

## Opt-In Agreement Form-Culver City

2017 Greater Los Angeles Homeless Count



This Opt-In Program Agreement for Partners (Agreement) sets forth partnership roles and responsibilities between LAHSA and the Opt-In Partner during the 2017 Greater Los Angeles Homeless Street Count.

### BACKGROUND

The Los Angeles Homeless Services Authority (LAHSA) is a joint powers authority formed by the City and County of Los Angeles in 1993, to address the problems of homelessness in Los Angeles. LAHSA is the lead agency of the Los Angeles Continuum of Care (LA CoC). The LA CoC includes 85 cities and the unincorporated areas of Los Angeles County, excluding only the cities of Glendale, Long Beach and Pasadena, as each of those three cities operate their own independent Continuums.

The street count refers to the process of counting homeless persons residing in shelters or living on the street, in parks, cars or other places not meant for human habitation; as well as conducting the Housing Inventory Chart (HIC), an enumeration of the number of shelters, beds and units dedicated to housing homeless persons. Since 2005, LAHSA has coordinated seven Greater Los Angeles Homeless Counts. The Homeless Count occurs on an annual basis and consists of four components: 1) the street count; 2) the demographic survey; 3) the shelter count; and 4) the youth count.

The 2016 Homeless Count was the largest census in the country, benefitting from the support of more than 7,500 volunteers. In 2016 the Homeless Count discovered that at any given point-in-time approximately 46,874 people experience homelessness in Los Angeles County. The data gathered from the 2016 Homeless Count is extremely valuable to our mission of ending homelessness. It supplies government agencies, service providers and housing providers with a reliable estimate of the homeless population in the City and County of Los Angeles, including sub-regions such as Service Planning Areas (SPAs), Supervisorial Districts (SDs), and Council Districts (CDs) within the City of Los Angeles. It also provides an array of demographic information.

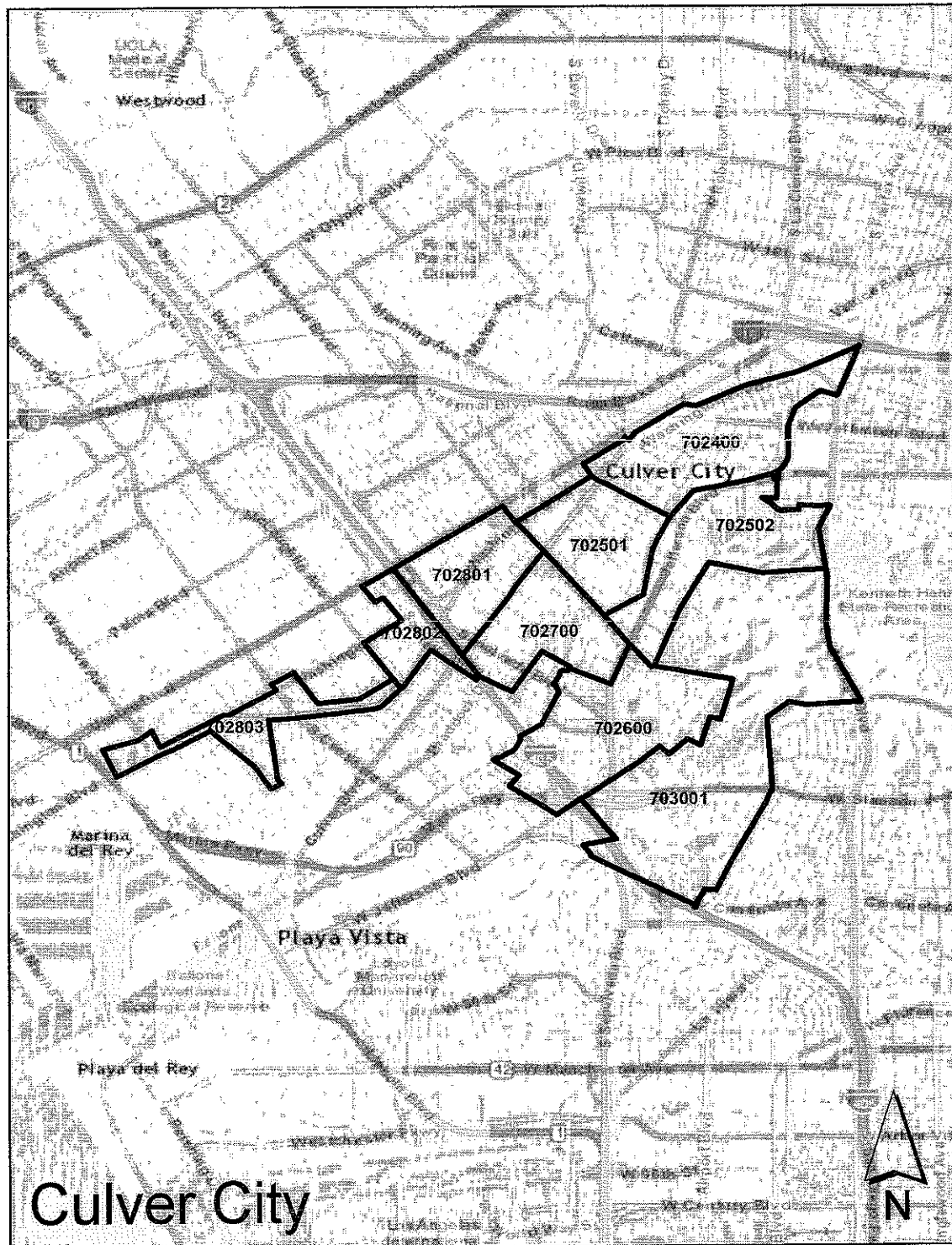
The current street count methodology enables Opt-In City/Community Areas to coordinate a homeless count within their borders, using locally recruited volunteers from public and private agencies. In 2016, 175 cities and communities enumerated all of their census tracts. Using the results from all four components of the Homeless Count, cities are able to estimate a point-in-time number of the homeless families and individuals who are sheltered and unsheltered in their jurisdictions.

