

1. Name of Applicant: \_\_\_\_\_  
Website: \_\_\_\_\_

**FACILITY TYPE**

2. **Type of Halfway House (check all that apply):**

- For-Profit      Annual Gross Sales:    \$ \_\_\_\_\_  
 Non-Profit      Annual Budget:                    \$ \_\_\_\_\_
- State-Sponsored                     Court-Mandated                     Lock-down facility
- Crisis center (rape, domestic violence, etc.)                     Residents hoping to achieve parole after prison term  
 Foster care (children or adults)     Sex crime offenders  
 Mental health disorders – psychiatric care                             Sober living-no active aftercare rehab or support  
 Non-violent criminal release program                                     Substance abuse-active rehab  
 Primary detox facility     Violent criminal release program  
 Reintegration of persons recently released from prison or jail  
 Other (give details): \_\_\_\_\_

3. How are residents referred to your facility? \_\_\_\_\_

**SERVICES PROVIDED**

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

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

6. Do you provide birth control, pregnancy or abortion counseling?                     Yes     No
7. Do you provide drug or alcohol testing?     Yes     No
8. Do you provide workshops?     Yes     No  
If yes, please provide details: \_\_\_\_\_
9. Do you offer outpatient counseling for non-residents?     Yes     No  
If yes, what are your annual gross sales derived from outpatient counseling?    \$ \_\_\_\_\_
10. Does your facility prescribe medicine or administer any prescription drugs or medications?                     Yes     No
11. Does your facility dispense methadone?     Yes     No  
If yes, is methadone allowed to be taken off your premises?                                     Yes     No

**DETAILS OF RESIDENTS**

12. Provide details of residents:
- a. Current number of occupied beds: \_\_\_\_\_
  - b. Average length of stay: \_\_\_\_\_
  - c. Average number of adult residents: \_\_\_\_\_
  - d. Average number of ambulatory residents: \_\_\_\_\_
  - e. Average number of non-ambulatory residents: \_\_\_\_\_
  - f. Average number of restrained residents: \_\_\_\_\_ Describe type of restraint: \_\_\_\_\_
  - g. Average number of residents under the age of 18: \_\_\_\_\_
  - h. Average number of residents over the age of 65: \_\_\_\_\_

13. Do residents pay rent?     Yes     No
14. Do you allow residents who are minors?     Yes     No

15. What are your criteria for admission? \_\_\_\_\_  
 \_\_\_\_\_
- a. What types of residents will not be accepted? \_\_\_\_\_
- b. Who makes the decision to discharge? \_\_\_\_\_
16. Are children/minors that reside at shelter required to be accompanied by a parent or legal guardian?  Yes  No

**STAFF**

17. Indicate number and type of staff members below:

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						
Nurses Aides						
Psychologists						
Psychiatrists						
Licensed Therapists						
Licensed Counselors						
Social Workers						
Other (specify):						

18. Are any of the above personnel required to maintain their own professional coverage?  Yes  No  
 Limits required: \$ \_\_\_\_\_ / \_\_\_\_\_
19. Is there always an awake staff member on duty 24 hours a day?  Yes  No
20. Please indicate staff-to-resident ratio: \_\_\_\_\_ / \_\_\_\_\_
21. Do you use armed security guards?  Yes  No
22. Do you use volunteers?  Yes  No  
 If yes, please describe their duties and in-house training provided: \_\_\_\_\_
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23. Are background checks made with all prior employers and educational institutions?  Yes  No  
 a. Does background check include police record?  Yes  No  
 b. Does background check include drug screening?  Yes  No
24. Do you want employees covered as additional insureds? *There is a premium charge.*  Yes  No  
 (NOTE: The policy already protects you for the acts of your employees.)

**OPERATIONS AND PROCEDURES**

25. Is your facility owned by a physician or a psychiatrist?  Yes  No  
 If yes, indicate their duties:  Administrative only  Diagnose  Treatment  Prescriptions
26. Are you engaged in, owned by, associated with or involved in any other enterprise?  Yes  No  
 If yes, provide details: \_\_\_\_\_
27. Is your facility run by an outside management company?  Yes  No  
 If yes, describe contractual relationship: \_\_\_\_\_
28. Do you provide consulting management services for any other facilities?  Yes  No  
 If yes, describe: \_\_\_\_\_
29. Who has access to confidential files and documents?  All workers  Only those whose positions require access
30. Are residents clearly informed of house rules and the potential consequences of violating those rules?  Yes  No
31. Are residents required to sign in and out when leaving and returning to your facility?  Yes  No
32. If guests are allowed, are they required to sign in and out?  Yes  No

**LICENSING**

33. Are you licensed?  Yes Lic. Number: \_\_\_\_\_  No If no, explain: \_\_\_\_\_  
If yes, please answer questions a. through d.
- 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: \_\_\_\_\_
34. Has your shelter passed the most recent state inspection? **(Please attach a copy.)**  Yes  No

**BUILDING**

35. a. Type of building:  Residential house  Larger structure designed to house multiple occupants
- b. Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_
- c. What is the total square footage of the building(s)? \_\_\_\_\_
- d. Construction type: \_\_\_\_\_
- e. Is building sprinklered?  Yes  No  Fully or  Partially spinklered?
- f. If partially sprinklered, what percentage? \_\_\_\_\_ %
- g. Has an emergency evacuation plan been prepared?  Yes  No
- h. Are all rooms and halls equipped with smoke detectors?  Yes  No
- i. Type of fire protection, detection or suppression devices: \_\_\_\_\_
- j. Is smoking permitted?  Yes  No
- k. Are there designated smoking areas?  Yes  No
- l. Distance to the nearest fire station? \_\_\_\_\_ Nearest hydrant? \_\_\_\_\_
- m. Is the building equipped with a security alarm system?  Yes  No
- n. Are bathtubs and showers equipped with non-skid surfaces?  Yes  No

**IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 36 THROUGH 40.**

**If not desired, please sign application at bottom of page.**

36. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime?  Yes  No  
If yes, provide details: \_\_\_\_\_
37. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No  
If yes, provide details: \_\_\_\_\_
38. Has any facility that you have been associated with in the past ever had a molestation allegation or claim brought against it while you were there?  Yes  No  
If yes, provide details: \_\_\_\_\_
39. Does your facility do background checks on all employees and volunteers?  Yes  No  
Describe types of checks done (prior employer, police, etc.): \_\_\_\_\_
40. Sexual Molestation sub-limit wanted:  
 \$25,000/50,000  \$50,000/100,000

## FRAUD WARNING STATEMENTS

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas Louisiana West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	<b>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</b>
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
<b>Pennsylvania</b>	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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee Virginia Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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