

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 ID 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 AA/NA 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!