



LICENSED RESIDENTIAL FACILITY QUESTIONNAIRE *

Applicant's Name _____

Check type of residents: physical/mental drug/alcohol shelter delinquent/abused youth
 other (describe) _____

1. Location Addresses:

Location #1: _____

Location #2: _____

Location #3: _____

Location #4: _____

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>
2. Number of Residents at location	_____	_____	_____	_____
Maximum number allowed	_____	_____	_____	_____
3. Number of Residents by Location:	_____	_____	_____	_____
a. Physically Handicapped?	_____	_____	_____	_____
b. Mentally Handicapped?	_____	_____	_____	_____
c. Drug Rehabilitation?	_____	_____	_____	_____
d. Alcohol Rehabilitation?	_____	_____	_____	_____
e. Children (under 18)?	_____	_____	_____	_____
f. Senior Citizens?	_____	_____	_____	_____
g. Non Ambulatory?	_____	_____	_____	_____
h. Homeless?	_____	_____	_____	_____
i. Runaway Youths?	_____	_____	_____	_____
j. Emergency Shelter?	_____	_____	_____	_____
k. Family Shelter?	_____	_____	_____	_____
l. Staff on Duty?	_____	_____	_____	_____

* To be completed in connection with the Human Services Program Questionnaire
A-09 (10/05)

m. Other - Please specify location number, type of facility, number of residents, and age range:

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>
4. Number of Professional Staff	_____	_____	_____	_____
5. a. Building Limit	_____	_____	_____	_____
b. Content – Business Personal Property Limit	_____	_____	_____	_____
c. Year Built/Age	_____	_____	_____	_____
d. Total Square footage	_____	_____	_____	_____
e. Number of stories	_____	_____	_____	_____
f. Number of rooms	_____	_____	_____	_____
g. Apartment?	_____	_____	_____	_____
h. Sprinklered	_____	_____	_____	_____
i. Smoking permitted in each room?	_____	_____	_____	_____
j. Heat & smoke detectors in hallways?	_____	_____	_____	_____
k. Heat & smoke detectors in common areas?	_____	_____	_____	_____
l. Heat & smoke detectors in sleeping rooms?	_____	_____	_____	_____
m. Local (L) or Central Station (CS) alarms?	_____	_____	_____	_____
n. Wall Construction - Brick (B), Wood (W) or Cement (C)?	_____	_____	_____	_____
o. If over one story, are there fire doors at each landing?	_____	_____	_____	_____
p. If yes, do doors have self-closing devices?	_____	_____	_____	_____
q. If building is over 25 years, have updates been done in last 10 years?	_____	_____	_____	_____
r. Number of fire exits	_____	_____	_____	_____
s. Distance to fire hydrants	_____	_____	_____	_____
t. Is building inspected by Fire Department?	_____	_____	_____	_____
u. Evacuation plan (Y/N)	_____	_____	_____	_____
v. Frequency of fire drills/yr.	_____	_____	_____	_____

Loc. 1 Loc. 2 Loc. 3 Loc. 4

- w. Any building over three stories? _____
- x. Elevator with automatic recall buttons? _____
- y. If risk has cooking, please describe fire-suppression system _____
_____ and Filters cleaning schedule _____
- z. Ventilation System: Hood Fan _____ Other _____

6. Swimming pool/Jacuzzi (Y/N) _____

If "yes," please complete Swimming Pool Supplement found at www.sscip.org under Forms.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY.

Signature of Applicant

Date

Title