

# SUPPLEMENTAL APPLICATION FOR SHELTERS

All questions must be answered in full. Application must be signed and dated by the applicant.

## PART I. GENERAL INFORMATION

---

Applicant's Name \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Web Address \_\_\_\_\_

Type of shelter and residents (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Battered women's shelter         | <input type="checkbox"/> Primary detox facility                 |
| <input type="checkbox"/> Foster care (children or adults) | <input type="checkbox"/> Psychiatric care facility Rehab - drug |
| <input type="checkbox"/> Halfway house                    | <input type="checkbox"/> Rehab - alcohol                        |
| <input type="checkbox"/> Homeless shelter                 | <input type="checkbox"/> Sexual offenders                       |
| <input type="checkbox"/> Medical clinic                   | <input type="checkbox"/> Violent criminals                      |
| <input type="checkbox"/> Mission / Settlement             | <input type="checkbox"/> Non-violent criminals                  |
| <input type="checkbox"/> Other _____                      |   |

## PART II. EXPOSURE INFORMATION

---

1. Provide details of all professional services, treatment and counseling provided to residents: \_\_\_\_\_

2. Provide details of all activities offered: \_\_\_\_\_

3. Do you have any residents under the age of 18 or over the age of 65?  Yes  No

4. Are you engaged in, owned by, associated with, or involved in any other enterprise?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Is your facility run by an outside management company?  Yes  No

If yes, describe the contractual relationship: \_\_\_\_\_

6. Are you licensed?  Yes Lic. Number: \_\_\_\_\_  No If no, why not? \_\_\_\_\_

If yes, please answer questions **a.** through **h.**

a. What type of license do you hold? \_\_\_\_\_

b. Has your license ever been revoked or suspended?  Yes  No

c. If yes, give details: \_\_\_\_\_

d. Licensed bed capacity: \_\_\_\_\_

e. Bed occupancy: \_\_\_\_\_

f. Average number of adult residents: \_\_\_\_\_

g. Average number of child residents: \_\_\_\_\_

h. Average number of non-ambulatory residents: \_\_\_\_\_

## PART III. STAFFING INFORMATION

Type of Staff	1 <sup>st</sup> Shift		2 <sup>nd</sup> Shift		3 <sup>rd</sup> Shift	
	Contracted	Employed	Contracted	Employed	Contracted	Employed
MDs						
RNs						
LPNs						
Nurse's Aides						
Psychologists						
Therapists						
Counselors						
Social Workers						
Other (specify):						

- Are any of the above required to maintain their own professional coverage?  Yes  No  
Limits required: \$ \_\_\_\_\_
- Do you use volunteers?  Yes  No  
If yes, please describe their duties and in-house training provided: \_\_\_\_\_  
\_\_\_\_\_
- Are background checks made with all prior employers and educational institutions?  Yes  No
- Does background check include police record?  Yes  No
- Does background check include drug screening?  Yes  No
- Have all staff members and volunteers been trained to handle a confrontation with a potentially violent abuser who may show up to see their domestic partner?  Yes  No
- What is your client privilege policy? \_\_\_\_\_  
\_\_\_\_\_
- Who has access to confidential files and documents?  
 All workers  Only those whose positions require access?

## PART IV. RISK MANAGEMENT

- What are your criteria for admission? \_\_\_\_\_  
\_\_\_\_\_
  - What types of residents will not be accepted? \_\_\_\_\_  
\_\_\_\_\_
  - Who makes the decision to discharge? \_\_\_\_\_  
\_\_\_\_\_
- Are children/minors that reside at shelter required to be accompanied by a parent or legal guardian?  Yes  No
- Does your facility prescribe medicine or administer any prescription drugs or medications?  Yes  No

4. Does your facility use restraints?  Yes  No
5. Does your facility operate a victim hotline?  Yes  No
- a. If yes, are phone lines manned by trained counselors?  Yes  No
- b. Average number of hotline calls per year: \_\_\_\_\_
6. What is the average length of stay? \_\_\_\_\_
- a. How are residents referred to your facility? \_\_\_\_\_
- b. Are residents clearly informed of house rules and the potential consequences of violating those rules?  Yes  No

**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent