



## HUMAN SERVICES PROGRAM QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brief statement of the purpose of your organization: \_\_\_\_\_

**Please attach brochures that you use to publicize your organization or printouts from your website, if available.**

	Yes	No	Explanation. (If more room is needed, please use blank sheet of paper.)
1. Have you received a 501(c) determination letter?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Approximate number of employees (on a full-time equivalency basis)? _____ Approximate total number of volunteers engaged in programmatic activities (not fund-raising) during a typical week? _____			
3. Is there any type of product sold in connection with your organization? <i>If yes, please explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is your organization a member of any professional organization or association? <i>If yes, please provide the name.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is your facility accredited or licensed by any governmental entity or other body? <i>If yes, please provide the name of the name of the entity.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has your accreditation or license ever been suspended, denied or revoked? <i>If yes, please give details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has any outside body (accrediting governmental agency, insurance company, etc.) conducted an inspection of your facility within the last three (3) years? <i>If yes, give the name of the inspecting body and describe type of inspection.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have a job description for each employee and volunteer? <i>If no, please explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is there a pre-employment background check on staff? On volunteers? On foster parents, if applicable? Personal references checked? Police record checked? Education verification?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/> If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/> If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/> If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/> If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/> If yes: In writing <input type="checkbox"/> By phone <input type="checkbox"/>

	Yes	No	Explanation. (If more room is needed, please use blank sheet of paper.)
10. Have there been any investigations made, incidents reported, allegations or claims made, or criminal/civil actions brought against your organization or its employees/volunteers for alleged child abuse, physical abuse or sexual molestation?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, please explain in detail on a separate sheet.</b>
11. Have there been any investigations, incidents reported, allegation or claims made, or criminal/civil actions brought against your independent contractors (including foster parents) for alleged child abuse, physical abuse or sexual molestation?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, please explain in detail on a separate sheet.</b>
12. Do you utilize any operational procedures to monitor, control or eliminate the potential for sexual or physical abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, describe on separate sheet. If no, please explain.</b>
13. Has any employee/volunteer/independent contractor ever been suspended or dismissed as a result of alleged, suspected or actual acts of physical or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, please explain on a separate sheet.</b>
14. Has your facility developed and implemented an in-service training program?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have an orientation program for staff and volunteers? <i>If yes, does the orientation include:</i>	<input type="checkbox"/>	<input type="checkbox"/>	—
a. Review of the organization's policies?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Training in emergency procedures (including first aid)?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Review of child abuse and neglect laws?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Review of job responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Recognition of childhood diseases?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do employees or volunteers use their own vehicles on behalf of your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, do they have their own auto insurance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does your organization own or lease any automobiles?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, and your organization has <u>more than 5</u> automobiles, complete <b>Comprehensive Automobile Coverage Supplement</b>.</i>
18. If an independent contractor is involved in transporting your clients, do you obtain evidence of auto liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you operate a residential facility?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, complete Licensed Residential Facility Questionnaire</b>
20. Do you operate a camp?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, complete Camp Questionnaire</b>
21. Do you provide child or day care services?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, complete Day Care Questionnaire</b>
22. Do you operate a recreation or community center?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, complete Recreation/Community Center Questionnaire</b>

	Yes	No	Explanation. (If more room is needed, please use blank sheet of paper.)
23. Do you operate a sheltered workshop?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, complete Sheltered Workshop Questionnaire</i>
24. Do you operate a foster care placement or adoption facility?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, complete Foster Care/Adoption Questionnaire</i>
25. Do you participate in or sponsor any special events, including fundraisers?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If, yes complete Special Events/Fund Raising Questionnaire</i>

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Signature

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Title