



EAP TOOL BOX

SAMPLE CHARTS, FORMS, AND QUESTIONNAIRES



COUNCIL ON ACCREDITATION
120 WALL STREET | 11TH FLOOR | NEW YORK, NY 10005

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If you are using the hard copy version of the *Employee Assistance Program (EAP) Standards and Self-Study Manual*,

Read This First!

The *EAP Standards and Self-Study Manual* includes a number of tools, including checklists, charts, forms, and questionnaires, that support the accreditation process and provide additional evidence of compliance.

Samples of these materials are found in the *Tool Box*. The copies of tools for actual use by an organization in the accreditation process can be found in two places:

1. On the CD-ROM version of the *EAP Standards and Self-Study Manual*; and
2. On COA's website in writeable PDF files. Instructions on downloading or printing PDF files are provided.

Additionally, single, printed copies of specific tools are available upon request.

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Tool Box Instructions

Tool	Instructions
Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders	See "Mailing Directions for the Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders."
Client Questionnaire	<p>Distribute the Client Questionnaire, along with the explanatory memo, and a stamped envelope addressed to COA, to at least 100 clients, but no more than 250 clients total. The client will return the completed questionnaire directly to COA. The EAP must enter its name and organization identification number on the questionnaire form before distributing it to clients.</p> <p>Clients are to be randomly selected from the service population. The EAP may choose its own means of random selection: a simple way to sample is to give questionnaires to the first two clients seen each day of a given week. The EAP must be prepared to explain its sampling method during the site visit.</p>
Questionnaire for Members of the Board of Directors/Advisory Board	<p>Distribute the Board Questionnaire and the explanatory memo to each member of the board.</p> <p>If the board of directors is not a voluntary board, this questionnaire should be distributed to the members of the voluntary advisory board described in I.3.01, as well as to members of the board of directors.</p> <p>Completed questionnaires are to be returned directly to COA. The EAP must enter its name and organization identification number on the questionnaire form before distribution. Provide each respondent with a stamped envelope addressed to COA and instructions to return the form promptly.</p>
Personnel Questionnaire	EAPs with fewer than 250 personnel distribute the Personnel Questionnaire and the explanatory letter to all

Personnel Questionnaire <i>(continued)</i>	<p>personnel who occupy an ongoing or “permanent” position.</p> <p>EAPs with more than 250 personnel distribute no more than 250 questionnaires to personnel who occupy an ongoing or “permanent” position. Draw a representative sample of direct service workers, clerical and support staff, and management.</p> <p>Completed questionnaires are to be returned directly to COA. The EAP must enter its name and organization identification number on the questionnaire form before distribution. Provide each respondent with a stamped envelope addressed to COA and instructions to return the form promptly.</p>
Affiliate Questionnaire	<p>The EAP should distribute the questionnaires to a random sample of at least 10% of the EAP’s affiliate network. The sample should not exceed 250 respondents.</p> <p>Completed questionnaires are to be returned directly to COA. The EAP must enter its name and organization identification number on the questionnaire form before distribution. Provide each respondent with a stamped envelope addressed to COA and instructions to return the form promptly.</p>
List of Personnel	<p>The List of Personnel will be used by the review team to rate compliance with section II. Management of EAP Human Resources. Record all personnel, including the CEO and other senior management, direct service workers, and all support staff.</p>
Aggregate Job Category Form	<p>The Aggregate Job Category Form will be used by the review team to rate compliance with section II. Management of EAP Human Resources. The form captures information on staff positions for administrative and management personnel at the EAP.</p>
Outcomes Reporting Form	<p>The Outcomes Reporting Form will be used by the review team to rate compliance with section VII.5 Outcomes Measurement. Complete the Outcomes Reporting Form for each service provided by the EAP. List on the form all indicators and tools used by the EAP to measure outcomes for services.</p>
Service Summary	<p>The Service Summary provides the peer reviewers with</p>

