Quality Standards Program Application

FACILITY NAME	SITE PHONE	ADDRESS	ZIP

ADMINISTRATOR/DIRECTOR NAME	ADMINISTRATION PHONE	ADMINISTRATION/DIRECTOR EMAIL

STATE LICENSE- If applicable (ARF's, RCFE's)	BUSINESS LICENSE	CONDITIONAL USE PERMIT (Applied or has)
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

*CAPACITY (MAX PER CITY/COUNTY PLANNING)	MALE/FEMALE/BOTH	RATES (MONTHLY, WEEKLY, SLIDING SCALE)
Select a number	Select an item	

Services Offered: Select Yes or No (if yes specify).

Meals Provided	☐ Yes ☐ No	**(If yes) Specify # per day**	Select a number
Snacks Provided	☐ Yes ☐ No	**(If yes) Specify # per day**	Select a number
ADL Prompts	☐ Yes ☐ No	**Medication Prompts**	☐ Yes ☐ No
Laundry Assistance	☐ Yes ☐ No		

Typical Routine and Opportunities:

Number of Staff: Will you have on-site staff 24-hours 7 days per week? ☐ Yes ☐ No

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Amenities: (Select Yes or No)

Walking distances to grocery store	☐ Yes	☐ No
Walking distance to public transit	☐ Yes	☐ No
Walking distance to community events	☐ Yes	☐ No
Walking distance to places of worship	☐ Yes	☐ No
Opportunity to participate in community activity	☐ Yes	☐ No
Opportunity to participate in household activities	☐ Yes	☐ No
Do you allow pets	☐ Yes	☐ No
Do you allow service animals	☐ Yes	☐ No
Is facility handicapped accessible	☐ Yes	☐ No
*What is the facility capacity		
How many residents per room		

** You will need to obtain a Conditional Use Permit (CUP) Verification Form from Kern Behavioral Housing Services and have the document signed and document the capacity for your facility type. This is only if you do not have a Conditional Use Permit for your property.*