



# GREAT AMERICAN INSURANCE COMPANIES

## Specialty Human Services Division

### 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:**

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