Service Summary <i>(continued)</i>	<p>general information about the EAP's services to help them understand the service as delivered. The Service Summary is designed to give all peer teams basic standardized information about the EAPs that they review. The Service Summary will be used by the review team to rate compliance with section XII. Service Delivery.</p>
Sample: Table of Contents for Pre-Site Documentation	<p>Complete the Table of Contents for Pre-Site Documentation for each section of the self-study manual. These forms are provided on a separate disk that is mailed to each EAP when it begins the accreditation or reaccreditation process.</p> <p>Under no circumstances should the EAP include more than 3 separate documents as evidence of compliance for any single standard with its self-study. If more than 3 documents are required to adequately demonstrate compliance, list those documents in the appropriate area on the form and have the documents available for the review team when it arrives on site. All pre-site evidence of compliance must be clearly marked, assembled, and organized sequentially.</p> <p>See Appendix D in the <i>Guidelines to EAP Accreditation</i>.</p>
Not Applicable "NA" Request Form	<p>See instructions on the form.</p>

Mailing Directions for the Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders

The EAP must complete the following steps:

1. Identify organizations that fit the descriptions below.
2. Distribute copies of the Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders (Stakeholder Questionnaire) and the accompanying explanatory memo to all organizations identified. The EAP must enter its name and organization identification number in the space provided on the questionnaire and enter its name on the explanatory memo, prior to distribution.
3. Send the Stakeholder Questionnaire to the organizations listed in the chart below.
4. Submit the names of all organizations that received the Stakeholder Questionnaire to COA with the completed self-study using the form on the following page.

✓	Organizations to Receive the Questionnaire
	Each organization with which your EAP has a purchase-of-service contract , either as a purchaser or provider of service (e.g., customer organization, legal services provider, etc.).
	Ten organizations, other than those with whom you contract, to which or from which clients are most frequently referred .
	All local, state, or provincial organizations to which you are accountable for regulatory, licensing, or monitoring purposes.
	Schools or universities with which the EAP has a professional training arrangement, undergraduate or graduate.
	The local chapter of EASNA, EAPA, or the local chapter of another appropriate professional organization .
	All local chapters of unions , if applicable.
	Other organizations that can help COA gain an accurate idea of your EAP's role in the community.



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Survey of your satisfaction with:

EAP: _____

TO: Colleague

FROM: Council on Accreditation
120 Wall Street, 11th Floor
New York, NY 10005
866-262-8088

The Council on Accreditation (COA) is conducting an accreditation study of the above EAP and seeks your assistance. A part of the study consists of asking organizations in the community about their satisfaction with the EAP's services.

Your response to questions on the enclosed form will become part of the composite picture of the EAP. You may respond as a general observer of how the EAP is seen in the community, as someone with direct experience with the EAP, or from both perspectives.

COA requests that, if possible, you select an individual who has had direct knowledge or experience with the EAP being studied to complete this form. If you wish to make additional comments, please attach a separate sheet.

Your participation in this study will be a service to the EAP, its clients, and your community. COA assures you that your response will be held in confidence. If you have any questions about the accreditation process or wish to learn more about COA, please call the above number.

Please return this questionnaire directly to COA at the address listed above.

Your help in this matter is greatly appreciated.

Enc.

COUNCIL ON ACCREDITATION

120 Wall Street, 11th Floor, NY 10005 • tel:212.797.3000 fax: 212.797.1428 www.coanet.org

Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders

Please return to: Council on Accreditation, 120 Wall Street, 11th Floor, New York, NY 10005, FAX: 212-797-1428

Organization ID #:

--	--	--	--

Today's Date:

 /

 /

[illegible][illegible]

Your Name (optional): _____ Title: _____

- I am: ☐ very familiar with and have regular contact with the EAP.
☐ familiar with one or more specific services, but not familiar with the EAP as a whole.
☐ unfamiliar and have little contact with the EAP or knowledge of its services.

Relationship to the EAP undergoing accreditation (check only one):

- ☐ Customer Organization ☐ Host Organization ☐ Subcontractor ☐ Other, please specify _____

Instructions: Please answer all applicable questions to the best of your ability by marking one square per question.

ALL ORGANIZATIONS DOING BUSINESS WITH THE EAP (Please complete questions 1-6)

ALL ORGANIZATIONS DOING BUSINESS WITH THE EAP (Please complete questions 1-6)											
1	Overall, how satisfied are you with the EAP?	1	Completely Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Completely Dissatisfied		Not Sure
2	Does the EAP seek input regarding your satisfaction with services?	2	Yes		No					Not Sure	
3	How satisfied are you with the EAP's efforts to communicate changes and improvements?	3	Completely Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Completely Dissatisfied		Not Sure
4	How satisfied are you with the EAP's efforts to provide non-discriminatory services?	4	Completely Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Completely Dissatisfied		Not Sure
5	How satisfied are you with the EAP's efforts to provide culturally competent services?	5	Completely Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Completely Dissatisfied		Not Sure
6	How satisfied are you that the EAP acts in an ethical manner in the delivery of all services?	6	Completely Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Completely Dissatisfied		Not Sure

