

Group Home Supplemental Application

Employer: _____ Website: _____

General Information

- 1) Description of operations:
- 2) Level of group home: _____
- 3) Does the organization use volunteers? Yes No
- a) If yes, how many are actively used? _____
- b) If yes, what are their duties?
- c) If yes, what screening processes are used?
- 4) How do clients get placed in the various homes?
- Who are they referred through?
- 5) How are future residents screened?
- 6) Is the organization able to turn away a prospect? Yes No
- 7) Number of residents per home: _____
- 8) Age and gender distribution of residents:
- | | Number | Male | Female |
|--------------------------|--------|-------|--------|
| Children (<13 years old) | _____ | _____ | _____ |
| Teens (13-17) | _____ | _____ | _____ |
| Young Adults (18+) | _____ | _____ | _____ |
- 9) Number of employees per home: _____
- 10) Are consumers also considered employees? Yes No

- 11) Do employees live on site? Yes No
- 12) Is the day program in a separate location than the homes? Yes No
- 13) What is the documented employee status between foster parents and this risk?
(i.e., do foster parents provide a documented acknowledgement of their understanding that they are not employees – if this is the case?)

- 14) Is a process in place to remove an aggressive resident? Yes No

a) If yes, explain:

- 15) Are staffing companies used to fill temporary needs? Yes No

Employees

- 1) Employee breakdown:

	FT	PT
8810	_____	_____
8835	_____	_____
8842	_____	_____

- 2) Estimated annual employee turnover: _____
- 3) Employee participation % for group health coverage: _____%
- 4) What % of the employee base is unionized? _____%
- 5) Are pre-employment/post-offer physicals required? Yes No
- 6) Are criminal background checks required? Yes No
- 7) Are post-offer medical questionnaires used? Yes No
- 8) How many employees have received the COVID-19 vaccine as of today? _____

Safety Program

- 1) Which of the following safety programs are in place?
- Bloodborne pathogen
 - Fall protection
 - Hazardous materials communication
- 2) Is there a centralized contact for workers' compensation claims? Yes No
- 3) What is the claim reporting procedure to the Carrier?

- 4) Does the organization have an active safety committee? Yes No
a) If yes, how often do they meet? _____
b) Are accident investigation reports completed? Yes No
- 5) Does the organization have formalized drug testing programs? Yes No
 Pre-employment drug testing
 Post-accident
 For cause
 Random
- 6) Does the organization have a formalized light duty program? Yes No
a) If yes, are light duty jobs identified and communicated to the company physician? Yes No

Patient Handling Exposures

- 1) Is this a "no-lift" campus? Yes No
a) Is there a progressive discipline program for violators? Yes No
- 2) Are "smart beds" available that automatically turn patients? Yes No
- 3) Are use of mechanical lifts required? Yes No
- 4) Are use of Gait belts required? Yes No
- 5) Are lifting requirements posted for each resident? Yes No
- 6) What additional training is provided to address this exposure?
- 7) Are employees trained to handle combative patients (*i.e.*, De-escalation training)? Yes No
If yes, how?
- 8) Are spills required to be immediately cleaned up? Yes No
- 9) Are any services subcontracted (*i.e.*, housekeeping, food services, physicians, etc.)? Yes No
a) Are COI's confirmed for workers' compensation coverage? Yes No

Driving Exposures

- 1) Number of employees in any one vehicle at any one time, including consumers if they are considered employees: _____
- 2) Number of vehicles: _____
Description of vehicle(s):
- 3) Radius of driving: _____

4) Is defensive driving training required for drivers? Yes No

5) Are vehicles serviced by an outside garage? Yes No

6) How often are MVRs reviewed? _____

7) Does the organization have established criteria for acceptable vs. unacceptable MVRs? Yes No

8) Additional comments:

Employer Signature: _____

Date: _____