

750 Terrado Plaza
 Suite 238
 Covina CA 91723
 Ph: 626 332 2258 x103
 Fax: 626 339 9921
 Email: lillian@bakerromero.com

Baker, Romero & Associates Insurance Brokers Inc.

ABUSE QUESTIONNAIRE

Servicing the insurance needs of social service organizations since 1986. License #OG22790

Please complete the information below and return with a copy of your brochure.

Name of Organization: _____ Contact: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Description of Services: _____

Indicate number of clients in each age range: _____ 0—8 _____ 9—18 _____ 19+

As respects abuse, have any claims been filed or allegations been made against your organization? _____yes _____no.

If yes, please explain: _____

Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities: _____yes _____no

What action is taken when the background report indicates that an employee or volunteer has been convicted of a sexually related offense? _____

Personal Activities: Indicate the personal activities your employees or volunteers assist your clients with:

_____ Bathing _____ Changing clothes _____ Toileting _____ Putting Clients to Bed
 _____ Normally no assistance with personal activities.

Physical Contact: Indicate the amount of physical contact between employees/volunteers and your clients:

_____ None _____ Occasional _____ Daily / Please explain: _____

PROVIDE THE FOLLOWING INFORMATION:	EMPLOYEES	VOLUNTEERS
Is unsupervised contact allowed with clients?	YES___ NO___	YES___ NO___
Education verified?	YES___ NO___	YES___ NO___
Written Application Required:	YES___ NO___	YES___ NO___
State 10 digit fingerprint criminal record check?	YES___ NO___	YES___ NO___
Federal 10 digit fingerprint criminal record check?	YES___ NO___	YES___ NO___

Signature of Application: _____ Date: _____