



# 2007 ECONOMIC CENSUS

## Classification Form

**DUE DATE**  
**FEBRUARY 12, 2008**

**Mail** your completed form to:

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

HC-62190

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**Need help or have questions about filling out this form?**

**Visit** [www.census.gov/econhelp](http://www.census.gov/econhelp)

**- OR -**

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

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

**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

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**3 OPERATIONAL STATUS**

Which ONE of the following best describes this establishment's operational status at the end of 2007?  
(Mark "X" only ONE box.)

0011  In operation 0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right Month | Day | Year

0015  Sold or leased to another operator - Give date at right 0018  
AND enter name and address of new owner or operator  
and Employer Identification Number (EIN) below

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 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 2007?  
(Mark "X" only ONE box.)

**Physician services (Include physicians with the degree of M.D. or D.O.)**

- 0700 621 111 00 2  Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 1  Psychiatrist(s) or other mental health physician(s)

**Other health practitioners**

- 621 210 00 1  Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.
- 621 310 00 1  Chiropractor(s)
- 621 320 00 1  Optometrist(s)
- 621 391 00 1  Podiatrist(s)
- 621 330 00 1  Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621 340 20 1  Physical therapist(s)
- 621 340 20 5  Occupational therapist(s)
- 621 399 00 6  Massage therapist(s)
- 621 340 10 3  Speech therapist(s)
- 621 340 10 2  Audiologist(s)
- 621 399 00 1  Orthotist(s) and/or prosthetist(s)
- 621 399 00 2  Perfusionist(s)
- 621 399 00 3  Certified registered nurse anesthetist(s)

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

**Other health practitioners - Continued**

- 0700 621 399 00 4  Dietician(s)
- 621 399 00 5  Other health practitioner(s), including acupuncturists, dental hygienists, denturists, homeopaths, hypnotherapists, midwives, nurses, etc. - *Specify* ↴

0701

**Outpatient care facilities and medical and diagnostic laboratories**

- 621 493 00 1  Ambulatory surgical center
- 621 493 00 2  Emergency or urgent care center
- 621 498 00 1  Community health center or clinic
- 621 512 00 1  Diagnostic imaging center, providing a variety of imaging services, such as computer tomography, X-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 511 00 1  Medical laboratory, providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 410 00 1  Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
- 621 420 00 A  Mental health clinic
- 621 420 00 2  Alcohol and/or substance abuse treatment clinic
- 621 492 00 1  Kidney dialysis center
- 621 498 00 3  Multi-service clinic (services provided by physicians and at least one additional category of health practitioners, including dentists, therapists, optometrists, chiropractors, or podiatrists)
- 777 620 00 A  Other outpatient care facility - *Specify* ↴

0701

**Home health 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 1  Home health care provider, including visiting nurse associations
- 624 120 00 4  Homemaker or companion service (providing services, such as cooking and cleaning - **no** health care services provided)
- 621 610 00 2  Home hospice care
- 621 999 90 5  Home infusion therapy

**Other activities and facilities associated with health care, and all other activities**

- 621 910 00 1  Ambulance or rescue service, including air ambulance
- 621 991 00 1  Blood or blood product bank or donor station

CONTINUE WITH 19 ON PAGE 4

CONTINUE ON PAGE 4

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**19** KIND OF BUSINESS OR ACTIVITY - Continued

**Other activities and facilities associated with health care, and all other activities - Continued**

- 0700 621 991 00 3  Plasma collection center
- 339 116 00 1  Dental laboratory
- 621 991 00 2  Eye, organ, tissue, or sperm bank
- 621 999 90 4  Health screening service
- 621 999 90 3  Hearing testing service
- 621 999 10 1  Medical case management (Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes.)
- 524 298 00 4  Medical utilization review - advises health care providers how to provide cost-effective treatment that meets third-party reimbursement requirements (Exclude companies formulating specific treatment plans for individual patients.)
- 621 999 90 2  Mobile physical examination service, including exams for the purpose of obtaining insurance
- 621 512 00 2  Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service
- 621 999 90 1  Mobile lithotripter service
- 777 620 00 3  Other health service - Specify ↴

0701

- 773 000 00 2  Other kind of business or activity - Specify ↴

0701

**20-29** 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

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address	Date completed	Month	Day	Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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