



Substandard Housing Referral Form

Please send completed referral forms to eh@kerncounty.com

Date:	Referring Agency:	
Name/Title:	Phone:	
	Email:	
Facility Name:		
Facility Address:		
Nature of substandard condition* (please include room numbers when applicable):		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<small>*Substandard conditions may include loss of power, lack of hot water, lack of access to running water, lack of access to restroom facilities, accumulation of trash or clutter that prevents safe egress, vermin infestation, no access to heat, lack of working smoke detector.</small>		
For Internal Use Only		
Date Received:	FA#:	CO#:
Assigned to:		
Outside Agency Referral:		

Grounded in Health