CUSTOMER ORGANIZATIONS ONLY (Please complete questions 7-10)

CUSTOMER ORGANIZATION ONE (Please complete questions 7-10)												
7	How satisfied are you with the information you received regarding pricing of EAP services?	7	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
8	Does your contract with the EAP specify:	8										
a	the services to be provided?	a	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
b	how utilization is calculated?	b	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
c	clinical record-keeping procedures?	c	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
d	professional qualifications of the EAP's staff and affiliates?	d	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
9	Does the EAP provide you with regular utilization reports?	9	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
10	Does the EAP provide you with a year-end summary?	10	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>

SUBCONTRACTOR ORGANIZATIONS ONLY (Please complete question 11)

11 Does your contract with the EAP specify:										
a	the EAP's expectations regarding the quality and level of staff training?	a	Yes		No		Not Sure			
b	the EAP's expectations regarding the receipt of regular utilization reports?	b	Yes		No		Not Sure			
c	the EAP's expectations about conducting site reviews?	c	Yes		No		Not Sure			

Additional comments that you wish to call to the attention of the COA peer review team.

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- ☐ I would like to speak with a member of the COA peer review team at the time of the site visit.

Name: _____ Phone: _____ Best time to call: _____



Organizations Sent the Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders

Use Additional Sheets As Necessary

Organization ID#:

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		/			/		
--	--	---	--	--	---	--	--

m m d d y y

EAP Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

																				State/Province:		
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------------	--	--

Organization	Relationship (e.g., Customer Organization, Subcontractor, etc.)	Address	Phone	Contact



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Survey of your satisfaction with:

EAP: _____

TO: Clients of the EAP

FROM: Council on Accreditation
120 Wall Street, 11th Floor
New York, NY 10005
866-262-8088

The EAP named above is interested in becoming accredited by the Council on Accreditation (COA). COA is an international organization, which sets standards for quality service and sends teams of experienced professionals to visit organizations to see whether they meet these standards.

Since you have used or are currently using this EAP's services, it would be very helpful for COA to know your satisfaction with the services that you have received from the EAP. Please take a few minutes to answer this short questionnaire and mail it to COA in the stamped, addressed envelope you have been given.

The survey will not contain your name, and the information you provide will be kept confidential.

Thank you for your help.

Enc.

COUNCIL ON ACCREDITATION

120 Wall Street, 11th Floor, NY 10005 • tel:212.797.3000 fax: 212.797.1428 www.coanet.org



Client Questionnaire

Please return to: Council on Accreditation, 120 Wall Street, 11th Floor, New York, NY 10005

Organization ID #:

Today's Date: / /

EAP Name:

City: State/Province:

Your Age:

- ☐ Under 20
☐ 21-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ 61 and above

Gender:

- ☐ Male
☐ Female

When did you first begin to use the services of the EAP?

-
m m y y

Instructions: Please answer all applicable questions to best of your ability by marking one square per question.

1	Overall, how satisfied are you with the services you have received from the Employee Assistance Program (EAP)?	1	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	
2	Did the services of the EAP meet your needs?	2	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
3	Would you use the EAP again in the future if you needed to?	3	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
4	Did you have to wait to receive services from the EAP?	4	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>				
5	How satisfied are you that the EAP treated you with respect?	5	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	
6	Did the EAP give you written information regarding your rights and responsibilities?	6	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
7	Did the EAP tell you when information could be shared with others without your written permission?	7	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
8	Did the EAP tell you what to do when you have a complaint or problem?	8	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
9	Did the EAP ask you about your satisfaction with services?	9	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	Not Sure			<input type="checkbox"/>
10	Have you visited one of the EAP's offices?	10	Yes	<input type="checkbox"/>	No				<input type="checkbox"/>				
11	How satisfied are you that the EAP's offices are:	11											
a	safe?	a	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	
b	clean?	b	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	
c	professional?	c	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	
d	easy to get to?	d	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>	

Please use the space provided below to make any additional comments about the EAP and the services it delivers.

