



Affiliate Provider Evaluation Form

PHYSICAL FACILITY

LOCATION:

Waiting Room Nonpublic: Yes <input type="checkbox"/> No <input type="checkbox"/> Extra Seating: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parking: Free <input type="checkbox"/> Pay <input type="checkbox"/> Distance from facility: Handicapped Spaces: Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheelchair accessible: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Escape: Yes <input type="checkbox"/> No <input type="checkbox"/>
What floor are offices on?	Tornado Shelter: Yes <input type="checkbox"/> No <input type="checkbox"/>

EAP CASE FILING

Files are separate from BH files: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cataloged or alphabetical order: Yes <input type="checkbox"/> No <input type="checkbox"/>
Files are in lockable location: Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence of clinical review: Yes <input type="checkbox"/> No <input type="checkbox"/>

PROVIDER CREDENTIALS

Clinical Licensure on file: Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Insurance Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of ongoing training requirements as set forth in the contract / affiliate manual: Yes <input type="checkbox"/> No <input type="checkbox"/> For Reference: <ul style="list-style-type: none"> • Training and demonstrated knowledge of: <ul style="list-style-type: none"> a. EAP core technology and optional EAP services; b. EAP theory and practice; c. the application of counseling skills in a workplace setting; d. crisis intervention; e. short-term counseling models; f. managed care; g. critical incident response services; h. mental health and substance use conditions; i. work performance assessments; j. provision of services in a culturally responsive manner to recognize and address an individual's specific needs; and k. organizational development and human resource management. 	

ADMINISTRATION

Secure Fax Machine: Yes <input type="checkbox"/> No <input type="checkbox"/>	Designated Scheduling Staff: Yes <input type="checkbox"/> No <input type="checkbox"/>
Evening Appts Available: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekend Appts Available: Yes <input type="checkbox"/> No <input type="checkbox"/>
After Hours phone: Message <input type="checkbox"/>	Picked Up <input type="checkbox"/> Call Back <input type="checkbox"/>

NOTES

By checking here, you agree that all information is reflected accurately in accordance with our contractual agreement.

Name and Title:

Date: