



CARRIER:

Counseling — Nonprofit Social Services Supplemental Application

COUNSELING, MENTAL HEALTH COUNSELING AND REFERRAL SERVICES

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| 1. Are there any adoption or foster care services provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are there more than 50 employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are abortion or post abortion counseling services provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do services include providing mental or medical diagnoses or prescribing medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the organization operate an emergency or suicide hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the organization provide medical treatment or detoxification services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Abuse and Molestation Coverage

7. Occurrence limit: _____ Aggregate limit: _____
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| 8. Is there any off-site one-on-one interaction between staff and youth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Mental Health Counseling

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| 12. Are all employees, contracted individuals and volunteers trained and/or certified to provide counseling as required by law or professional standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are any emergency response services provided, including, but not limited to, suicide therapy or a suicide hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are any medical detoxification services or treatment provided, including but not limited to, methadone or buprenorphine maintenance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are clients referred to a specialist when appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are complete records of all treatment and services provided, including sign-in/sign-out records, maintained and retained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are court appointed evaluations or counseling provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Are prescription medications prescribed, dispensed or administered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Are residential facilities owned or operated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Are services or treatment provided for Schizophrenia, Paranoid Personality Disorder, Post Traumatic Stress Disorder or EMDR (Eye Movement Desensitization and Reprocessing)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Are there any employed, contracted or volunteer physicians, psychiatrists, pharmacists, nurse practitioners, or similar professionals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Are written policies and procedures in place requiring all incidents that may result in a claim to be reported to senior management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Are written reports and records kept of all incidents that may result in a claim reviewed and retained by senior management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Are written policies and procedures in place to comply with HIPPA and federal and state privacy laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Does animal assisted therapy account for more than 10 percent of the operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Does applicant facilitate supervised visitation with parents and/or arrange transportation for minors for meetings and evaluations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Does the applicant follow a standard qualification process when referring clients to other agencies or service providers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

28. Does the applicant or its staff, whether employed, volunteer or contracted, specialize (greater than 25 percent of overall services) in treatment or provision of any of the following:
- a. Body disorder issues (dysmorphic disorder, cutting, etc.) ☐ Yes ☐ No
 - b. Eating disorder/Obesity for minors ☐ Yes ☐ No
 - c. Forensic psychologist/counseling ☐ Yes ☐ No
 - d. Sexual abuse (physical abuse) or sexual offenders ☐ Yes ☐ No
 - e. Minors who are victims of molestation, abuse or violence ☐ Yes ☐ No
 - f. Neuropsychological evaluations (biofeedback, etc.) ☐ Yes ☐ No
29. Is Behavioral/Applied Behavior Analysis (ABA) therapy provided to minors without a parent or legal guardian present for all sessions? ☐ Yes ☐ No
30. Is evaluation or treatment provided for prison inmates or persons accused or convicted of a violent crime? ☐ Yes ☐ No
31. Is treatment provided for recovered or repressed memory? ☐ Yes ☐ No
32. Is treatment provided to persons who have or could be expected to have violent or aggressive behavior? ☐ Yes ☐ No
33. Is treatment provided using hypnotherapy or shock therapy? ☐ Yes ☐ No



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