PARTICIPANT INFORMATION

Head of Household Date of Arrival Parking Space #

Other Family Members

EMERGENCY SAFE PARKING PROGRAM

Emergency safe parking is designed to provide a safe, sanitary, and temporary sleeping arrangement for registered outreach participants who are on the waitlist for emergency shelter services. Once you check-in for the night, you must remain on site. If you leave the site, you will not be permitted to return to park. Multiple offenses may result in a permanent ban.

**Schedule**

7:30 – 8:00PM Check-in at the emergency shelter

8:00PM Lights out

5:00 – 7:30AM Showers and continental breakfast available. **Shower Time Assigned ( )**

7:30AM Leave site

YOUR FACILITY NAME Services Hawaii requires Emergency Safe Parking program participants to:

1. Pay program fees on time and in full each night.
2. Store all prescribed and/or over the counter medication in the designated area.
3. Abstain from behavior that is disruptive and unacceptable to others. Examples include, verbal, physical, or sexual harassment, threats and/or violent behavior, nudity, possessing weapons, open fires, etc.
4. Check in by 8:00PM, remain in the designated parking space, and leave by 7:30AM.
5. Leave parking area, showers and common areas of shelter clean.
6. Refrain from altering or damaging any part of the property. This includes lighting in the parking area.
7. Smoke only in designated areas.

**I understand that this program is voluntary, and I can terminate my participation at any time.**

**I understand that I am required to adhere to the above responsible participant behaviors.**

**I understand that if my behavior threatens any participant, my participation may be terminated.**

**I understand that I am responsible for my personal belongings and will refrain from buying, trading, or selling with others.**

**I understand that if warranted, appropriate authorities will be called for any illegal behavior.**

**I give YOUR FACILITY NAME staff permission to enter my automobile to ensure program compliance and the safety of all program participants.**

I understand and agree to adhere to the terms of the Emergency Safe Parking Program Agreement.

Participant’s Name Participant’s Signature Date

Participant’s Name Participant’s Signature Date

PROGRAM FEE AGREEMENT

I understand that paying my program fee on time is a key component in ending the cycle of homelessness. I agree to pay my program fee on time and understand that failure to do so will jeopardize my position in the program and may result in termination of this agreement. Any debt owed to YOUR FACILITY NAME. may be referred to a collection agency, which may hinder the future ability to secure permanent housing.

Payment must be made by cashier’s check, bank check, or money order payable to **YOUR FACILITY NAME.** Personal checks and cash will not be accepted. A receipt of payment and detailed accounting of all transactions may be provided upon request. Program fees may be deposited in the drop box at the YOUR SPECIFIED LOCATION, or mailed directly to: YOUR FACILITY NAME

Finance Department

Address of location

City State, Zip

I agree to pay YOUR FACILITY NAME. in full by each night in the amount of $2.00 to cover the program fees for the Emergency Safe Parking Program. I understand and agree to adhere to the terms of the Program Fee Agreement.

Participant’s Name Participant’s Signature Date

Participant’s Name Participant’s Signature Date

VEHICLE POLICY

Vehicles kept on or near the property must be in running condition and will be expected to be used by the individual. Unused vehicles will not be stored on or near the property. Participants may request in writing permission to park while they work to obtain documents to legally operate the vehicle. Licensing, registration and insurance issues must be addressed within 30 days or vehicles may be banned from the parking lot. Participants should not loan their vehicle to anyone. You may be held liable should an accident or injury occur with your vehicle. YOUR FACILITY NAME. is not responsible for any damages or lost items stored on property.

The following documents are required to be on file to park your vehicle on or near the property.

* Valid Driver’s License
* Certificate of Registration
* Current Safety Check
* Proof of No-Fault Insurance
* Certificate of Ownership

**Participant Vehicle Information**

Vehicle Make and Model Color License #

I understand and agree to adhere to the terms of the Vehicle Policy.

