



Date: \_\_\_\_\_

This is to acknowledge that the individual named below has expressed an interest in becoming a Housing Provider to offer housing for the clients served by **Kern Behavioral Health & Recovery Services**. Our Quality Standards process requires verification that each facility has acquired a Conditional Use Permit, if applicable, in order to adhere to County ordinance and zoning requirements.

**PROVIDER INFORMATION (To be completed by Provider):**

Provider's Name \_\_\_\_\_ Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_  
Street City Zip

Type of Housing \_\_\_\_\_ Capacity \_\_\_\_\_ Zone \_\_\_\_\_

Is Facility Licensed in State of California? Yes  No  N/A

Licensing Agency \_\_\_\_\_ License Number \_\_\_\_\_

**This section to be completed by Kern County Planning & Natural Resources Department**

**PLEASE VERIFY THE FOLLOWING INFORMATION:**

Is a CUP required at the above location and for the capacity stated? Yes  No

If a CUP is not required, is the proposed use allowed? Yes  No

Has the use already been lawfully established? Yes  No

Notes (if applicable):

\_\_\_\_\_  
Planner Signature

\_\_\_\_\_  
Date

For Further Information, Please Contact  
Housing Services – 661-868-7512  
Kern Behavioral Health & Recovery Services

