

# 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>i.e.</i> , 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>i.e.</i> , 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: \_\_\_\_\_