



LOS ANGELES

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



WHO ARE WE?

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



DISCUSSION

California Vehicle Code (CVC), Section 40215(7)

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)

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-subchapl-sec11302.pdf>

FORMS





FORMS REQUIRED BY THE CITY OF LOS ANGELES (SERVICE PROVIDER)

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 ☐ 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!

Homeless Management Information System (HMIS) availability with Los Angeles Homeless Service Authority (LAHSA)

HMIS Number

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 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

Los Angeles Homeless Services Authority (LAHSA)

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) 892-0093

TTY: (213) 553-8434

HMIS Contact Information		
Team	Contact Email	Reason
HMIS Support	HMISsupport@lahsa.org	General technical support for HMIS matters related to user access, troubleshooting, information requests, system functionality errors, etc.
IT Hardware Support	ITSupport@lahsa.org	General technical support for hardware failures, connectivity issues, etc.

LAHSA HMIS Website

<http://hmis.lahsa.org/>

LAHSA HMIS Training Website

<http://training.lahsa.org/>

Clarity HMIS Website

<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.



COMMUNITY ASSISTANCE PARKING PROGRAM
LOS ANGELES DEPARTMENT OF TRANSPORTATION
Office 213-978-4435 or ladot.capp@lacity.org

INFORMATION FOR THE SERVICE PROVIDER

When a participant of the Community Assistance Parking Program (CAPP) selects your organization to complete their service hours, please do the following:

·Please be sure that you are an approved Community Assistance Parking Program (CAPP) service provider with an application through the above contact information.

·We ask you to act as the liaison between our office and the participant by maintaining contact with the participant and relaying communications. We ask that you contact us through email at ladot.capp@lacity.org if you have any questions or for updates on the status of the process. It is crucial that all contact with our office comes through you and not the participant. This document acts as a release of liability from LADOT to the service provider to provide the participant's ticket information. The participant must understand that their citation information may be shared with the service provider agency.

·Send a copy of the participant's Intake Form and Application, the form that indicates the date of the clinic they attended, the eligible tickets, and the total hours they must complete to the email above so we may place a suspend on the tickets eligible for CAPP.

·Make arrangements with the participants to do their hours in a manner that best serves the needs of the participant and your organization and keep records of the hours as they are completed.

·*Make sure the participant is entered into the Coordinated Entry System (CES) or Homeless Management Information System (HMIS).*

·Once the participants have completed their hours, send a copy of Completed Hours Form and a copy of their Intake Form attached as a pdf by email to us at ladot.capp@lacity.org. Do not give the participant a copy of the form to take to court. The CAPP program is a completely separate program separate from court.

·When we receive the Completed House Form and the copy of the Intake Form, we will update our system so that the Parking Violations Bureau may print out an abstract. The abstract will be sent to the case manager assigned to the participant to make sure it is successfully received. The participant may pick up the abstract to take to DMV to have their citations cleared.

·Sometimes we may determine that a participant has additional tickets that were not noted on the Application Form at the time of the clinic. This may be because additional tickets have been located through a more detailed search or because there has been a change in the eligible violations. If this happens we ask you to let the participant know the number of additional eligible tickets and the number of additional hours needed if they would like to resolve these tickets. This will not affect those tickets that were already resolved.

If you have additional questions, please contact us at ladot.capp@lacity.org. Thank you for your assistance.

Forms you will receive in your email:

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:

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) : _____ Date of Birth: _____ Cal License or ID no.: _____

Date eligibility determined by LAHSA: _____ Total Hours Due: _____

Citations Nos. _____

SERVICE PROVIDER INFORMATION

Service Provider Organization Name: _____

Managing Contact Person Name and Title: _____

Contact Phone: _____ Email: _____

Service Provided / Received	Date of Service	Hours	Confirmed by (signature)

O:\ORS\Homeless Community Service Program\Completion of hours form.docx

COMMUNITY ASSISTANCE PARKING PROGRAM (CAPP)

CONTACT: Mario Interiano, Senior Management Analyst

O: (213) 978-4405 ladot.capp@lacity.org

Teresa Mayer, Liaison for CAPP

O: (213) 978-4435 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 hold 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 citations, the City has approved the following hourly credit schedule.

