



SUPPLEMENTAL RESIDENTIAL/ADULT DAYCARE FACILITY QUESTIONNAIRE

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

1. Location Number _____ Name of the Agency _____
Name of the Facility _____

2. Which of the following best describes this facility?

Substance Abuse

- Group Homes
- Residential Halfway House
- Sober Living

Mental Health

- Domestic Violence
- Res. Treatment/Halfway House
- Supervised Living Arrangements

Other

- Homeless Shelter
- Adult daycare
- Other _____

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

4. Is this facility for: Mentally Ill? _____ % of total Developmentally disabled? _____ % of total
Non- Ambulatory? _____ % of total Alzheimer/Memory Care? _____ % of total

5. Are residents required to have physical exams prior to enrolling in the facility/program? Yes No

Do staff members administer medications? Yes No

Are medicines kept locked when not in use? Yes No

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

____ Less than 18 ____ 18 to 30 ____ 31 to 59 ____ 60 and over

7. Do you transport clients? Yes No

Are there off premises activities and/or field trips? Yes No. If yes, please describe:

8. Does the facility have the following life safety practices?

Fire Alarms? Yes No Central _____ Local _____

Emergency Lighting? Yes No

Sprinkler system? Yes No

Are evacuation plans posted and practiced? Yes No How often are the drills held? _____

Are Exit doors equipped with Panic Hardware? Yes No

Any non-ambulatory patients residing above the first floor? Yes No

If "yes" please explain _____

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

10. Are clients adjudicated or here in lieu of incarceration? Yes No If yes, please explain _____

11. At what temperature is the water set? _____

12. Any swimming pool or hot tub on premises? Yes No If yes, please provide the following:

Depth (pool) _____

Secured by locked fence? Yes No

Please describe procedures for use by clients/residents _____

13. Is the insured responsible for obtaining medical treatment for residents? Yes No

Do staff members administer medications? Yes No

Are medicines kept locked when not in use? Yes No

Are written records kept on all clients? Yes No

14. Do you have sign out procedures? Yes No 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