

HUMAN SERVICES PROGRAM QUESTIONNAIRE

Applicant's Name: _____ **Date:** _____
Executive Director: _____
Website Address: _____
Brief statement of the purpose of your organization: _____

Please attach brochures that you use to publicize your organization, 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?			
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>			
4. Is your organization a member of any professional organization or association? <i>If yes, please provide the name.</i>			
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>			
6. Has your accreditation or license ever been suspended, denied or revoked? <i>If yes, please give details.</i>			
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>			
8. Do you have a job description for each employee and volunteer? <i>If no, please explain.</i>			
9. Does pre-employment background check include: Employment Reference Check Fingerprint / FBI Check State-level criminal background check			Employees: Volunteers: Yes No Yes No
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?			<i>If yes, please explain in detail on a separate sheet.</i>

	Yes	No	Explanation. (If more room is needed, please use blank sheet of paper.)
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?			<i>If yes, please explain in detail on a separate sheet.</i>
12. Do you utilize any operational procedures to monitor, control or eliminate the potential for sexual or physical abuse?			<i>If yes, describe on separate sheet. If no, please explain.</i>
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?			<i>If yes, please explain on a separate sheet.</i>
14. Does your employment application include questions about whether the individual has ever been convicted of any crime, including sexual and child abuse related crimes?			
15. Do you have a written plan in place for dealing with employees, victims, parents, authorities and the media in the event of an alleged incident of abuse?			
16. Do you have complaint procedures in writing? Are they displayed in a prominent location?			
17. Has your facility developed and implemented an in-service training program?			
18. Do you have an orientation program for staff and volunteers? <i>If yes, does the orientation include:</i> a.) Review of the organization's policies? b.) Training in emergency procedures (including first aid)? c.) Review of child abuse and neglect laws? d.) Review of job responsibilities? e.) Recognition of childhood diseases?			
19. Does your organization accept clients with any of the following issues? a.) Sexual offenses b.) Sexual acting-out c.) Violent behaviors d.) Dangerous to self / others e.) Arsonists f.) Actively psychotic g.) Actively suicidal Please explain any "yes" answers:			

20. Complete Comprehensive Automobile Coverage Questionnaire.			Complete Comprehensive Automobile Coverage Questionnaire.
21. Complete Professional Liability Questionnaire.			Complete Professional Liability Questionnaire.
22. Do you operate a residential facility?			If yes, complete Residential Facility Questionnaire.
23. Do you operate a camp and/or a Ropes/Challenge course?			If yes, complete Camp and/or Ropes/Challenge Course Questionnaire.
24. Do you provide child or day care services?			If yes, complete Child Care Questionnaire.
25. Do you operate a recreation or community center?			If yes, complete Recreation/Community Center Questionnaire.
26. Do you operate a sheltered workshop.			If yes, complete Sheltered Workshop Questionnaire.
27. Do you operate a foster care placement or adoption facility?			If yes, complete Foster Care and Adoption Services Questionnaire.
28. Do you participate in or sponsor any special events, including fundraisers?			If yes, complete Special Event/Fund Raising Questionnaire.
29. Do you have a swimming pool or beach?			If yes, complete Swimming Pool Questionnaire
30. Do you have building locations in any of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NO, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI?			If yes, complete Winter Weather Pipe Freeze Questionnaire

Signature

Title

Additional Explanation(s):