<u>Amount Owed:</u>	<u>Hours Required/Credited:</u>
\$25 - \$250	4
\$251-\$500	8
\$501 - \$750	12
\$751-\$1,000	16
\$1,001-\$1,250	20
\$1,251-\$1,500	24

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.

Community Service Contract

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

HOMELESS PARKING CITATION COMMUNITY SERVICE PROGRAM																																																																	
NAME _____		LAST		FIRST		M.I.																																																											
SERVICE PROVIDER: _____			DOB: _____		Phone/Email: _____																																																												
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: ladot.capp@lacity.org																																																																	
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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 not 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																																																										

Intake Form

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

HOMELESS PARKING CITATION COMMUNITY SERVICE INTAKE

NAME _____
LAST FIRST M.I.

LP _____ DOB _____ Phone/Email _____

How can we reach you later? _____

How did you hear about the CAPP? _____

PERSONAL INFORMATION

Gender	Age	Race	Income/Mo.	Source
Male	17 & under	African/Am.	\$0	GR
Female	18-24	Asian/API	100-250	SSI/SSDI
	25-54	Caucasian	251-500	Job
	55-64	Latino/Hisp.	501-1000	Other
	65 & up	Mixed	1000-1500	
		Other	1500 & up	

Currently Homeless: Yes No HMIS/CES Number: _____

I am eligible to participate in the Parking Citation Homeless Community Service Program because I am homeless as defined in Title 42, section 11302, of the Public Health and Welfare Code. I agree to abide by the requirements of the City of Los Angeles and the service providers. The information that I have provided is accurate to the best of my knowledge.

I understand that this program is voluntary and participation in the Parking Citation Homeless Community Service Program is at the sole discretion of the City of Los Angeles.

Date Signature []
Check box and print Interpreter name if used

THE PROCESS

HOW TO PROCESS A CAPP MEMBER AS A SERVICE
PROVIDER

STEP 1:

CAPP Member- World, Hello inbox x



Otamez Haddock <otamez.haddock@city.org>

to me

12:53 PM (0 minutes ago)

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/WZmq9onknZRqoqv82>

Thank you again.

Otamez Haddock
Administrative Clerk
Parking Operations Support

221 N. Figueroa St. Suite 1300
Los Angeles, CA 90012
Mail Stop 742
(213) 975-4421
Los Angeles Department of Transportation



LA DOT

*****Confidentiality Notice*****

This electronic message transmission contains information from the Los Angeles Department of Transportation, which may be confidential. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the content of this information is prohibited. If you have received this communication in error, please notify us immediately by e-mail and delete the original message and any attachment without reading or saving in any manner.

4 Attachments



CAPP Contract C...



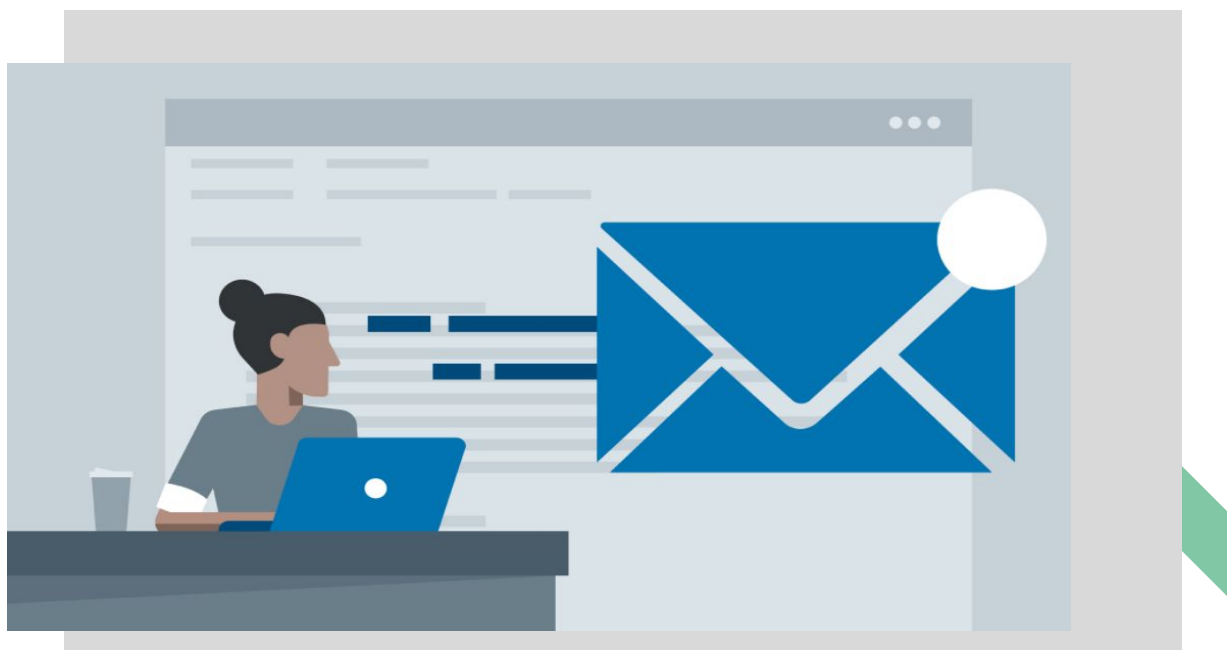
COMPLETION OF...



