

Senior Activity Centers Supplement

(To be attached to ACORD applications)

NAMED INSURED: _____

1. Staff to client ratio: _____
2. Is there a plan or policy on how to deal with a resident who may wander off? Yes No
If yes, describe plan & precautions: _____
3. What percentage of clients are mentally challenged? _____
4. What percentage of clients are physically challenged? _____
5. What percentage of clients are elderly? _____
6. What percentage of residents have dementia or Alzheimer's? _____
7. Are any clients non-ambulatory? Yes No
If yes, are written plans in place for emergency evacuation? Yes No
8. Is the facility fully wheel-chair accessible? Yes No
9. Are residents required to have physical exams prior to enrolling in the center? Yes No
10. Do staff members administer medications? Yes No
11. Are medicines kept locked when not in use? Yes No
12. Are written records kept on all clients? Yes No
13. Do you transport clients to and from the center? Yes No
14. Do you allow unannounced visitors? Yes No
15. Describe activities that occur on premises: _____

16. Are there off-premises activities and field trips? Yes No
If yes, describe: _____

17. Do you accept drop-ins? Yes No

Additional Comments: _____