☐ I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Name: _____ Phone: _____ Best time to call: _____



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Questionnaire for Members of the Board of Directors/Advisory Board

EAP: _____

TO: Board of Directors/Advisory Board Member

FROM: Council on Accreditation
120 Wall Street, 11th Floor
New York, NY 10005
866-262-8088

The Council on Accreditation (COA) is conducting an accreditation study of the EAP. A part of the study consists of asking board/advisory members to give specific data about their participation as members, as well as their satisfaction with certain aspects of board and organizational functioning.

Please complete the enclosed questionnaire as an individual, not consulting with other board members or personnel, and to return the questionnaire directly to COA.

Your response to questions on the enclosed form will become part of the composite picture of the EAP and will be used by the review team during its assessment of the EAP's compliance with COA's standards. COA assures you that your response will be held in confidence.

Your help in this matter is greatly appreciated.

Enc.

COUNCIL ON ACCREDITATION

120 Wall Street, 11th Floor, NY 10005 • tel:212.797.3000 fax: 212.797.1428 www.coanet.org



Questionnaire for Members of the Board of Directors/Advisory Board

Please return to: Council on Accreditation, 120 Wall Street, 11th Floor, New York, NY 10005, FAX: 212-797-1428

Organization ID #:

Today's Date: / /

EAP Name:

City: State/Province:

Committees on which you serve:

How long have you served on the board of directors/advisory board?

- ☐ Less than 1 year
- ☐ 1 to 3 years
- ☐ Between 3 and 5 years
- ☐ More than 5 years

What has been your attendance at scheduled meetings?

- ☐ Less than 50%
- ☐ Between 50% and 80%
- ☐ More than 80%

Instructions: Please answer all applicable questions to best of your ability by marking one square per question. Privately held, for-profit advisory board members and public organizations need only complete items 1-3 and 10-14.

1	Overall, how satisfied are you with the EAP?	1	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
2	As a member of the board of directors, did you receive an orientation to the responsibilities of membership?	2	Yes	<input type="checkbox"/>	If yes, go to question 3.	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, go to question 4.	<input type="checkbox"/>		
3	How satisfied are you with the quality of the orientation you received to the EAP?	3	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
4	How satisfied are you with the board of directors' role in setting the EAP's long-term direction?	4	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
5	Does the board of directors assume responsibility for reviewing and approving organization policies?	5	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
6	Does the board of directors assume responsibility for reviewing and approving the organization's annual budget?	6	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
7	Does the board of directors review the EAP's fiscal summaries?	7	Yes	<input type="checkbox"/>	If yes, go to question 8.	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, go to question 9.	<input type="checkbox"/>		
8	Do fiscal reviews occur quarterly?	8	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
9	Does the board of directors review the performance of the CEO?	9	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
10	Does the CEO provide reports to the board regarding EAP operations?	10	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
11	Does the board of directors review areas of risk that may expose the EAP to liability?	11	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
12	Is the composition of the board sufficient to assist the EAP in effectively achieving its mission, goals, and objectives?	12	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>

13 To the best of your knowledge, within the last four years, have there been allegations or findings of professional misconduct, financial malfeasance, failure to comply with laws and regulations governing equal opportunity and personnel administration, or investigations by auditing, regulatory or monitoring bodies which have identified problems at the EAP?

Yes ☐ No ☐

If yes, please explain

14 What aspects of the EAP's services or operations need strengthening, if any? What are the best features of the EAP?

Please use the space provided below to make any additional comments about the organization and the services it delivers.

☐ I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Name: Phone: Best time to call:



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Memorandum

TO: Staff of _____
EAP Name

FROM: Council on Accreditation (COA)
120 Wall Street, 11th Floor
New York, NY 10005
866-262-8088

RE: Personnel Questionnaire

The EAP you work with is undergoing an accreditation study by COA.

COA is seeking information from the staff of this EAP. Information that you provide is valuable to gain an understanding of the EAP and to determine if it complies with COA's standards.

Please complete the attached Personnel Questionnaire as completely as you can. When completing the form, please ensure that the EAP's full name is written in the space provided. Do not fill in your name unless you want to be contacted by the review team.

The information you provide is confidential and will be seen only by members of the team that will review your EAP.

Your EAP will have provided you with an envelope addressed to COA; please return this form as quickly as possible.

Thank you.

Enc.

COUNCIL ON ACCREDITATION

120 Wall Street, 11th Floor, NY 10005 • tel:212.797.3000 fax: 212.797.1428 www.coanet.org



Personnel Questionnaire

Please return to: Council on Accreditation, 120 Wall Street, 11th Floor, New York, NY 10005, FAX: 212-797-1428

Organization ID #:

Today's Date: / /
m m d d y y

EAP Name:

City: State/Province:

Your Name (optional): _____ Title: _____

How long have you worked at the EAP?

- ☐ Less than 1 year ☐ Between 5 and 10 years
☐ 1 to 5 years ☐ More than 10 years

Are you (check all that apply):

- ☐ Full-time
☐ Part-time
☐ Other (please specify): _____

Instructions: Please answer all applicable questions to best of your ability by marking one square per question.

1	Overall, how satisfied are you with the EAP?	1	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
2	When you were hired, did you receive an orientation to the EAP?	2	Yes	<input type="checkbox"/>	If yes, go to question 3.		No	<input type="checkbox"/>	If no, go to question 4.			
3	How satisfied are you with the quality of the orientation to the EAP that you received?	3	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
4	Does your job description clearly outline your responsibilities?	4	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
5	How satisfied are you with the quality of the supervision that you receive from the EAP?	5	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
6	Do you receive an annual performance review?	6	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
7	Do you receive training from the EAP?	7	Yes	<input type="checkbox"/>	If yes, go to question 8.		No	<input type="checkbox"/>	If no, go to question 9.			
8	How satisfied are you with the quality of the EAP's training program?	8	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
9	Do you have a copy of the EAP's human resources policies and procedures manual?	9	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
10	How satisfied are you with the EAP's efforts to prevent harassment?	10	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
11	How satisfied are you with the EAP's responsiveness to personnel complaints and grievances?	11	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
12	How satisfied are you with the EAP's efforts to prevent discrimination?	12	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
13	Does the EAP seek input regarding staff satisfaction with the organization?	13	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>			Not Sure	<input type="checkbox"/>
14	How satisfied are you with the EAP's efforts to implement changes based on staff feedback?	14	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
15	How satisfied are you that the EAP's facilities are:	15	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
a	safe?	a	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
b	clean?	b	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
c	free of fire hazards?	c	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
d	smoke-free?	d	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
e	professional?	e	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
f	accessible?	f	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Additional comments that you wish to call to the attention of the Council on Accreditation (COA) peer review team.

☐ I would like to speak with a member of the COA peer review team at the time of the site visit.

Name: _____ Phone: _____ Best time to call: _____



CREDIBILITY • INTEGRITY • ACHIEVEMENT

Survey of your satisfaction with:

EAP: _____

TO: EAP Affiliates

FROM: Council on Accreditation
120 Wall Street, 11th Floor
New York, NY 10005
866-262-8088

The EAP named above is interested in becoming accredited by the Council on Accreditation (COA). COA is an international organization, which sets standards for quality service and sends teams of experienced professionals to visit organizations to see whether they meet these standards.

Since you currently work for the EAP as an affiliate provider, it would be very helpful for COA to know your satisfaction with the EAP. Please take a few minutes to answer this short questionnaire and mail it to COA in the stamped, addressed envelope you have been given.

The survey will not contain your name, and the information you provide will be kept confidential.

Thank you for your help.

Enc.

COUNCIL ON ACCREDITATION

120 Wall Street, 11th Floor, NY 10005 • tel:212.797.3000 fax: 212.797.1428 www.coanet.org



Affiliate Questionnaire

Please return to: Council on Accreditation, 120 Wall Street, 11th Floor, New York, NY 10005, FAX: 212-797-1428

Organization ID #:

Today's Date: / /
m m d d y y

EAP Name:

City: State/Province:

Years of EAP experience:

- ☐ Less than 1 year
☐ 1 – 2 years
☐ 3 – 5 years
☐ 5 – 10 years
☐ More than 10 years

How long have you been working as an affiliate for the EAP named above?

- ☐ Less than 1 year
☐ 1 – 2 years
☐ 3 – 5 years
☐ 5 – 10 years
☐ More than 10 years

Average number of client contact hours completed for the EAP each week:

- ☐ Less than 10 hours
☐ Between 10 and 20 hours
☐ Between 20 and 30 hours
☐ Between 30 and 40 hours
☐ More than 40 hours

Instructions: Please answer all applicable questions to best of your ability by marking one square per question.