The Opt-In Program gives cities, communities and other jurisdictions the opportunity to obtain locally-specific data at a high confidence level. Full enumeration of every agreed-upon census tract within each City/Community Area will provide more granular data and can substantially aid efforts to evaluate existing homeless services and plan for future measures to address local homelessness in your community.

## **A. OPT-IN PARTNER RESPONSIBILITIES**

An Opt-In Partner is a City incorporated under the laws of the State of California; another form of local jurisdiction authorized by State law, City or County ordinance; or a faith-based or community organization that has committed to participate in the 2017 Opt-In Program. Opt-In Partners are responsible for completing or participating in activities that contribute to completing the full enumeration (a complete count) of all unsheltered homeless persons in the agreed-upon census tracts in their City/Community Area. (EXHIBIT A)

### **EXHIBIT A- Coverage Area**



2017 Census Tract	2017 Volunteers Required (Est.)	2017 Walking/Driving	2017 Road Miles	2017 Area Sq Miles
702400	8	Driving	23.14	0.77

702501	4	Driving	15.23	0.52
702502	4	Driving	18.21	0.69
702600	8	Driving	30.57	0.84
702700	4	Driving	19.30	0.52
702801	4	Driving	18.36	0.46
702802	2	Driving	13.69	0.23
702803	2	Driving	13.70	0.33
703001	8	Driving	31.15	1.83
<b>9</b>	<b>44</b>	<b>Totals</b>	<b>183.35</b>	<b>6.18</b>

To achieve continuous, reliable counts of unsheltered homeless persons, it is strongly encouraged that at least 30 days prior to the Homeless Count, your City/Community Area does not target homeless persons in order to conduct sweeps, as doing so would move homeless persons outside of the boundaries of your area and impact the accuracy of the Homeless Count.

The Opt-In Partner will choose the level of participation and responsibility in the Opt-In Program for the City/Community Area description indicated in EXHIBIT A, by checking the box(s) below:

**FOR OFFICE USE  
ONLY:**

☐ Please Check this box indicating all Opt-In Agreement responsibilities have been fulfilled.

