Community Assistance Parking Program

Service Provider Training

“Our City is in an unprecedented moment of transformational change. We must employ all City resources and deploy them strategically to accomplish our goal of ending chronic homelessness.”

-Mayor Garcetti
OVERVIEW

IN THIS TRAINING WE WILL DO THE FOLLOWING:

● Discuss what is Community Assistance Parking Program (CAPP) and who is eligible.

● The forms to be completed.

● The process

● Abstracts
The City of Los Angeles Community Assistance Parking Program (CAPP) is a program that has been created to assist homeless individuals with open or unpaid parking citations, by allowing he/she to pay in the form of community service.

Authorized by the General Manager of the Los Angeles Department of Transportation, individuals will perform community service in lieu of payment of a parking penalty, as outlined in the guidelines.
California Vehicle Code (CVC), Section 40215(7) - Homeless as defined in Title 42 of the Public Health Welfare Code:

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence.
- (2) Individual or family with primary nighttime residence that is a public or private place not designed for ordinarily used as a regular sleeping accommodation for human beings (etc).
- (3) Individual or family living in a supervised publicly or privately operated shelter designated for temporary living.

For additional information go to: https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap119-subchapI-sec11302.pdf

DISCUSSION

Allows the implementation of a community service program in lieu of a parking penalty if authorized by the governing board (Mayor and City Council) of the issuing agency (LADOT)
When a participant of the Community Assistance Parking Program (CAPP) selects your organization to complete their service hours, you become a Service Provider. As a Service Provider, you are required to:

Complete the Service Provider Form—This application form is provided by The City of Los Angeles Community Assistance Parking Program staff. To acquire the application, please contact:

Community Assistance Parking Program
Los Angeles Department of Transportation at
(213)978-4400 or ladot.capp@lacity.org
As a service provider, you are required to sign the Service Provider Form. This form must be completed in its entirety in order to be considered a service provider with the City of Los Angeles.

Please return this form for evaluation to be an Authorized Service Provider
COMMUNITY ASSISTANCE PARKING PROGRAM
LOS ANGELES DEPARTMENT OF TRANSPORTATION
221 N. Figueroa Street 13th Floor
Los Angeles, CA 90012
Office (213) 978-4435 – ladot.capp@lacity.org
Fax (800) 430-8039

SERVICE PROVIDER FORM

Service Provider Organization Name:

Managing Contact Person Name and Title:

Contact Phone: __________ Fax: __________

Address: __________________________ Email: __________________________

City: __________________ State: __________ Zip: __________________

The person listed above will be your managing contact for administration and verification of completion of the Community Assistance Parking Program community hours. Will they be at the Clinic? [ ] Yes [ ] No
If "No", please provide the name and contact information for your on site representative:

On Site Representative: __________________ Title: __________________________

Contact Phone: __________ Email: __________

Please choose the category that best describes your organization’s services

[ ] Benefits Assistance [ ] Employment [ ] Faith [ ] Food [ ] Housing [ ] Legal [ ] Medical [ ] Mental Health [ ] Substance Abuse [ ] Other (Pets, Outreach, Travel assistance, etc.)

Brief description of services provided (i.e. "Provide housing vouchers" or "Connect clients to job training"): __________________________

Description of community obligation work available at your facility: check all that apply

[ ] General Labor [ ] Office Work [ ] Job Readiness Training [ ] Anger Mgt [ ] AANA Meetings [ ] Life Skills Classes [ ] Mental Health Counseling [ ] Parenting [ ] Other [ ] Accept Both Female and Male [ ] Female Only [ ] Male Only

Special requirements for CAPP participants: (residents only; closed toed shoes, etc.): __________________________

Other Pertinent Information:

Thank you for your participation!
The City of Los Angeles has joined the fight to stop homelessness with Los Angeles Homeless Service Authority (LAHSA). Due to this effort, the City of Los Angeles is requiring all members participating in the CAPP program to obtain a HMIS number.

As a service provider, you are required to have the capability to assist a member in obtaining a Homeless Management Information System or HMIS number. To obtain additional information, please contact

**HMIS Number**

LAHSA is the HMIS lead for the Los Angeles Continuum of Care, comprised of the County of Los Angeles except for the cities of Pasadena, Glendale, and Long Beach.