Personal history ...



Welcome CAPP.pdf



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.

Contract Expiration Date: _____

HOMELESS PARKING CITATION COMMUNITY SERVICE PROGRAM							
NAME _____		LAST		FIRST		MI	
SERVICE PROVIDER: _____		DOB: _____		Phone/Email: _____			
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: ladot.capp@lacity.org							
LICENSE PLATE NUMBER: _____				LICENSE PLATE NUMBER: _____			
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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 not 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.							
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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, I am unable to have this verified by an outreach or service worker.							
Print Name		Signature		Date			

CAPPFM101

June 28, 2017

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

HOMELESS PARKING CITATION COMMUNITY SERVICE INTAKE

NAME _____
LAST FIRST M.I.

LP _____ DOB _____ Phone/Email _____

How can we reach you later? _____

How did you hear about the CAPP? _____

PERSONAL INFORMATION

Gender	Age	Race	Income/Mo.	Source
Male	17 & under	African/Am.	\$0	GR
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	25-54	Caucasian	251-500	Job
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I understand that this program is voluntary and participation in the Parking Citation Homeless Community Service Program is at the sole discretion of the City of Los Angeles.

Date Signature []
Check box and print interpreter name if used

Once all documents are signed the service provided will send all documents back to the City of Los Angeles staff.

Email Email Email Email



Step 3:

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.

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) : _____ Date of Birth: _____ Cal License or ID no.: _____

Date eligibility determined by LAHSA: _____ Total Hours Due: _____

Citations Nos. _____

SERVICE PROVIDER INFORMATION

Service Provider Organization Name: _____

Managing Contact Person Name and Title: _____

Contact Phone: _____ Email: _____

Service Provided / Received	Date of Service	Hours	Confirmed by (signature)

Step 4:

Completing the Survey



Customer Feedback

Thank you for participation in the City of Los Angeles CAPP program. We would love to hear your thoughts or feedback on how we can improve your experience! After completion of this form, you will be provided with information on how to obtain your abstract. Please have a pen and paper handy to write down the information useful to you. The City of Los Angeles appreciates your feedback.

NEXT

Never submit passwords through Google Forms.

This form was created inside of City of Los Angeles. Report Abuse - Terms of Service - Additional Terms

Google Forms

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>


Process Complete

City of Los Angeles

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

COMPLETED



CAPP

"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



Removing Obstacles to Conquer Homelessness

CONTACT INFORMATION:


Contact Us
(213) 978-4400

Email Us
LADOT.CAPP@Lacity.Org

Guide line for Converting Monetary Fines to Community Service :

Amount Owed	Required Service
\$25 - \$250	4
\$251 - \$500	8
\$501 - \$750	12
\$751 - \$1,000	16
\$1,001 - \$1,250	20
\$1,251 - \$1,500	24

LADOT





The End Thank you

Click the link below to complete training:

<https://goo.gl/forms/BXCWRmYlaiYUdCju1>