**Opt-In  
Responsibilities**

☐ 1. Deployment Site- Opt-In Partner agrees to complete the Deployment Site Worksheet - EXHIBIT B, to provide the name, address, telephone number, capacity and picture of each Deployment Site; and provide the name, office number, cellular number and email address of the Deployment Site Access Provider. A Deployment Site is a location within your area, on the day of the street count, from which volunteers will be deployed to perform the 2017 Homeless Count, which meets the following requirements:

- Is NOT currently a site where services are provided to homeless people at night;
- Has the capacity and sufficient space tables and chairs for the specified number of volunteers for your area;
- Is able to maintain sufficient cellular phone service coverage and/or has Wi-Fi access points, landline telephone lines, or another comparable means of communication in the absence of a sufficient mobile service signal;
- Required to complete the ADA checklist provided in EXHIBIT G;
- Includes, or is adjacent to, ample free parking;
- Is located within the Opt-In boundaries approved by LAHSA;
- Has a confirmed Deployment Site Access Provider to assist with logistics and coordinating access during the 2017 Homeless Count, either by providing all necessary keys or being present to grant access during the Homeless Count. A Deployment Site Access Provider is the contact person or persons who will be responsible for providing access to each of the designated Deployment Sites in your area on the day of the training and on the day of the Homeless Count.

☐ 2. Deployment Site Coordinator- Opt-In Partner agrees to complete the Deployment Site Coordinator worksheet- EXHIBIT C, to designate and provide the name, office number, cellular number and email address of the Deployment Site Coordinator, who has the following responsibilities/duties:

- Directing the operations at a volunteer Deployment Site for the day of the Homeless Count, including but not limited to the set-up of the site.
- Ensuring that volunteers are deployed in teams to the proper locations;
- Tracking all volunteer teams to ensure that they return in a timely manner;
- Assisting with volunteer questions;
- Reviewing all incoming tally sheets for accuracy;
- Communicating and coordinating with the LAHSA Regional Coordinator
- Coordinating the pick-up and drop-off of all 2017 Homeless Count materials with LAHSA
- Participating in training and ensuring other appropriate volunteer-staff attend trainings to support the successful implementation of the Homeless Count.
- Ensuring that each adult volunteer signs a release and waiver (EXHIBIT D), and a parent or legal guardian of each minor volunteer (under 18 years of age) completes and signs a release and waiver (EXHIBIT E), indemnifying LAHSA and your City/Community Area from any liability during their participation on the day of the Homeless Count. Minors must be at least 14 years of age.
- Coordinating with the LAHSA Regional Coordinator and providing regular communication regarding progress and issues.

- Coordinate with LAHSA Regional Coordinators regarding ADA requests from volunteers.

☐ 3. Volunteer Recruitment- - Opt-In Partner agrees to complete the Volunteer Recruitment Contact portion of- EXHIBIT D, I commit to recruit for the City/Community Area listed in EXHIBIT A. I understand that depending upon deployment needs on the day of the Homeless Count, my volunteers may be asked to be deployed to conduct 2017 Homeless Count activities outside of or adjacent to my City/Community Area.

☐ 4. Security-- Opt-In Partner agrees to complete the Security Contact portion of- EXHIBIT D, I agree to ensure that there is an unarmed security guard or police officer at each Deployment Site on the day of the Homeless Count. LAHSA will provide support for this requirement on a case by case basis.

☐ 5. Food-- Opt-In Partner agrees to complete the Food Contact portion of- EXHIBIT D, I agree to provide a light meal and beverages to volunteers on the day of the Homeless Count.

## **B. LAHSA RESPONSIBILITIES**

In order to ensure a successful enumeration of homeless persons across the LA CoC, LAHSA will be responsible for providing the following:

1. A Planning Manager, who shall be responsible for managing the LAHSA Regional Coordinators and overseeing their execution of 2017 Homeless Count activities within each Service Planning Area (SPA).
2. A LAHSA Regional Coordinator, who will be the designated lead within the SPA and is responsible for managing, directing and overseeing the planning, logistics, coordination and execution of 2017 Homeless Count activities;
3. A consultant, who will analyze the data and provide the point-in-time Count results for the LA CoC, including homeless subpopulations and totals by geography, as well as a 2017 Homeless Count report.
4. Training the Deployment Site Coordinators and 2017 Homeless Count volunteers. Deployment Site Coordinators will receive training on Homeless Count preparation, data collection, safety procedures and other relevant training, as needed. Volunteers will receive training on standard enumeration and safety procedures;
5. Providing materials necessary for a successful Homeless Count, including, but not limited to, scanned copies (PDFs) of all the documentation needed to conduct the unsheltered and sheltered Homeless Count, as well as the demographic surveys;

