



Social Service Contractors Indemnity Pool

LICENSED RESIDENTIAL/ASSISTED LIVING FACILITY QUESTIONNAIRE

Applicant's Name _____

Check type of resident physical/mental drug/alcohol shelter delinquent/abused
 assisted living 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/Mentally handicapped?	_____	_____	_____	_____
b. Drug/alcohol rehabilitation?	_____	_____	_____	_____
c. Non-ambulatory?	_____	_____	_____	_____
d. Homeless/runaway youths?	_____	_____	_____	_____
e. Emergency shelter?	_____	_____	_____	_____
f. Family shelter?	_____	_____	_____	_____
g. Age of residents?	_____	_____	_____	_____
h. Location capacity?	_____	_____	_____	_____
l. # Needing directed care?	_____	_____	_____	_____
j. # Needing personal care?	_____	_____	_____	_____
k. # Needing supervisory care?	_____	_____	_____	_____
l. # On oxygen?	_____	_____	_____	_____
m. # Requiring staff assistance to evacuate building?	_____	_____	_____	_____
n. Homeless?	_____	_____	_____	_____
o. Runaway youths?	_____	_____	_____	_____

p. Emergency shelter?	_____	_____	_____	_____
q. Family shelter?	_____	_____	_____	_____
r. Total # of staff	_____	_____	_____	_____
s. Day ratio of staff to residents?	_____	_____	_____	_____
t. Evening ratio of staff to residents?	_____	_____	_____	_____
u. Night ratio of staff to residents?	_____	_____	_____	_____
v. Does member provide transportation for residents?	_____	_____	_____	_____
w. Who administers medications?	_____	_____	_____	_____
x. Where are medications stored?	_____	_____	_____	_____
y. Do medical staff visit the facility?	_____	_____	_____	_____
z. Year built/age?	_____	_____	_____	_____
aa. Total square footage?	_____	_____	_____	_____
bb. If building over 25 years, last updates?	_____	_____	_____	_____
cc. Heat and smoke detectors in hallways/common areas?	_____	_____	_____	_____
dd. Heat and smoke detectors in sleeping rooms?	_____	_____	_____	_____
ee. Local or central alarms?	_____	_____	_____	_____
ff. If over one story, fire doors at each landing?	_____	_____	_____	_____
gg. Number of fire exits?	_____	_____	_____	_____
hh. Distance to fire hydrants?	_____	_____	_____	_____
ii. Is building inspected by fire department?	_____	_____	_____	_____
jj. Evaluation plan in place?	_____	_____	_____	_____
kk. Frequency of fire drills per year?	_____	_____	_____	_____
ll. Is building over three stories?	_____	_____	_____	_____
mm. Swimming pool or hot tub on premises?	_____	_____	_____	_____
If yes, please complete swimming pool supplement.	_____	_____	_____	_____