Participant’s Name Participant’s Signature Date

Participant’s Name Participant’s Signature Date

EMERGENCY RESPONSE GUIDE

Notification

A loud, constant wailing siren means that a Civil Defense emergency such as a tsunami (tidal wave) or hurricane will likely impact the community. A persistent buzzer, bell, or siren means that a fire, earthquake or emergency has occurred. All residents should be on alert. Be prepared to leave the area on short notice if necessary. Proceed to the parking area in an orderly fashion and await further instructions.

Evacuation Routes

Each unit is provided with a recommended way to leave the property in case there is a need to get away quickly. In case of a major disasters, YOUR FACILITY NAME will follow the recommendations of government agencies and coordinate relocation of shelter participants to a designated relief center.

Essential Supplies

Each resident is encouraged to prepare for emergencies by having enough canned food, bottled water, and essential supplies to last for three (3) days. If possible and necessary, shelter staff will work with other agencies to coordinate to provide food, clothing, supplies, and alternate housing for shelter residents following a disaster.

Medical Emergencies

All adult residents are required to attend onsite classes in fire safety and basic first aid. All staff is certified in basic first aid and CPR. In the event of a medical emergency, notify a staff member immediately. If a staff member is not available, call 9-1-1.

Examples of Medical Emergencies Include:

1. PROFUSE BLEEDING THAT CANNOT BE CONTROLLED
2. SEVERE ABDOMINAL PAIN
3. LOSS OF CONSCIOUSNESS OR INABILITY TO AROUSE UNCONSCIOUS PERSON
4. PERSON NOT BREATHING OR HAVING DIFFICULTY BREATHING
5. TRAUMA (INJURY) TO HEAD
6. INABILITY TO MOVE LIMBS
7. BROKEN BONE PROTRUDING (STICKING OUT) OF SKIN OR JOINT DISLOCATION
8. INGESTION OF TOXINS OR POISONS

**IF EVER IN DOUBT, CALL 9-1-1**

Police Emergencies

A police emergency is defined as a perceived danger to self or others by another person or persons or by a situation or circumstance. If you or someone else is in danger, call 9-1-1. At the earliest opportunity, notify a staff member. Police may also be called for the following reasons:

1. To file a police report of theft
2. To report a witnessed crime

Should police arrive on site and you were not the one who requested their assistance, please remain in your unit until you are notified by staff that there is no imminent danger. This is to ensure everyone’s safety in case of a dangerous situation.

Fire Emergencies

Standard evacuations routes are established for each living unit in case of fire. Each month a fire drill will be held to ensure that each residence has enough time to respond.

Each unit is equipped with a fire extinguisher appropriate for fires involving ordinary materials such as paper, clothing, cooking (grease) and/or electrical fires. Fire extinguishers are serviced annually. Do not attempt to control a fire beyond 20 seconds with the fire extinguisher.

Smoke detectors are also installed in each unit and inspected every six (6) months. For your safety, do not disconnect or disarm smoke detectors. Should your smoke detector alarm, evacuate the unit immediately. Do not enter a burning unit. Follow the fire evacuation plan for your unit. Alert other residents and staff and call 9-1-1.

VERIFICATION OF DOCUMENTS RECEIVED

1. Emergency Safe Parking Program Agreement
2. Program Fee Agreement
3. Vehicle Policy
4. Emergency Response Guide
5. Emergency Safe Parking Pass

The above information was explained to me, and I understand that I must abide by the Program Rules and Agreements for Emergency Safe Parking Programs.

Participant’s Name Participant’s Signature Date

Participant’s Name Participant’s Signature Date

VERIFICATION OF BACKGROUND

🞏 Verification of Homelessness

🞏 Criminal Background Check

🞏 Sex Offender Database Background Check

🞏 Outstanding Warrants

Staff Name Staff Signature Date

EMERGENCY SAFE PARKING PROGRAM PASS

PARKING STALL # LICENSE # NAME