811 Wilshire Boulevard, Los Angeles, CA 90017

Tel: (213) 683-3333
Fax: (213) 992-0093
TTY: (213) 653-8454

<table>
<thead>
<tr>
<th>Team</th>
<th>Contact Email</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Support</td>
<td><a href="mailto:HMISupport@lahsa.org">HMISupport@lahsa.org</a></td>
<td>General technical support for HMIS matters related to user access, troubleshoot, information requests, system functionality errors, etc.</td>
</tr>
<tr>
<td>IT Hardware Support</td>
<td><a href="mailto:ITSupport@lahsa.org">ITSupport@lahsa.org</a></td>
<td>General technical support for hardware failures, connectivity issues, etc.</td>
</tr>
</tbody>
</table>

LAHSA HMIS Website: [http://hmis.lahsa.org/](http://hmis.lahsa.org/)

LAHSA HMIS Training Website: [http://training.lahsa.org/](http://training.lahsa.org/)

Clarity HMIS Website: [https://la.clarityhs.com/](https://la.clarityhs.com/)
In addition to the application, an information page is also provided. This page is a quick informational guide to Service Providers outlining their responsibilities under this Program.

Before you fill out the application, please review the information page.
When you have been designated as a service provider you will receive documents on the member who is required to do community service at your location. These documents consist of:

1. Proof of Completion
2. Homeless Parking Citation Community Service Intake Form (CAPPFM100)
3. Homeless Parking Citation Community Service Program (CAPPFM101)
4. CAPP Guidelines
5. Service Provider Form
Emailed Forms:

COMMUNITY ASSISTANCE PARKING PROGRAM (CAPP)

CONTACT:
Mario Intimiano, Senior Management Analyst
O: (213) 978-4400 ladot.capp@lacity.org

Teresa Marquez, Liaison for CAPP
O: (213) 978-4885 ladot.capp@lacity.org
Para más información, favor de llamar (213) 972-4908.

ABOUT:
CAPP is a City approved pilot program, which allows homeless individuals the option to perform community or support service in lieu of paying for a parking citation. Participants should sign up at service provider agencies throughout Los Angeles, and be assigned to do community or support service at a pre-selected location. Once service or support is complete, the parking citation will be cleared by the Parking Violations Bureau, and if necessary, any vehicle registration held will be removed. Any other fees or registration issues must be dealt directly with the DMV. For more information see www.dmv.ca.gov.

Depending on the amount owed for a parking citation, the City has approved the following hourly credit schedule:

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<thead>
<tr>
<th>Amount Owed</th>
<th>Hours Required/Credited</th>
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<tbody>
<tr>
<td>$25 - $250</td>
<td>4</td>
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<td>$251 - $500</td>
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<tr>
<td>$501 - $750</td>
<td>12</td>
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<tr>
<td>$751 - $1,000</td>
<td>16</td>
</tr>
<tr>
<td>$1,001 - $1,250</td>
<td>20</td>
</tr>
<tr>
<td>$1,251 - $1,500</td>
<td>24</td>
</tr>
</tbody>
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WHEN:
The program was approved on February 14, 2017 by Los Angeles City Council. Although we have legal approval, we anticipate the program to start in March 2017.

WHAT NEXT:
Once we have this program up and running, we hope to have City Council consider expanding the program to allow for low-income participants.

PROOF OF COMPLETION (Completed by Service Provider)

Please return this form to:
CITY OF L.A. DEPARTMENT OF TRANSPORTATION
100 S. Main St., 10th Floor
(213) 972-8470  Email (ladotcitationclinic@lacity.org)

CLIENT INFORMATION

Name (last, first) : [Field]
Date of Birth: [Field]
Cal License or ID no.: [Field]
Date eligibility determined by LAHSA: [Field]
Total Hours Done:
Citations Nos: 

__________________________

__________________________

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SERVICE PROVIDER INFORMATION

Service Provider Organization Name: [Field]
Managing Contact Person Name and Title: [Field]
Contact Phone: [Field]
Email: [Field]

<table>
<thead>
<tr>
<th>Service Provided / Received</th>
<th>Date of Service</th>
<th>Hours</th>
<th>Confirmed by (signature)</th>
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O:\DPS-Homeless Community Service Program\Completion of hours form.docx
The CAPPFM101 is the contract the member has with the City of Los Angeles. This is the most important form. You (Service Provider) are required to have the member sign this form before community service starts.

