

## Supplemental Application (must be incidental to other services provided)

### THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_

#### **A. FOSTER CARE PLACEMENT** ☐ N/A

**Important—Please attach: Copies of placement policy and procedures, family selection, training guidelines and/all applications used in the process.**

1. What percentage of your overall operation is devoted to foster care? \_\_\_\_\_%
2. What is the annual number of foster care placements? Current Year: \_\_\_\_\_ Projected Next Year: \_\_\_\_\_
3. Average number of children being placed in foster homes? \_\_\_\_\_ Group Homes? \_\_\_\_\_
4. Average age of children being placed in foster homes? \_\_\_\_\_ Group Homes? \_\_\_\_\_
5. What is a child's average length of stay in foster homes? \_\_\_\_\_ Group Homes? \_\_\_\_\_
6. What is the maximum number of children allowed per foster home? \_\_\_\_\_
7. How does this agency recruit foster care homes? \_\_\_\_\_
8. Are the foster homes licensed by applicable state and/or local authorities? ☐ Yes ☐ No  
If No, describe who licenses the foster homes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you certify foster homes? ☐ Yes ☐ No  
If Yes, describe the process used to certify foster homes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If No, who does this process: \_\_\_\_\_
10. Do you ever place a child in a home that is not certified? ☐ Yes ☐ No
11. Does Insured use any homes licensed by the state? ☐ Yes ☐ No  
If Yes, does Insured re-interview and inspect homes prior to placement? ☐ Yes ☐ No  
If No, does Insured inspect homes within 30 days of placement? ☐ Yes ☐ No
12. Does the Insured receive prior placed children either from the state or private agencies? ☐ Yes ☐ No  
If Yes, does the Insured require complete history and case workers file prior to placing in another home? ☐ Yes ☐ No
13. Does the Insured have a hold harmless agreement with:  
☐ State ☐ County ☐ Other Foster Care Agency ☐ None (attach copy of any of these arrangements)
14. Foster parents are: ☐ Employees ☐ Independent Contractors
15. What is the annual amount paid to all foster parents (total of all monthly stipends)? \$ \_\_\_\_\_  
Who compensates the foster families? \_\_\_\_\_

16. How often do case managers and/or social workers visit a foster home? \_\_\_\_\_  
Are visits: ☐ Scheduled ☐ Unscheduled
17. Do home visits include a consultation with the foster child (children)? ☐ Yes ☐ No  
If Yes, is the consultation done: ☐ Alone with Child ☐ Group ☐ Other
18. Is your foster care program accredited? ☐ Yes ☐ No  
If Yes, what accreditation? \_\_\_\_\_
19. Describe training program for foster families prior to placement of first child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Do foster parents receive full disclosure with respect to the child's health history and related background? ☐ Yes ☐ No
21. Do you provide foster care case management? ☐ Yes ☐ No  
If Yes: How many foster care case managers provide services on your behalf? \_\_\_\_\_  
How many cases were handled during last calendar year? \_\_\_\_\_  
What are the estimated number of cases for the current calendar year? \_\_\_\_\_
22. Are criminal records checked prior to approval of a home? ☐ Yes ☐ No
23. Are there written procedures outlining the steps to be taken in the event of alleged physical or sexual abuse? ☐ Yes ☐ No
24. Does Insured engage in Therapeutic Placements? ☐ Yes ☐ No  
If Yes, what % of foster care placements are Therapeutic (mentally or physically disabled)? \_\_\_\_\_%
25. Do any of your foster families accept placements from other agencies? ☐ Yes ☐ No

**B. ADOPTION PLACEMENT** ☐ N/A

**Important—Please attach: Copies of all home study applications and information to prospective families, family selection criteria, placement guidelines and procedures.**

1. What is the annual number of adoption placements? Current Year: \_\_\_\_\_ Projected Next Year: \_\_\_\_\_
2. Are the adoption services: ☐ Closed ☐ Open
3. Do you provide any services that are involved with international adoptions? ☐ Yes ☐ No  
If Yes, please describe? \_\_\_\_\_
4. Does the Insured have legal custody of the child? ☐ Yes ☐ No
5. What are the ages of the children placed? \_\_\_\_\_
6. Are both birth parents contacted prior to all adoption proceedings? ☐ Yes ☐ No
7. Do you perform consulting services or home studies for other agencies? ☐ Yes ☐ No
8. Describe the selection process for Adoptive parents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the selection process include background (criminal records, all 50 states) checked? ☐ Yes ☐ No

10. Do you provide specific information about the child/children to the prospective adoptive parents prior to formalizing the agreement? ☐ Yes ☐ No
11. Do your procedures require a comprehensive health screening of all children prior to being placed? ☐ Yes ☐ No
12. Do Adoption families receive full disclosure with respect to child's health history and related background? ☐ Yes ☐ No
- If Yes, are these disclosures in writing? ☐ Yes ☐ No

#### **COMMENTS**

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#### **PANDEMIC AND COMMUNICABLE DISEASE**

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
- a. Do your procedures address:
- i. Staffing ☐ Yes ☐ No
  - ii. Training ☐ Yes ☐ No
  - iii. Personal protective equipment ☐ Yes ☐ No
  - iv. Client care ☐ Yes ☐ No
  - v. Vendors/visitors ☐ Yes ☐ No
  - vi. Internal & external communication ☐ Yes ☐ No
  - vii. Maintenance of premises and vehicles ☐ Yes ☐ No
  - viii. CDC guidelines and recommendations ☐ Yes ☐ No
- b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
- a. If yes, please provide details. \_\_\_\_\_

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## **DECLARATION AND SIGNATURE**

### **Authorized Entity Representative Designation**

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: \_\_\_\_\_

Title or position: \_\_\_\_\_ Date: \_\_\_\_\_

### **Attestation**

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

### **Signature of Authorized Entity Representative**

\_\_\_\_\_ Date \_\_\_\_\_

PAGE 4



**The Hanover Insurance Company**  
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**hanover.com**  
The Agency Place (TAP)—<https://tap.hanover.com>

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