

Provider’s Management Plan Safe Parking/Safe Shelter Facility Minimal Requirements Model

Note: If tents, cabins, or other individual shelter unit types are allowed, please also attach *Appendix A, Tents, Cabins, and Non-Vehicle Shelter Standards*

Overview

The Minimal Requirements Model is limited to twenty (20) vehicles or individual shelter units and operates overnight only, with minimal services. Cost is kept low by reduced staff requirements and regulation that is less onerous than other model plans. Portable to rural areas, and can be tailored to available local resources.

Program Description

1. Name of Project
2. Site Address and Assessor’s Parcel Number
3. Service Provider name and address
4. Service Provider contact person’s name, email and phone number
5. Plot Plan (Please attach)

All Safe Parking/Safe Shelter operations must be conducted consistent with the attached Plot Plan, which is incorporated into this Management Plan by reference.

6. Hours of operation are overnight only. The maximum hours of operation in Minimal Requirements Facilities is from 5:00 pm – 9:00 am. Note: longer hours of operation - up to 24 hours - are allowed for “Low-Barrier” and “Village Model” programs. Please use the Low Barrier Model or Village Model Safe Parking/Safe Shelter Plan as appropriate.

Hours of operation _____

7. Quiet hours _____

8. Maximum number of parking spaces or tent/shelter units _____

- Cars, vans, trucks
- Trailers, RVs
- Tents, sleeping cabins
- Other (please describe)

9. A. Please confirm that these services and amenities will be provided.

Required

- Sanitary facilities, including toilet and hand-washing
- Shower facilities or access to showers
- Facilities accessible to persons with disabilities (20% of spaces or units, including sanitary facilities)
- Garbage containers and trash disposal services
- Access to a telephone for use by participants
- Access to charging equipment for devices
- Secure storage for personal items
- Client intake and waiting area
- Supervision and security during all hours of operation.

B. Please check all of the elements that apply.

Allowed and Recommended (but not required)

- Site fencing
- Security camera(s)
- Access to Wi-Fi
- Access to electricity
- Laundry vouchers
- Coolers and ice for food storage

Assistance with vehicle registration and securing a driver's license

Ability to serve individuals with domestic pets.

Other (please describe)

10. Size of exterior or interior onsite waiting and client intake areas

Pilot Startup and Site Inspection

11. Prior to issuance of the permit, a building inspector will visit the site to verify compliance with code and this management plan.

12. An inspection of the site will be conducted on or before the anniversary date of permit issuance.

13. The Provider will use the following startup strategies:

outreach to potential participants;

publicizing criteria for participation;

making available the dates and times where intake will occur;

informing/engaging the local sheriff or code enforcement staff to facilitate startup;

other measures:

14. Prior to occupancy of the site, the Provider must submit a Department Approval Letter from the Division of Environmental Health verifying that the site is served by an acceptable means of sewage disposal able to accommodate the anticipated wastewater demand. To request a letter, use this form: <https://humboldt.gov/730/Land-Use-Program-Documents-and-Forms>.

The site is served by one or more of the following acceptable means of sewage disposal:

portable toilets and/or holding tanks

permitted onsite wastewater treatment system

connection to public sewer

possession of individual waste discharge requirements for the proposed use issued by the North Coast Regional Water Quality Control Board.

NOTE: please attach a Department Letter of Approval from Dept. of Environmental Health.

- 15. If the site allows recreational vehicles, no disposal of sewage from recreational vehicles is permitted at the site unless the North Coast Regional Water Quality Control Board has approved the sewage disposal system.

NOTE: please attach approval from the North Coast Regional Water Quality Control Board, and details of the sewage disposal system.

Community Integration

16. Neighborhood outreach plan

- a. Property owners were contacted through

Meetings

Date(s) _____

Door to door notification

Date(s) _____

Other methods (list)

Date(s) _____

- b. Safe Parking/Safe Shelter Program Rules have been made available to neighbors through the following method(s):
- c. Name and phone number of program staff member that has been designated for ongoing neighborhood outreach:
Name: _____
Phone Number: _____
- d. If ongoing neighborhood meetings are planned, what is the frequency?
- e. The following measures will be taken to avoid potential nuisances near the site:

Operating Procedures

17. Length of stay is six months maximum for each Participant. Participants who are still unhoused and in need of shelter after six months:

- f. Will be notified _____ days in advance of the six month end date.
- g. May reapply for a new permit after a break period of _____.
- h. Other procedures _____.

(Note: Upon approval by the Provider, based on history and circumstances of the Participant, the break period requirement may be waived on a case-by-case basis.)

Extensions must be noted on a new Host & Participant Agreement and included in monthly and annual reports.

18. Participants may exit or may be asked to exit the program by the following procedures:

19. Inoperable vehicles and abandoned items will be removed from the site by:

- ____ a contingency fund;
- ____ tow vouchers;
- ____ agreements with towing company;
- ____ repair vouchers;
- ____ other (determined by provider)

20. Participants will be selected according to the following rules and priorities:

- a.
- b.
- c.

d.

