

SUPPLEMENTAL RESIDENTIAL FACILITY QUESTIONNAIRE

PLEASE ATTACH A COPY OF FACILITY LICENSE AND MOST RECENT STATE INSPECTION

This section is FOR OFFICE USE ONLY – Please do not complete.

Diamond State Ins. Co. United National Ins. Co. United National Cas. Ins. Co. United National Spec Ins. Co.

1. Location Number _____ Name of the Agency _____

Name of the Facility _____

2. Which of the following best describes this facility?

Substance Abuse

Detox: % Med _____ % Non-Med

Residential Halfway House

Sober Living

Mental Health

Group Homes

Res. Treatment/Halfway House

Supervised Living Arrangements

Therapeutic Foster Care

Other

Domestic Violence

Homeless Shelter

Other _____

3. Licensed bed capacity _____ Total bed capacity (if not licensed facility) _____ Current occupancy _____

4. Please indicate the staffing at this facility:

Discipline

1st Shift

2nd Shift

3rd Shift

Psychiatrist (M.S.s) _____

Other Physicians (M.D.s) _____

Psychologists (Ph.D.s) _____

Social Workers/Counselors _____

Residential Managers _____

Residential Aid/Caregiver _____

Others (specify) _____

5. Advise number of residents in each age group at this facility:

_____ less than 18 _____ 18 to 30 _____ 60 and over (Please attach age census)

Average length of stay _____

6. Is the facility Room and Board only? Yes No If no, please describe treatment provided.

7. Is this facility for Mentally III? _____ Developmentally disabled? _____

8. Any residents with depressive disorder? Yes No

Schizophrenia _____ Paranoia _____ Psychotic _____

9. Number of residents that are non-ambulatory: _____

10. Does this facility have 24 hour on-site staff? Yes No

11. Are clients adjudicated or here in lieu of incarceration? Yes No

12. Is this a lock-up facility for any of your residents? Yes No

13. At what temperature is the water set? _____

14. What measures are taken to monitor client activities? _____

Do you have sign out procedures? Yes No If no, are there alarms on doors? Yes No

15. Are there animals on premises? Yes No If yes, please describe size and breed:

Are they restrained or do they interact with clients? _____

Date Signed

Signature of Applicant