

Social Services Questionnaire

1. Name:
2. Date Established:
3. Description of operations:
4. Website:
5. List all accreditations and/or certifications:
6. Number of employees: FT: PT:
7. Max number of employees at any one location at any one time:
8. Have your operations ever ceased or been drastically reduced to a lack of funding? If yes, please identify date of interruption:
9. Check all services offered:

Mental health counseling	Foster care provider	Shelters
Drug detox/treatment	Crisis response	Adult daycare
Respite care	Health/dental clinics	Camp operation
Food pantry	Soup kitchen	Group homes
Vocational assistance		
10. Are there 24 hour operations? Yes No

11. Do employees visit private residences? Yes No
If yes, are clients ever rejected due to unsafe conditions for staff?

12. Indicate where employees perform their work by percentage:

Private Homes	Shelters	Homeless camps
Day care setting	Clinic	Hospital
Correctional facility	Group home	Office

Other locations (explain):

13. Are employees required to report unsafe conditions of a premises?

14. Please identify the total number and type of owned vehicles:

15. Do you have a distracted driving policy in effect? Yes No

16. What is your MVR monitoring process?

17. Do you have a slip resistant shoe policy? Yes No

18. Which of the following controls do you use to screen job applicants:

Background checks	Drug testing
Integrity testing	Post-Offer Medical Questionnaires

19. What policies are in place to ensure rapid employee injury reporting and investigation?

Are red flag and/or root cause questionnaires used? Yes No

20. Do you have a formal, written safety program? Yes No

21. What training do your employees receive on combative client handling?

22. Is there a designated person to handle workers compensation claims? If yes, please identify:

23. Describe your return to work policy:

Applicant Signature

Title

Date