



**Mental Health Risk
Retention
Group Inc.**

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**RESIDENTIAL OR INPATIENT FACILITY
SUPPLEMENTAL APPLICATION**
(TO BE COMPLETED FOR EACH APPLICABLE LOCATION)

1. Applicant _____
Location Number _____ Address _____
2. Number of beds _____ (Licensed capacity) _____ (Occupied)
3. Is 24 hour supervision provided? Yes No If yes, please explain the supervision procedures:

4. Does hiring procedure include: Background/reference check? Yes No
Screening for criminal record? Yes No
5. Is treatment provided at this location? Yes No If yes, please describe:

6. Number of non-ambulatory residents _____
7. Average length of stay _____ Age group _____ Sex ____ M ____ F
8. What type of residents are housed or treated in this facility? Alcohol/Drug _____ Mentally Ill _____
Aged _____ Developmentally Disabled _____ Other _____
9. Are physical or mechanical restraints used at the facility? Yes No
If yes, what type of restraints are used? _____
How often? _____ Under what circumstances? _____

What type of training does staff receive? _____

10. Are residents screened by a physician prior to admission? Yes No If no, please describe the procedure that determines eligibility for admission

11. Construction of building _____ # stories _____ Sq. ft. _____
12. Are there smoke detectors? Yes No Is there a fire alarm system? Yes No