Family Care Unit Questionnaire

1. **Applicant Name:** _____

2. **Project Address:** _____

3. **Name of Person Requiring Care:** _____

4. **Name of Person Providing Care:** _____

5. **Will the temporary trailer/mobile home be used by the Care Provider or the person receiving care?** ❒ Care Provider ❒ Person Receiving Care

6. **Name of county health officer, licensed physician, or social worker providing written confirmation of medical need:** _____

7. **Total Square Feet of Main Dwelling Unit:** _____

8. **Number of people residing in main dwelling unit:** _____

9. **Year, Make and Model of Proposed Trailer/Mobile Home:**
_____

10. **Size of Proposed Trailer/Mobile Home:** Dimensions: _____

    Square Feet: _____

The following Documents must be submitted to the City:

❒ A. All Items Required on Use Permit Application Checklist;

❒ B. Current Registration of the trailer/mobile home pursuant to Chapter 4.7 (commencing with Section 18075) of Part 2, Division 13 of the California Health and Safety Code;

❒ C. Written confirmation of continuous medical need by county health officer, licensed physician, or social worker;

❒ D. Floor plan of main dwelling unit.

❒ E. Application fees - paid when the application is submitted.