

RESIDENTIAL FACILITY SUPPLEMENTAL APPLICATION

To be complete for EACH residential Facility operated by applicant

LOCATION NO. _____

Number of Beds _____

NUMBER OF BUILDINGS AT THIS LOCATION _____

Number of Beds Licensed _____

1. Name of Facility: _____

Address: _____

2. Building # _____ Details:

A. YEAR OF CONSTRUCTION	
B. NUMBER OF STORIES	
C. OCCUPIED BY APPLICANT (Stories)	
D. PROTECTIVE DEVICES Automatic Sprinklers Heat Sensors Smoke Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
E. FIRE ESCAPES	# _____
F. Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Year of Updates in Construction *Plumbing *Wiring	Year: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Owned or Leased	

3. This location operates as: _____
Average length of stay: _____

4. How many residential locations are run by the applicant? _____

5. What is Client/Staff Ratio? _____

6. Describe the security measures for each residential facility: _____

7. How does the applicant obtain the residents utilizing the applicants services? _____

8. What types of problems are treated at this facility?

- Alcohol Drug Mental Retardation Mentally Health Aged
Home for Battered Hospice Mental Retardation Supervised living

Other: _____
Please describe on a separate sheet if necessary

9. Is facility ROOM AND BOARD ONLY? Yes No
If no, describe treatment methods and approach:

10. Is this a lock-up facility for residents? Yes No
If yes, please describe security or provide a property inspection report. _____

11. Residents are: Male Female Both
If both, how are they separated? _____

12. How many visits are made per month by a caseworker to a resident? _____

11. Are any of the above beds, medical or non-medical detoxification beds? Yes No
If yes, How many? Medical _____ Non-Medical _____

13. Are residents taken away from the location to participate in any Recreational Therapy or other Field Trips? Yes No
If yes, please complete the Recreational Therapy & Field Trip Supplemental Application.

14. **OPERATIONAL AND PREMISES INFORMATION**

A. Are you leasing/sub-leasing to others any portion of the locations listed? Yes No
If yes, please describe occupancy. _____

B. Do you require that your tenant carry liability insurance for their occupancy? Yes No
What are your requirements for maintenance of liability insurance by the tenant?

C. Are you always added as an Additional Insured to the tenants liability policy? Yes No

D. Do you provide any recreational facilities such as:

- Pools Yes No
- Playground Equipment Yes No
- Horses Yes No
- Trampoline Yes No
- Gymnasium Yes No
- Challenge Courses Yes No
- Ropes Training Yes No
- Other: _____

If yes, to any of the above, please complete the Recreational Facilities Supplemental Application