1	Overall, how satisfied are you with the EAP?	1	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
2	Do you have a signed contract or agreement with the EAP to provide services to clients?	2	Yes	<input type="checkbox"/>	If yes, go to question 3.			No	<input type="checkbox"/>	If no, go to question 5.		
3	Does your contract with the EAP require you to carry professional liability insurance?	3	Yes	<input type="checkbox"/>				No	<input type="checkbox"/>	Not Sure <input type="checkbox"/>		
4	Does your contract with the EAP address the maintenance of client records?	4	Yes	<input type="checkbox"/>				No	<input type="checkbox"/>	Not Sure <input type="checkbox"/>		
5	Did you receive a copy of the EAP's policies and procedures manual within the first 3 months of hire?	5	Yes	<input type="checkbox"/>				No	<input type="checkbox"/>	Not Sure <input type="checkbox"/>		
6	Do you receive case consultation from the EAP?	6	Yes	<input type="checkbox"/>	If yes, go to question 7.			No	<input type="checkbox"/>	If no, go to question 8.		
7	How satisfied are you with the quality of the case consultation that you receive from the EAP?	7	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
8	How satisfied are you with the EAP's responsiveness to affiliate complaints and grievances?	8	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
9	Does the EAP seek input regarding affiliate satisfaction at least annually?	9	Yes	<input type="checkbox"/>				No	<input type="checkbox"/>	Not Sure <input type="checkbox"/>		
10	How satisfied are you with the EAP's efforts to implement changes based on affiliate feedback?	10	Completely Satisfied	<input type="checkbox"/>	Somewhat Satisfied	<input type="checkbox"/>	Somewhat Dissatisfied	<input type="checkbox"/>	Completely Dissatisfied	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Please use the space provided below to make any additional comments about the EAP and the services it delivers.

☐ I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Name: _____ Phone: _____ Best time to call: _____



Management of EAP Human Resources: List of Personnel

Organization ID#:

Today's Date:

 / /

EAP Name:

Instructions: Complete the following chart. Record all personnel, including the CEO and other senior management, direct service workers, and all support staff. Submit a copy of the List of Personnel with section II. Management of EAP Human Resources. Make additional copies as necessary. It is permissible to attach an existing list of personnel, in lieu of this document, provided that it captures all of the data requested below.

Name	Job Category/Title	Personnel Type	FTE (e.g., 1.0, .25)	Degree/License Held (use abbreviations)	Number of years in position
		<input type="radio"/> Staff <input type="radio"/> Affiliate <input type="radio"/> Other	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
		<input type="radio"/> Staff <input type="radio"/> Affiliate <input type="radio"/> Other	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
		<input type="radio"/> Staff <input type="radio"/> Affiliate <input type="radio"/> Other	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
		<input type="radio"/> Staff <input type="radio"/> Affiliate <input type="radio"/> Other	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
		<input type="radio"/> Staff <input type="radio"/> Affiliate <input type="radio"/> Other	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>



Management of EAP Human Resources: Aggregate Job Category Form

Organization ID#:

Today's Date: / /
m m d d y y

EAP Name:

Instructions: Complete the following chart for all staff job categories, including senior management, direct service workers, and all support staff. If the EAP has more than 6 job categories, please copy this form, providing totals for all pages on the final page. Submit a copy of the Aggregate Job Category Form with section II. Management of EAP Human Resources.

Job Category/ Title	Number of Budgeted Positions		Number of Positions Filled		Turnover Rate* (enter percentage below)	Racial/Ethnic Composition** Enter Percentages (use whole numbers)							
	F/T	P/T	F/T	P/T	Enter last two digits of year for past year <input type="text"/>	American Indian/ Native Alaskan	Asian	Pacific Islander	African American, Black	Hispanic, Latino	White	Multi-Ethnic, Multi-Racial	Race/ Ethnicity Not Listed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Turnover Rate: $\frac{\text{Total number of persons leaving positions (all exits)}}{\text{Total number of occupied positions per category}} \times 100 = \text{ } \%$

** COA recognizes that several race and/or ethnic identities do not appear on this form. For research purposes only, COA has aggregated existing categories using information from the United States Census as a guide.



