

Social Workers' Professional Liability Application

Name of Organization: _____

Address: _____

Type of operation: _____

(group home, day care, ect) _____

1. Total number of non duplicated clients: _____

	Full-Time	Part-Time
2. Total number of employees	_____	_____
Total number of typing, data entry, filing, or maintenance employees	_____	_____

3. Does pre-employment or pre-hiring background check include:

	Employees	Independent Contractors or Consultants
Personal references	_____	_____
Educational credentials	_____	_____
Police/criminal record	_____	_____
DCFS/OCYF/DHS screening	_____	_____

4. Is application obtained on volunteers? Yes No

Describe the back ground check done on volunteers _____

5. How many of your social work professionals are independent contractors or consultants? Yes No

a. Do you have signed, written contracts with them? Yes No

b. Do the contracts:

i. Specify that the provider is an independent contractor and not an employee? Yes No

ii. Specify the services provided? Yes No

