

## Questions To Ask Providers Before Selection

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

Questions	Responses
What is your organization's mission statement or philosophy?	
Why did you or your organization decide to serve persons with mental retardation or developmental disabilities?	
How long have you and/or your organization been serving persons with mental retardation or developmental disabilities?	
How many persons does your program serve presently? What is the maximum number that can be served?	
Do you have a reference list of families that I could talk to regarding the services your organization has provided to their family member?	
What type of experience does your employees have serving persons with mental retardation and special problems such as mental illness or autism? Could you provide records of training your employees has received, specific to various disabilities and/or conditions?	
Tell me about the level of training, experience, and required credentialing for employees providing services to individuals.	
Describe ways in which you involve the individuals, guardians, family members in the development of the individual's program. How do you incorporate a family's preferences when they are different from what the agency wants?	
Does your agency have experienced and professional employees who train new employees or provide mentoring?	
What procedures will employees implement in a crisis? Does your agency train employees crisis intervention? Explain.	

<p>How does your agency develop plans for persons with behavior problems? Are plans approved by a Behavior Therapy Committee, Human Rights Committee or by a psychiatrist? If a Human Rights Committee reviews plans, is the Human Rights Committee made up of outside members, professionals, parents, and individuals?</p>	
<p>What are your policies regarding visitors?</p>	
<p>What are your policies regarding privacy?</p>	
<p>What type of leisure/recreational activities will be available? Does my family member choose their daily routine?</p>	
<p>What type of transportation does your program provide?</p>	
<p>How many vehicles do you have? Is there a vehicle for each home?</p>	
<p>How do you accommodate persons who are not ambulatory?</p>	
<p>Do you have employees who speak other languages? If not, will you have an interpreter available?</p>	
<p>How do you accommodate persons who are nonverbal? Are employees trained in sign language or augmentative communication devices?</p>	
<p>What provision will your company make for my family member to attend the religious services of his or her choice?</p>	
<p>What is your employees-to-individual ratio?</p>	
<p>What are your back-up procedures when there is an emergency?</p>	
<p>Are employees available to support my family member to participate in activities in the community? (e.g., Girl Scouts, religious activities, sports)</p>	
<p>How and where will my family member be cared for when he or she is ill?</p>	
<p>Do you have medical employees on site or on call for medical or dental issues? Are medical employees willing to practice/rehearse with my family member what to expect when going to the doctor, hospital or dentist?</p>	

What choices will my family member have concerning day programming, vocational training, supported employment, etc.?	
Describe how employees train individuals in daily living skills.	
What geographical locations do you serve?	
Will the home serving my family member be located in close proximity to school / day program / place of employment?	
How does your agency build community awareness about persons with disabilities moving into their neighborhood? How does your agency resolve concerns from neighborhood families?	
Describe your complaint process.	
Do you lease or own your residential homes? Do you have short-term or long-term leases?	
What screenings do you require when employees are hired (drug screen, criminal background check, abuse/neglect)?	