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	 ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
E. FIRE ESCAPES	#_____
F. Swimming Pool	☐Yes ☐No
G. Year of Updates in Construction *Plumbing *Wiring	Year:_____ ☐Yes ☐No ☐Yes ☐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