(Use additional pages to describe if necessary)

21. A waiting list will be kept and administered as follows:

22. At the time of registration, participants must be given a copy of the Program Rules, and sign the attached Safe Parking/Safe Shelter Host & Participant Agreement. (Please attach a copy)
23. The Provider's Program Rules and the Host & Participant Agreement will be posted prominently at the site, along with contact information for the Provider and onsite staff person.
24. Periodic reviews of Participant needs and circumstances will be conducted every _____ (one week maximum). Reviews will discuss any changes in the Participant Agreement for the Participant, and any Participant Agreement violations that may have occurred since the last periodic review.
25. The following are required conditions of the Participant Agreement:
 - a. Participants may not use or possess any weapons or firearms of any kind on the site
 - b. Urinating and defecating outside the facilities provided is prohibited.
26. Staff will be on site at all times during hours of operation. The expected staffing level will be _____ employees on site. Onsite management will be conducted as follows:

(Attach additional materials if necessary)

Records

27. The operator must provide monthly reports to the Planning and Building Department and Department of Health and Human Services identifying the number of people present each night during the month, the use and maintenance of temporary restroom facilities, and any operational concerns. Pictures of the site must be included with the monthly report showing the condition of the site. Photos may be used to document Pilot successes when the Board considers time extensions past the 18 month Program duration.
28. Providers operating Safe Parking/Safe Shelter facilities must annually track and report to

the County by September 30 of each year the following details of the use of their facility:

- i. # of persons served by month;
- ii. # of persons served whose residence was or is a vehicle;
- iii. # of persons served who are no longer in need of a homeless shelter
 - i. The # of persons who have moved into permanent supportive housing;
- iv. Average percent occupancy of safe parking and safe shelter sites.

Site Security

29. Security measures will be followed to ensure adequate health and safety of participants, staff, and visitors on-site. (Please check and describe all that apply)

Site fencing

Security camera(s)

Hired security

Staff person

Designated participant(s)

Other (describe)

30. The Provider notified the Sheriff's Office and the local fire department of the program's operation and contact information for the staff at the site on _____ (date).

Plan Modification or Revocation

31. A provider may amend voluntary provisions of this Management Plan by filing an update with the Planning Department and notifying neighbors as part of its Neighborhood Outreach Plan. Voluntary provisions are those written into the Plan by the provider.

32. The Planning Director may initiate proceedings to revoke the zoning clearance certificate for a Safe Parking–Safe Shelter site for any of the conditions cited in Section 61.05.7 of the County Code. A zoning clearance certificate may only be revoked by the Board of Supervisors after a duly noticed public hearing.

I, _____, the site Provider or Operator, certify that the contents of this Management Plan are correct, and that the Pilot Program will operate in accordance with this Plan.

Signature

Date

Safe Parking – Safe Shelter Pilot Program Hosts & Participants Agreement Sign-up and Release of Claims Agreement

Children:

Name	Age	Sex

For any child listed above, please give the name and number of any parent/s who is not staying in the vehicle or shelter. N/A

Emergency Contact (*Name, Phone/Address*):

Other relevant information: N/A

- I will cooperate with the host representatives to the fullest extent possible, will actively participate in services I select, and abide by all program rules.
- I agree to stay on the property and in the vehicle or shelter provided at my own risk, and will make no claim against the host if personal injury, loss of personal belongings or damage of personal property occurs while on the premises.
- I consider my stay on the property to be transitory and not subject to the California tenant laws. I understand that this shelter is being provided on a trial basis and that I may be asked to leave at any time.

Participant Signature: _____

Date: _____

Host Signature: _____

Date: _____

Safe Parking – Safe Shelter Pilot Program Hosts & Participants Agreement Policy Agreement

1. _____, **the Host**, agrees to offer services on a voluntary basis to connect participants with permanent housing.
2. _____ abides by Housing First principles. No rent or fees are charged for services, nor is any individual or family denied participation because of inability to pay.
3. Individual shelters may not be entered or searched without a warrant. An exception exists in the case of an emergency that threatens health or safety of participants or staff.

I _____, **the Participant**, will adhere to the following rules and policies while participating in the Safe Parking/Safe Shelter Pilot Program at this location

I will:

1. Allow only those listed on the Sign-Up and Release of Claims Agreement at the shelter.
2. Maintain the vehicle or shelter and surrounding area in a clean and organized condition.
3. Refrain from asking for money, goods, or services from staff, volunteers, employees, and other participants, other than those offered as part of the services provided.
4. Remember that other uses and activities exist on or around the site, and I agree to co-exist with those uses with minimum interference.
5. Recognize that other participants at the site have similar circumstances, needs, and challenges; I agree be considerate, and support and assist when I am able.
6. Refrain from physical, verbal, or emotional abuse toward any man, woman, child or animal.
7. Abide by the Provider's Program Rules regarding possession or consumption of drugs or alcohol. Participants in violation will be removed from the program.
8. Smoke only in designated outside areas.
9. Not bring weapons of any kind onto property.

I understand that violation of these rules may result in a written warning, suspension of services, or immediate termination of services. I further understand that if I am asked to leave and do not do so or become disruptive, I will be subject to arrest for criminal trespass.

Signature: _____ Date: _____

Signature: _____ Date: _____

Host Signature: _____ Date: _____