6. Providing a determination of the specific census tracts that need to be counted, in order to achieve a full enumeration of unsheltered homeless persons in your area. LAHSA and the Opt-In Partner must be in agreement regarding the census tracts to be counted (EXHIBIT A) prior to the execution of this AGREEMENT.
7. Based upon the number of census tracts to be enumerated in each area, LAHSA will provide Opt-In Partners with an estimate of the minimum number of volunteers needed to successfully complete the Homeless Count in that area (EXHIBIT A);
8. Based upon the number of census tracts to be counted and the geographic characteristics of each area, LAHSA will provide Opt-In Partners with a determination of the specific number of Deployment Sites that will be needed for a successful Homeless Count in that area. (EXHIBIT A);
9. Providing Opt-In Partners with an Opt-In Summary Report produced by the 2017 Homeless Count, based on the successful enumeration of 100% of all census tracts in the Opt-In Partner's area (Exhibit A).
10. LAHSA will coordinate the requests for ADA accommodations and associated expenses.

## **C. REGIONAL COORDINATOR RESPONSIBILITIES**

In order to ensure a successful enumeration of homeless persons within each participating City/Community Area, a designated Regional Coordinator is responsible for assisting with the following:

1. Maintaining general oversight and management support in conducting the street count, youth count, shelter count and demographic survey.
2. Outreach and recruiting of Opt-In Partners.
3. Collaborating with SPA stakeholders to leverage resources and coordinate logistical support prior to and during the 2017 Homeless Count, including, but not limited to, identifying potential Deployment Sites, obtaining security personnel and other relevant Homeless Count duties.
4. Providing support with volunteer outreach, recruitment and tracking.
5. Providing support by obtaining SPA-level sponsorships.
6. Supplying materials necessary for a successful Homeless Count.
7. Providing ongoing guidance, tools, and assistance to Site Coordinators and other relevant volunteers.

## **D. RELEASE, INDEMNITY, AND WAIVER OF LIABILITY**

1. The Opt-In Partner agrees to indemnify and hold LAHSA and any of its employees, agents, officers and Funders, which may include the City of Los

Angeles, the County of Los Angeles and HUD, harmless from liability for any loss or claim for damages of any nature whatsoever, including injury to person or property, arising from or in any way related to the 2017 Homeless Count but only to the extent that such loss or claim was caused by the Opt-In Partner or any of its employees, agents or officers while participating in the 2017 Homeless Count.

## F. OPT-IN COMMITMENT

The execution of this Agreement by an authorized official of your city or community organization signifies a commitment to participate in the 2017 Opt-In Program and to fulfill all of the responsibilities expected of Opt-In Partners as specified in this Agreement.

## F. DATA

### RIGHT TO WITHHOLD DATA:

In the event that your City/Community Area decides to OPT-OUT of the 2017 Homeless Count or fails to fulfill its responsibilities under this Agreement, LAHSA reserves the right to withhold any and all data from your City/Community Area produced by the 2017 Homeless Count.

### RELEASE OF DATA:

Homeless Count data gathered on the day of the Count shall not be duplicated or released (including but not limited to photocopies, photographs, scanned documents, emails, texts, etc.) until LAHSA's data-analysis by its researchers, is concluded. Once analyzed by its researchers, LAHSA will submit its analysis to the Department of Housing and Urban Development and will publicly release the results in June 2017.

Only the final analyzed results give the accurate picture of homeless people in the region. Data related to the Homeless Count results must be taken from the final results published by LAHSA. Data gathered on the day of the Homeless Count may not be released, including tally sheets or any other documentation.

Prior to release and/or publication of any 2017 Homeless Count data results, Opt-In Partners must obtain written approval from LAHSA for the data to be released or published. Any and all data releases **MUST** give recognition to LAHSA.