This document list:

1. Citation number, violation and amount.
2. Number of hours required.
3. Contract Expiration Date
4. Approval Signature
5. Members information
6. Member Signature

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**HOMELESS PARKING CITATION COMMUNITY SERVICE PROGRAM**

<table>
<thead>
<tr>
<th>NAME</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>DOB</th>
<th>Phone/Email</th>
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**SERVICE PROVIDER:**

**CITATION INFORMATION** – to be completed by LADOT

HOMELESS PARKING CITATION COMMUNITY SERVICE PROGRAM only handles PARKING CITATIONS issued in the CITY OF LOS ANGELES. Contact: lead.capp5@lacity.org

<table>
<thead>
<tr>
<th>LICENSE PLATE NUMBER</th>
<th>LICENSE PLATE NUMBER</th>
<th>NUMBER OF CITATIONS REFERRED</th>
<th>NUMBER OF CITATIONS APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITATION NO.</td>
<td>DATE OF VIOLATION</td>
<td>VIOLATION CODE</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>$25 - $250</td>
<td>4</td>
<td>$751 - $1,000</td>
<td>16</td>
</tr>
<tr>
<td>$251 - $500</td>
<td>8</td>
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<td>12</td>
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<td>24</td>
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</table>

**TOTAL**

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<tr>
<th>AMOUNT OWED</th>
<th>REQUIRED SERVICE HOURS</th>
<th>AMOUNT OWED</th>
<th>REQUIRED SERVICE HOURS</th>
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**INTERNAL USE ONLY**

LADOT CLERK PRINT SIGNATURE DATE

APPROVED BY PRINT SIGNATURE DATE

**TO COMPLETE YOUR COMMUNITY OBLIGATION HOURS**

TO THE PARTICIPANT: In order to have your tickets resolved you must complete the TOTAL hours of service due at one of the organizations assigned to you. PARTIAL REDUCTIONS ALLOWED. Make arrangements with them to complete your hours. They will send in the proof that your hours have been completed. Your tickets will be dismissed until you complete ALL hours due. If you do not complete ALL hours within the required 90 days, collection activity may resume on your citations and you may incur additional penalties.

**THIS FORM ALONG WITH THE REQUESTED SIGNATURE MUST BE RETURNED TO LADOT WITHIN SEVEN (7) BUSINESS DAYS. MEMBERS WHO FAIL TO COMPLY, CITATIONS THAT QUALIFIED FOR SUSPENSION, WILL BE SUBJECTED TO REVERSAL AND MAY ACCRUE ADDITIONAL PENALTIES.***

**Seven Day Expiration Date:**

**SELF-CERTIFICATION PERSONAL STATEMENT**

I am eligible to participate in the Homeless Parking Citation Community Service Program because I currently reside in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings. However, at this time, I am unable to have this verified by an outreach or service worker.

Print Name ___________________________ Signature ___________________________ Date __________
On the Homeless Parking Citation Community Service Intake form, the City of Los Angeles employee will complete all the information on the form except for the:

- HMIS/CES Number:
- Date, Signature, and check box and interpreter name if used
THE PROCESS

HOW TO PROCESS A CAPP MEMBER AS A SERVICE PROVIDER
Thank you for your participation in the City of Los Angeles Department of Transportation Community Assistance Parking Program (CAPP). Below are the forms for intake Hello World. Please do the following:

- Have member sign all forms and email back to city employee.
- Provide the City of Los Angeles the HMIS/ CES number for member
- The survey is required to complete CAPP. Please have the member complete the survey attached.

Survey Link:
https://goo.gl/forms/WZmq9onknZRqov92

Thank you again.
Thank you for your participation in the City of Los Angeles, Department of Transportation Community Assistance Parking Program (CAPP). Below are the forms for intake _______________________. Please do the following:

· Have member sign all forms and email back to city employee.
· Provide the City of Los Angeles the HMIS/ CES number for member.
· The survey is required to complete CAPP. Please have the member complete the survey attached.

Thank you again.
Step 2: Signing Documents

Have the member sign/date the documents CAPPFM100 and CAPPFM101.

