

SUPPLEMENTAL RESIDENTIAL FACILITY QUESTIONNAIRE

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

FOR OFFICE USE ONLY – Please do not complete.

- | | |
|--|---|
| <input type="checkbox"/> United National Insurance Company | <input type="checkbox"/> Diamond State Insurance Company |
| <input type="checkbox"/> United National Specialty Insurance Company | <input type="checkbox"/> United National Casualty Insurance Company |

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 Ill? _____ 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