## EXHIBIT B- DEPLOYMENT SITE WORKSHEET

Name of Deployment  
Site

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Service Provider Area  
#

Upload Your  
Deployment Site  
Photo Here:

Deployment Site  
Photo

**Volunteer Capacity**

ex: 23

**Parking Address (if  
different from  
location)**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

**Special Parking  
Instructions**

# of Tables

ex: 23

# of Chairs

ex: 23

Internet or WiFi  
Available☐ Yes☐ NoAudio/Video  
Capabilities☐ Yes☐ NoAccess Provider  
Name

First Name

Last Name

Access Provider  
E-mailAccess Provider  
Phone Number

Area Code

Phone Number

## EXHIBIT C- DEPLOYMENT SITE COORDINATOR (DSC) CONTACT SHEET

DSC Name

First Name

Last Name

DSC E-mail

DSC Phone Number

Area Code

Phone Number

DSC 1 Assistant  
Name

First Name

Last Name

**DSC 1 Assistant  
E-mail**

**DSC 1 Assistant  
Phone Number**

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

**DSC 2 Assistant  
Name**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**DSC 2 Assistant  
E-mail**

**DSC 2 Assistant  
Phone Number**

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

## **EXHIBIT D- Volunteer Recruitment (VR), Food, and Security Contact Sheet**

**VR Contact**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**VR E-mail**

**VR Phone Number**

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

**Food Contact**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**Food Contact E-mail**

**Food Contact Phone  
Number**

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

**Security Name**

First Name Last Name

Security E-mail

Security Phone  
Number

Area Code Phone Number

## EXHIBIT E- RELEASE, INDEMNITY AND WAIVER OF LIABILITY AGREEMENT FOR ADULT VOLUNTEERS

### Terms of Participation In 2017 Greater Los Angeles Homeless Count

1. I understand and agree that my services are temporary, and therefore I will only be participating on the day(s) of January 24, 25, and/or 26, 2017 from 8:00 p.m., (unless another time has been specified) until my Street Count shift is finished (approximately between 12:00 a.m. and 2:00 a.m., unless another time is specified). I further understand that I am eligible to participate on all three consecutive days.
2. I understand and agree that the Los Angeles Homeless Services Authority (LAHSA) will be conducting the 2017 Greater Los Angeles Homeless Count (2017 Homeless Count), and that I may volunteer to assist in this important community effort as set forth in this Agreement. As a 2017 Homeless Count volunteer, I also understand that my behavior and actions will be expected to be morally responsible and ethical.
3. I understand that my involvement in the 2017 Homeless Count may be terminated at any time due to inappropriate behavior, reckless endangerment, or lack of sufficient work productivity, and that I may withdraw from the 2017 Homeless Count at any time without any cause or justification.
4. I understand and agree that I must complete a 30-minute training session either prior to or on the day of the Street Count as a requirement to participate in the 2017 Homeless Count.
5. I understand and agree that I will not receive any monetary compensation for attending the 30-minute training session, nor will I receive monetary compensation for any day that I volunteer for the 2017 Homeless Count, unless I am a registered Homeless Stipend Volunteer.
6. I understand and agree that I am responsible for transportation to and from the training session and deployment sites on the specified days and times of such events.

### ASSUMPTION OF RISK

I understand and agree that my participation in the 2017 homeless count as a volunteer holds inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that these risks vary from minor to severe, and I hereby agree to accept all risks of injury, of any nature whatsoever.

### Release, Indemnity, and Waiver of Liability

1. I understand that my participation is voluntary, and as such, I hereby agree to waive, discharge, and release LAHSA and any of its employees, agents, officers, stakeholders and

- Opt-In Partners from and against all lawsuits and causes of action, or liability for any loss or claim for damages of any nature whatsoever, including injury to person or property.
2. I further agree to indemnify and hold LAHSA and any of its employees, agents, officers, stakeholders and Opt-In Partners harmless from liability for any loss or claim for damages of any nature whatsoever, including injury to person or property, arising from or in any way related to my participation in the 2017 Homeless Count.

