts from providing 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"). Report home aide services for others on **line 4**.

Line 2c - Report receipts from providing 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. Report home aide services for others on **line 4**.

Line 3 - Report receipts from providing social assistance services to the general population, excluding services for children, youth, families, and elderly and disabled adults. Include counseling and information services and vocational rehabilitation. Report home aide services for elderly and disabled adults on **lines 2b** and **2c** and for others on **line 4**. Report receipts from food bank or pantry services, shelter services, or emergency relief services on **lines 5** through **7**.

Line 4 - Report receipts 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 10 - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development. Examples include tutoring, after-school programs, overnight camping trips, team sports, and other recreational programs.

Line 11 - Report receipts from providing daily/recurring custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day. Services may be provided in the day care center, child's home, or in other private residence. Report preschool receipts, including preschool combined with child day care, on **line 12**.

CONTINUE WITH **22** ON PAGE 7

CONTINUE ON PAGE 7

62402060

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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Line 13 - Report receipts from providing a bundle of services offered by civic and social organizations to members in exchange for payment of nonrefundable initiation fees and/or annual membership dues. Exclude receipts from services to members of religious congregations, services to members of performing arts organizations, services to members of other cultural organizations, or membership or initiation fees that are either refundable upon termination of the membership or are a transferrable asset.

Line 14 - Report receipts from providing seminars, workshops, and other training to promote social assistance.

Line 19 - 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 20**.

Line 20 - 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.



Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
1.	Social assistance services for children, youth, and families			
a.	Adoption services 30860			
b.	Foster care and guardianship arrangement services 30870			
c.	Counseling and information services for children, youth, and families			
(1)	Self-help group services 30891			
(2)	Information and referral services 30892			
(3)	Hotline/Crisis intervention services (Include youth telephone hotline services.) 30893			
(4)	Other counseling and information services for children, youth, and families - Describe ↴			
(5)	Add lines 1c(1) through 1c(4) 30890			
d.	Other social assistance services for children, youth, and families - Describe ↴			
2.	Social assistance services for elderly and disabled adults			
a.	Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) 31561			
b.	Non-medical home aide services for elderly and disabled adults - Homemaker services (Include prepared meals and delivered meals.) 31562			
c.	Non-medical home aide services for elderly and disabled adults - Personal care services 31563			

CONTINUE WITH **22** ON PAGE 8

CONTINUE ON PAGE 8

62402078

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
2. Social assistance services for elderly and disabled adults - Continued			
d. Vocational rehabilitation services for elderly and disabled adults 31564			
e. Adult day care services for elderly and disabled adults 31565			
f. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) 31566			
g. Counseling and information services for elderly and disabled adults 31567			
h. Other social assistance services for elderly and disabled adults Describe 			
<div style="border: 1px solid black; height: 30px; width: 500px;"></div> 31568			
i. Add lines 2a through 2h 31560			
3. Social assistance services for the general population, excluding children, youth, families, and elderly and disabled adults - Describe 			
<div style="border: 1px solid black; height: 30px; width: 500px;"></div> 31570			
4. Non-medical home aide services, excluding elderly and disabled adults (Include prepared meals and delivered meals.) 31620			
5. Food, clothing, and related assistance services (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) 30630			
6. Shelter and related assistance services (Include homeless shelters.) 30640			
7. Emergency relief services 31610			
8. Social assistance services for immigrants and refugees 30620			
9. Outpatient rehabilitation services for substance abuse 30710			
10. Children and youth recreational programs 31550			
11. Child day care services 30590			
12. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) 30690			
13. Civic and social organization membership services (Include initiation fees and dues.) 32510			

CONTINUE WITH **22** ON PAGE 9

CONTINUE ON PAGE 9

62402086



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.
14. Training services related to social assistance	30680			
15. Resale of merchandise - Describe ↴ <div></div>	39662			
16. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴ <div></div>	39756			
17. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850			
18. Contributions, gifts, and grants				
a. Government	39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.)	39910			
19. Investment income, including interest and dividends	39920			
20. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39930			
21. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴ <div></div>	39973			
22. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	39990			

23-25 Not Applicable.**26** SPECIAL INQUIRIES**A. SOCIAL ASSISTANCE**

Estimate the percent of receipts for social assistance services reported in **22**, lines 1 through 12, from the following payers:

1. Government payers 3741

2. Private payers 3742

3. **TOTAL**

2012	
Percent	
	%
	%
100	%

CONTINUE WITH **26** ON PAGE 10

CONTINUE ON PAGE 10

62402094

26 SPECIAL INQUIRIES - Continued**B. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS**(To be completed only by those indicating "Yes" in **5**, line A.)**1.** During 2012, did this establishment do **any** of the following:

- Award grants
- Make gifts or contributions
- Make payments to, or on behalf of, specific individuals
- Pay assessments (dues) to the parent or other chapters of the same organization
- Transfer funds raised by this establishment to charities or other organizations for charitable purposes?

3861 ☐ Yes - Go to line 23862 ☐ No - Go to **C**

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Amount of grants, transferred contributions, and similar payments. 3865**C. 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 establishment0238 ☐ Yes - franchisor-owned establishment0239 ☐ No**2.** If yes, provide the trademark(s) below. ↗

0235

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27-29 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	
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Tele- phone	Area code	Number			Extension	Fax	Area code	Number		
	<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"/>
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.**

62402102