Outcomes Measurement: Outcomes Reporting Form

Organization ID#:

Date:

 /

 /

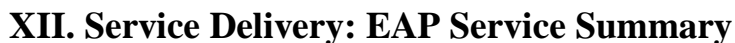
m *m* *d* *d* *y* *y*

EAP Name:

Instructions: Please list the types of indicators/measures that you use at your EAP to evaluate service efficiency and effectiveness. Provide a copy of this form as documentation of evidence of compliance for section VII.5 Outcomes Measurement. Check the appropriate box under domain to indicate the field of activity that your EAP is seeking to measure. You may check more than one domain. List the tool or instrument used to determine outcomes. See the glossary for definitions of “indicator” and “outcomes of service.”

	Indicator/Measure Name	Domain*	Tool/Instrument Name																																																										
Ex.	<table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td><td>L</td><td>I</td><td>E</td><td>N</td><td>T</td><td>I</td><td>M</td><td>P</td><td>R</td><td>O</td><td>V</td></tr> <tr><td>E</td><td>M</td><td>E</td><td>N</td><td>T</td><td>I</td><td>N</td><td>F</td><td>U</td><td>N</td><td>C</td><td></td></tr> </table>	C	L	I	E	N	T	I	M	P	R	O	V	E	M	E	N	T	I	N	F	U	N	C		<table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr> <tr><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	A	B	C	D	E	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="width: 100%; text-align: center;"> <tr><td>G</td><td>L</td><td>O</td><td>B</td><td>A</td><td>L</td><td>A</td><td>S</td><td>S</td><td>E</td><td>S</td><td>S</td></tr> <tr><td>M</td><td>E</td><td>N</td><td>T</td><td>O</td><td>F</td><td>F</td><td>U</td><td>N</td><td>C</td><td>T</td><td></td></tr> </table>	G	L	O	B	A	L	A	S	S	E	S	S	M	E	N	T	O	F	F	U	N	C	T	
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A	B	C	D	E																																																									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																									

Domain* A = client satisfaction; B = change in level of functioning; C = level of achievement for goal; D = Return on Investment (ROI); E = another indicator of the EAP’s choice. You may choose more than one domain per measure.



Organization ID #:

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[illegible][illegible]State/Province:

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Type of EAP: ☐ Internal ☐ External ☐ Internal/External

1. EAP Office/Site Locations: *List the Address, City, State/Province, and the number of full time equivalents (FTE's) for all EAP office/site locations.*

No. of Sites:

--	--	--

Address, City, State/Province

FTE's (e.g., 12.5, 100.75)

Site 1: _____

--	--	--	--	--	--	--

Site 2: _____

--	--	--	--	--	--	--

Site 3: _____

--	--	--	--	--	--	--

Site 4: _____

--	--	--	--	--	--	--

Site 5: _____

--	--	--	--	--	--	--

Site 6: _____

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2. Services Provided: *For each office/site location listed above, check all applicable services provided at that office/site location.*

Site 1:

- ☐ Information & Referral/Assessment & Referral
- ☐ Critical Incident Stress Management
- ☐ Employee Education & Outreach
- ☐ Short-Term Counseling
- ☐ Management/Supervisory Consultations
- ☐ Follow-up
- ☐ Training to Supervisors, Managers & Unions
- ☐ Organizational Development
- ☐ Work-Life/Dependent Care
- ☐ Drug Free Workplace
- ☐ Telephone Counseling
- ☐ Legal
- ☐ Research
- ☐ International

Site 2:

- ☐ Information & Referral/Assessment & Referral
- ☐ Critical Incident Stress Management
- ☐ Employee Education & Outreach
- ☐ Short-Term Counseling
- ☐ Management/Supervisory Consultations
- ☐ Follow-up
- ☐ Training to Supervisors, Managers & Unions
- ☐ Organizational Development
- ☐ Work-Life/Dependent Care
- ☐ Drug Free Workplace
- ☐ Telephone Counseling
- ☐ Legal
- ☐ Research
- ☐ International

Site 3:

- ☐ Information & Referral/Assessment & Referral
- ☐ Critical Incident Stress Management
- ☐ Employee Education & Outreach
- ☐ Short-Term Counseling
- ☐ Management/Supervisory Consultations
- ☐ Follow-up
- ☐ Training to Supervisors, Managers & Unions
- ☐ Organizational Development
- ☐ Work-Life/Dependent Care
- ☐ Drug Free Workplace
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- ☐ Legal
- ☐ Research
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- ☐ Drug Free Workplace
- ☐ Telephone Counseling
- ☐ Legal
- ☐ Research
- ☐ International

