

Quality Standards Housing Provider 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)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*CAPACITY (MAX PER CITY/COUNTY PLANNING)	MALE/FEMALE/BOTH	RATES (MONTHLY, WEEKLY, SLIDING SCALE)	

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

Meals Provided	Yes No	(If yes) Specify # per day	
Snacks Provided	Yes No	(If yes) Specify # per day	
ADL Prompts	Yes No	Medication Prompts	Yes No
Laundry Assistance	Yes No		

Typical Routine and Opportunities:

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

Name: _____	Title _____
Name: _____	Title _____
Name: _____	Title _____
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.*