



APPLICATION
MRDD Supplement
Questionnaires 14. through 20.

Governed by Ohio School Officials for Ohio's Schools

School/Entity Name: _____
Address: _____
City, State, Zip, County: _____

Complete or update the following information for the coming year.

14. Off Premises Employment Questionnaire

Describe the operations/services provided by MRDD clients for others

Number of clients who do off premises work? # _____
Comments, clarification or additional information _____

15. On Premises Workshops Questionnaire

Legal name of the workshop _____
Will the workshop be included as a named member on the policy? Yes _____ No _____
Number of clients employed at the workshop? # _____
Number of employees at the workshop? # _____
Describe work performed at the workshop _____

Comments, clarification or additional information _____

16. Physical, Occupational Therapy Questionnaire

Does the MRDD utilize any animal therapeutic programs? Yes _____ No _____
If Yes, describe _____
Describe other physical/occupational therapy provided _____

Comments, clarification or additional information _____

17. Physicians, Psychiatrists, Psychologists Questionnaire

Do all Physicians/Psychiatrists/Psychologists carry professional liability insurance? Yes _____ No _____
If Yes, what are the minimum limits required? \$ _____
If Yes, are Certificates of Professional Liability Insurance provided to you? Yes _____ No _____
Comments, clarification or additional information _____

18. Residential Facilities Questionnaire

How many residential facilities do you own/operate? # _____
How many residential facilities does the Housing Board own/operate? # _____
How many residential facilities are owned/operated by others? # _____
What is the legal name of the Housing Board? _____

Will the Housing Board be named as Additional Member? _____

Yes _____ No _____

Resident Age Groups:

Under 6 years of age:

6 to 21 years of age:

22 to 65 years of age:

Over 65 years of age:

Total number of Residents:

Number of stories for each facility? _____

Number of non-ambulatory residents? _____

Maximum occupancy per building? _____

Describe the minimum self-sufficiency of the residents and the frequency of on site visits by staff

Does the facility administer medication? _____

Yes _____ No _____

If Yes, describe _____

Does the facility have policies/procedures in place for administering medication? _____

Yes _____ No _____

Who administers medications? _____

Describe how and where drugs are stored and secured _____

Are patients physically restrained? If Yes, attach a copy of restraint policy _____

Yes _____ No _____

Did any facility have any deficiencies on the last state/local, health or building inspection? _____

Yes _____ No _____

If Yes, describe _____

Did any facility have any deficiencies on the last fire safety inspection? _____

Yes _____ No _____

If Yes, describe _____

Do all facilities have the following:

Hardwire Smoke Detectors?

Yes _____ No _____

Emergency Lighting?

Yes _____ No _____

Carbon Monoxide Detectors?

Yes _____ No _____

Emergency Evacuation Plan?

Yes _____ No _____

If No to any of the above, describe _____

Have any residential facilities experienced fires in the last four years? _____

Yes _____ No _____

If Yes, provide the number of fires by location _____

Comments, clarification or additional information _____

19. Respite Care, Supported Living, Home-Based Services Questionnaire

Will the providers be named as Additional Members? _____

Yes _____ No _____

Number of individual contracted providers:

Respite Care Providers? _____

Supported Living Providers? _____

Describe the number and types of any other home based service providers contracting with the entity

Describe the screening and training process/procedures for Respite Care Providers and Supported Living Providers

Number of volunteers? _____

Describe the screening and training process/procedures for volunteers _____

Comments, clarification or additional information _____

20. Vocational Adjustment and Training, Job Placement Questionnaire

Describe any Vocational Adjustment services provided

Describe any Vocational Training services provided

Describe any Job Placement services provided

Comments, clarification or additional information _____