



REFERRAL AGENCY QUESTIONNAIRE

Name of organization: _____

1. Does your agency **ONLY** provide referral services? YES NO

2. Type of referrals made by insured to other service providers: (indicate all applicable)

GROUP I Services Referred to	Number of Referrals Per Year	GROUP I Services Referred to	Number of Referrals Per Year
<input type="checkbox"/> Home Care Attendants		<input type="checkbox"/> Physical Rehabilitation	
<input type="checkbox"/> Group Home Placement		<input type="checkbox"/> Housing - Emergency or Temporary	
<input type="checkbox"/> Counseling		<input type="checkbox"/> Legal or Tax Preparation	
<input type="checkbox"/> Medical Treatment		<input type="checkbox"/> Daycare / Latchkey	
<input type="checkbox"/> Adoption / Foster Placement		<input type="checkbox"/> Other - Describe: _____	

GROUP II Services Referred to	Number of Referrals Per Year	GROUP II Services Referred to	Number of Referrals Per Year
<input type="checkbox"/> Employment / Job Training		<input type="checkbox"/> Social Security / Benefit Referrals	
<input type="checkbox"/> Education			

3. Is your agency licensed? YES NO

4. Are all service providers licensed by state? YES NO

5. Does your agency verify that service providers have insurance in place? YES NO

6. Does your agency have a written contract with service providers? YES NO

Are any "**hold harmless**" agreements part of the contract between your agency and the service provider? YES NO

7. Does your agency require the service provider name you as an "additional insured" under the provider's policy? YES NO

8. How are ongoing activities of service providers monitored? _____

Are files maintained documenting this process? YES NO

9. Has your agency ever been named as a defendant in any suit involving the activities of a subcontracted service provider? YES NO

If yes, explain nature of suit and amounts paid or reserved by insurance carrier:

