



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"/> | If yes, please explain in detail on a separate sheet. |
| 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"/> | If yes, please explain in detail on a separate sheet. |
| 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"/> | If yes, describe on separate sheet. If no, please explain. |
| 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"/> | If yes, please explain on a separate sheet. |
| 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 Comprehensive Automobile Coverage Supplement.</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"/> | If yes, complete Licensed Residential Facility Questionnaire |
| 20. Do you operate a camp? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, complete Camp Questionnaire |
| 21. Do you provide child or day care services? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, complete Day Care Questionnaire |
| 22. Do you operate a recreation or community center? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, complete Recreation/Community Center Questionnaire |

| | 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> |

Signature

Title