**I have carefully read and fully understand the meaning and effect of the foregoing statements, and without reservations I would like to participate in the 2017 Greater Los Angeles Homeless Count.**

Volunteer Name:

\_\_\_\_\_  
Print Name

Volunteer Signature:

\_\_\_\_\_  
Signature

Day of Signature:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

## **EXHIBIT E- RELEASE, INDEMNITY AND WAIVER OF LIABILITY AGREEMENT FOR YOUTH VOLUNTEERS**

### **Terms of Participation In 2017 Greater Los Angeles Homeless Count**

1. I understand and agree that the Los Angeles Homeless Services Authority (LAHSA) will be conducting the 2017 Greater Los Angeles Homeless Count (2017 Homeless Count), and that my son, daughter or other minor dependent age 14 and up, may volunteer to assist in this important community effort as set forth in this Agreement. As a 2017 Homeless Count volunteer, I also understand and agree that my son's, daughter's or other dependent's behavior and actions will be expected to be morally responsible and ethical.
2. I understand and agree that my son's, daughter's or other minor dependent's volunteer service will be limited to assisting with various activities within a specified Deployment site, under the supervision of the Deployment Site Coordinator, and that he or she will not participate in Street Count activities outside of the Deployment site.
3. I understand that my son's, daughter's or other minor dependent's services are temporary, and therefore he or she will only be participating on one or more the day(s) of January 24, 25, and/or 26, 2017 from 8:00 p.m. (unless another time has been specified) until such time that may be considered "curfew" by applicable city ordinance(s).
4. I understand and agree that my son's, daughter's or other minor dependent's involvement in the 2017 Homeless Count may be terminated at any time due to inappropriate behavior, reckless endangerment, or lack of sufficient work productivity, and that my son, daughter or other minor dependent may withdraw from the 2017 Homeless Count at any time without any cause or justification.

5. I understand and agree that my son, daughter or other minor dependent will not receive any monetary compensation for attending the 30-minute training session, nor will he or she receive monetary compensation for any day that he or she volunteers for the 2017 Homeless Count.
6. I understand and agree that I am responsible for the transportation of my son, daughter or other minor dependent to and from the training session and deployment sites on the specified days and times of such events.

**ASSUMPTION OF RISK**

I understand and agree that my son's, daughter's or other minor dependent's participation in the 2017 homeless count as a volunteer in the deployment site holds certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that these risks vary from minor to severe, and I hereby agree to accept all risks of injury, of any nature whatsoever.

**Release, Indemnity, and Waiver of Liability**

1. I understand that my son's, daughter's or other minor dependent's participation is voluntary, and as such I hereby agree to waive, discharge, and release LAHSA and any of its employees, agents, officers, stakeholders and Opt-In Partners from and against all lawsuits and causes of action, or liability for any loss or claim for damages of any nature whatsoever, including injury to person or property.
2. I further agree to indemnify and hold LAHSA and any of its employees, agents, officers, stakeholders and Opt-In Partners harmless from liability for any loss or claims for damages of any nature whatsoever, including injury to person or property, arising from or in any way related to my participation in the 2017 Homeless Count.

**I, the undersigned, hereby represent that I am the parent/legal guardian of the below-named youth volunteer, a person under the age of 18 years, and that I have the legal authority to execute this Release. I have carefully read and fully understand the meaning and effect of the foregoing statements, and without reservations I give permission to my son, daughter or other minor dependent to participate in the 2017 Homeless Count.**

Youth Volunteer Name:

\_\_\_\_\_  
Print Name

Parent/Guardian Name:

\_\_\_\_\_  
Print Name

Parent/Guardian Signature:

\_\_\_\_\_  
Signature

Day of Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **EXHIBIT G- ADA Facilites Checklist**

The site visit should consider barriers to those with a wide range of disabilities in the following areas:

- Availability of accessible parking, shuttles, and public transportation;
- Entrances and interior doorways – width, ramps, automatic door openers, etc.;
- Signage – location of accessible bathrooms, entrances, etc.;
- Corridors, doorways, and aisles – width for wheelchair access, etc.;
- Elevators – easy access and adequate braille signage;
- Meeting rooms – allow for extra room capacity & table space to accommodate wheelchairs & service animals, including banquet/reception/meal areas. Ensure there is space allocated for a clear line of sight to a sign language interpreter or to where a screen may be utilized for showing real-time captions;
- Accessible restrooms and; Relief area for service animals.

#### A. Parking Spaces

1. Is the minimum number of accessible parking spaces provided, based on the total number of available parking spaces? (See Diagram A)

- ☐ Yes  
☐ No  
☐ NA

2. Is each accessible parking space clearly marked with the symbol of accessibility? (See Diagram B)

- ☐ Yes  
☐ No  
☐ NA

3. Does each accessible parking space have an adjacent access aisle (blue striping)? (Diagram G)

- ☐ Yes  
☐ No  
☐ NA

4. Are the accessible parking spaces along the shortest accessible route to the accessible entrance?

- ☐ Yes  
☐ No  
☐ NA

5. Does each access aisle connect (i.e., no curb or other obstacle) to an accessible route from the parking area to

- ☐ Yes  
☐ No  
☐ NA



the accessible  
entrance?