Reporting period timeframe:

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$$\frac{\text{Total number of eligible covered employees utilizing EAP services}}{\text{Total number of covered employees eligible for EAP services}} \times 100 = \text{Utilization Rate} \%$$

Gender:		Age:		Racial/Ethnic Composition (optional):		Primary Problem Assessed:									
Male	<table><tr><td></td><td></td></tr></table> %			Under 25	<table><tr><td></td><td></td></tr></table> %			White (non-Hispanic/non-Latino)	<table><tr><td></td><td></td></tr></table> %			Alcohol/Drug Abuse	<table><tr><td></td><td></td></tr></table> %		
Female	<table><tr><td></td><td></td></tr></table> %			26 – 35	<table><tr><td></td><td></td></tr></table> %			Hispanic/Latino	<table><tr><td></td><td></td></tr></table> %			Mental Health (including Grief	<table><tr><td></td><td></td></tr></table> %		
		36 – 45	<table><tr><td></td><td></td></tr></table> %			Pacific Islander	<table><tr><td></td><td></td></tr></table> %			Depression, and Psychiatric Problems)					
		46 – 55	<table><tr><td></td><td></td></tr></table> %			Black/African-American	<table><tr><td></td><td></td></tr></table> %			Legal	<table><tr><td></td><td></td></tr></table> %				
		56 – 64	<table><tr><td></td><td></td></tr></table> %			American Indian, Alaskan Native	<table><tr><td></td><td></td></tr></table> %			Work-Life/Dependent Care	<table><tr><td></td><td></td></tr></table> %				
		Over 65	<table><tr><td></td><td></td></tr></table> %			Asian (non- Pacific Islander)	<table><tr><td></td><td></td></tr></table> %			Family/Parent-Child Difficulties	<table><tr><td></td><td></td></tr></table> %				
				Multi- Racial, Multi- Ethnic	<table><tr><td></td><td></td></tr></table> %			Separation/Divorce, and	<table><tr><td></td><td></td></tr></table> %						
				Other (not listed)	<table><tr><td></td><td></td></tr></table> %			Relationship difficulties							
						All Others	<table><tr><td></td><td></td></tr></table> %								

Does the EAP have a website? ☐ Yes ☐ No

EAP website address:

- ☐ Marketing/Public Relations
- ☐ Resource Information
- ☐ Access Counselor

☐ Other (please list):



Sample: Table of Contents for Pre-Site Documentation

Charts, Forms, and Questionnaires Required for I. Administration and Management	Included (Y/N)
Questionnaire for Members of the Board of Directors (<i>Has the questionnaire been sent per COA guidelines?</i>)	

Standard	Documents Submitted as Evidence	Page #	Reference
I.1.01	1		
	2		
	3		
	<i>Additional documents available on-site</i>		
I.1.02	1		
	2		
	3		
	<i>Additional documents available on-site</i>		
I.1.03	1		
	2		
	3		
	<i>Additional documents available on-site</i>		
I.2.01	1		
	2		
	3		
	<i>Additional documents available on-site</i>		
I.2.02	1		
	2		
	3		
	<i>Additional documents available on-site</i>		
I.3.01	1		
	2		
	3		
	<i>Additional documents available on-site</i>		

Table of Contents for I. Administration and Management



Not Applicable “NA” Request Form

INSTRUCTIONS:

1. Please complete sections 1 and 2 and submit this form to COA for approval.
2. The EAP must provide a reason and supporting documentation for each request.
3. Do not use this form if there is already an NA rating listed for the standard.
4. If your request is approved, place a copy of the approved form where the documentation for the standard would have appeared in the EAP’s self-study manual. NOTE: All approvals are pending verification by the Peer Review Team.
5. If your request is denied, place a copy of the denied form and the relevant interpretation from COA where the documentation for the standard would have appeared in the EAP’s self-study manual.

SECTION 1	EAP	
	Organization ID #	
	City/State/Province	
	Phone/Fax/E-mail	
	Date of Request	
	Contact Person	
	COA Representative	

SECTION 2	Standard	Reason for NA Request

SECTION 3	COA Decision			
	Standard	Approved	Denied	Comment

Decision Date _____ Signature _____



Council on Accreditation

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