***Please note: All signed documents must be returned to the LADOT staff via fax or email by the date expressed on the contract. Failure to do so may result in the member obtaining penalties, resulting in more community service hours.***

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**Homeless Parking Citation Community Service Program**

<table>
<thead>
<tr>
<th>License Plate Number</th>
<th>Number of Citations Approved</th>
<th>Number of Citations Referred</th>
<th>Total Amount Approved</th>
<th>Total Amount Referred</th>
</tr>
</thead>
</table>

**To Complete Your Community Obligation Hours**

TO THE PARTICIPANT: In order to have your tickets resolved you must complete the TOTAL hours of service due at one of the organizations assigned to you. PARTIAL REDUCTIONS ALLOWED. Make arrangements with them to complete your hours. They will send us the proof that your hours have been completed. Your ticket will not be dismissed until you complete ALL hours due. If you do not complete ALL hours within the required 90 days, enforcement activity may resume in your citations and you may receive additional penalties.

THIS FORM IS TO BE COMPLETED IN THE CITY OF LOS ANGELES. Non-compliance results in additional penalties.

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**Self-Certification Personal Statement**

If you choose to participate in the Homeless Parking Citation Community Service Program because I committed the offense as defined herein, I am required to complete the hours specified by the contract or lose my driver's license. I understand that I must complete the required hours in order to have my license reinstated. I further understand that failure to complete the required hours will result in additional penalties.

[Signature]

[Date]

---

**Citation Information**

- **Citation No.**
- **Date of Violation**
- **Violation Code**
- **Amount**

<table>
<thead>
<tr>
<th>Citation No.</th>
<th>Date of Violation</th>
<th>Violation Code</th>
<th>Amount</th>
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**Amount Owed**

- **Total**
- **Required Service Hours**

<table>
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<tr>
<th>Amount Owed</th>
<th>Required Service Hours</th>
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<tr>
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</table>

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**Internal Use Only**

<table>
<thead>
<tr>
<th>LADOT Clerk Print</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Approval by Print | Signature | Date**

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**To Complete Your Community Obligation Hours**

TO THE PARTICIPANT: In order to have your ticket resolved you must complete the TOTAL hours of service due at one of the organizations assigned to you. PARTIAL REDUCTIONS ALLOWED. Make arrangements with them to complete your hours. They will send us the proof that your hours have been completed. Your ticket will not be dismissed until you complete ALL hours due. If you do not complete ALL hours within the required 90 days, enforcement activity may resume in your citations and you may receive additional penalties.

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**Self-Certification Personal Statement**

If you choose to participate in the Homeless Parking Citation Community Service Program because I committed the offense as defined herein, I am required to complete the hours specified by the contract or lose my driver's license. I understand that I must complete the required hours in order to have my license reinstated. I further understand that failure to complete the required hours will result in additional penalties.

[Signature]

[Date]
HMIS

As a service provider, you are agreeing to assist the member in obtaining a HMIS or Homeless Management Information System number. The member must be able to obtain this number to participate in the CAPP.

All service providers are required to have access to the HMIS system. For more information, please contact LAHSA at:

811 Wilshire Blvd, 6th Floor
Los Angeles CA, 90017
Or by phone
(213) 683-3333
Once all documents are signed the service provided will send all documents back to the City of Los Angeles staff.
Community service is now completed

The “Proof of Completion” form is used by the provider to log the community service hours completed by the member. Once all hours required are completed, this form must be sent back to the City of Los Angeles Staff via E-mail or fax upon completion.
Completing the Survey

After the member has completed their community service hours, the service provider is required to allow the member to complete the survey provided in the email. This survey is essential for the member to complete because it gives additional information to the member on completing vehicle registration. If the member fails to complete this step, he/she will not be able to complete their vehicle registration, and vehicle can be towed.

Survey link: https://goo.gl/forms/UEny7bOW4g039Vdz2
The City of Los Angeles wants to thank you for being a participating service provider for the Community Assistance Parking Program (CAPP). If you have any other questions, please contact the City of Los Angeles Community Assistance Parking Program at:

City of Los Angeles
(213) 978-4400
Or
Email US
LADOT.CAPP@LACITY.ORG
Click the link below to complete training:

https://goo.gl/forms/BXCWRmYIaiYUdCju1