



CARRIER:

Residential Facilities — Nonprofit Social Services Supplemental Application

HALFWAY HOUSES, HOMELESS SHELTERS AND SHELTERS FOR ABUSED ADULTS

Service Offered By Applicant (Check All That Apply):

- Abused adults
- Family housing
- Homeless shelters
- Low income housing
- Post detox
- Respite care
- Senior citizens
- Transitional housing

1. Total number of beds: _____

2. Are complete and confidential records kept on all residents? Yes No

3. Are there more than 30 beds at any one residential facility? Yes No

4. Does the organization accept any residents under the age of 18? Yes No

If "Yes," please answer questions 4 a.–4 d.

a. Are all residents under 18 accompanied by a parent or legal guardian? Yes No

b. If an outside play area exists, is it enclosed by a permanently installed fence? N/A Yes No

c. Does the organization have an established procedure to ensure adequate staff-to-children ratios (if left with staff)? N/A Yes No

d. Are permission slips signed by parents/guardians for all trips off-premises? Yes No

5. Does the organization allow stays exceeding two years? Yes No

6. Does the organization have a formal evacuation plan in place, as well as clearly marked and illuminated emergency exits? Yes No

7. Does the applicant operate an emergency or suicide hotline? Yes No

8. Does the organization provide housing to any known sexual offenders, known violent offenders, fire starters or anyone required to stay as a condition of release from prison? Yes No

9. Does the organization provide medical treatment, detoxification or nursing services? Yes No

10. Is cooking allowed in areas other than a shared or communal kitchen? Yes No

11. Is smoking allowed inside or within 10 feet of the building? Yes No

12. Is there a swimming pool on-premises? Yes No

13. Does the organization permit co-ed (multi-sex occupancies)? Yes No

14. Does the applicant own, operate or control any other properties? Yes No

15. Are there any plans to acquire, purchase or renovate additional properties? Yes No

16. Have there been any past incidents of assault or physical altercations? Yes No

Shelter (Halfway House, Homeless Shelter or Transitional House)

17. Does the organization provide 24/7 supervision by an on-site staff? Yes No

18. Are there any adoption or foster care services provided? Yes No

19. Is the primary focus of the organization to provide services to the mentally or developmentally disabled? Yes No

Abused Adult Shelter

20. Are written policies in place for pre-screening safe homes and keeping their locations secret? Yes No

21. Does the organization provide any first responder services for incidents of violence or rape? Yes No

Abuse and molestation coverage

22. Occurrence limit: _____ Aggregate limit: _____

23. Is there any off-site one-on-one interaction between staff and youth? Yes No

24. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers? Yes No

25. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy? Yes No

26. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients? Yes No



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