6. Is there at least one  
van-accessible space  
provided? (Diagram  
C) ☐ Yes  
☐ No  
☐ NA

7. Is there a sign  
indicating the vertical  
clearance dimensions  
for van access in  
garage or parking  
structure? (Diagram  
H) ☐ Yes  
☐ No  
☐ NA

## B. Sidewalks and Walkways

1. Is there a sidewalk  
connecting the  
parking area and any  
drop off/public  
transportation area to  
the walkway leading  
to the building? ☐ Yes  
☐ No  
☐ NA

2. Is an accessible  
route provided from  
public sidewalks to  
the accessible  
entrance? ☐ Yes  
☐ No  
☐ NA

3. Where an  
accessible route  
crosses a curb, is a  
curb ramp provided? ☐ Yes  
☐ No  
☐ NA

4. Are all sidewalks  
and walkways to the  
entrance free of any  
objects or  
obstructions, not  
interrupted by steps  
or by abrupt changes  
in level exceeding  
1/2"? (i.e. damaged  
sidewalk, debris, etc.) ☐ Yes  
☐ No  
☐ NA

5. Are the undersides of exterior stairs enclosed or protected with a cane-detectable barrier so that people who are blind or have low vision will not hit their heads on the underside? (See Diagram D)

- ☐ Yes  
☐ No  
☐ NA

6. Are there any protruding objects that hang over the pedestrian routes low enough for a person to run into? (i.e. low hanging tree branch, 80" minimum height)

- ☐ Yes  
☐ No  
☐ NA

7. Are handrails provided on both sides of the ramp that are mounted between 34 and 38 inches above the ramp surface, if it is longer than 6 feet? (Diagram I)

- ☐ Yes  
☐ No  
☐ NA

### C. Sidewalks and Walkways

1. Can the door to the entrance be opened with one hand without tight grasping, pinching, or twisting of the wrist? (See Diagram E)

- ☐ Yes  
☐ No  
☐ NA

2. If the door is not automatic or power-operated, is there clearance provided on the latch, pull side of the door, so that a person using a wheelchair could maneuver?

- ☐ Yes  
☐ No  
☐ NA

3. If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance? (Diagram L)

- ☐ Yes  
☐ No  
☐ NA

4. Is space available for a wheelchair user to approach, maneuver, and open the door? (Diagram J)

- ☐ Yes  
☐ No  
☐ NA

#### D. Accessible Routes To All Services/Activity Areas

1. Is there a route without steps from the accessible entrance to the following locations?  
a. Meeting Area b. Eating Area (i.e, outdoor events or banquets) c. Accessible Restrooms

- ☐ Yes  
☐ No  
☐ NA

2. Is there an accessible route that connects the entrance to all programs, services or activities areas?

- ☐ Yes  
☐ No  
☐ NA

3. If an elevator or lift provides the only accessible route, is there a source of backup power to operate the device for an extended period of time?

- ☐ Yes  
☐ No  
☐ NA

3a. Are the hall call buttons for the elevator no higher than 48 inches from the floor? (Diagram K)

- ☐ Yes  
☐ No  
☐ NA

4a. Is the accessible route free of steps and abrupt level changes? ☐ Yes ☐ No ☐ NA

4b. If the accessible route changes levels, does it do so using a ramp, lift or elevator? ☐ Yes ☐ No ☐ NA

5. Is an elevator provided to each of the levels on which each program, service or activity is located? ☐ Yes ☐ No ☐ NA

5a. Does the floor area of the elevator car have enough space to enter and reach the controls for a person using a wheelchair? ☐ Yes ☐ No ☐ NA

5b. Are raised letters and Braille characters used to identify each control? ☐ Yes ☐ No ☐ NA

5c. Can the elevator or wheelchair lift be called and operated automatically without using a special key or having to turn on the elevator from a remote location? ☐ Yes ☐ No ☐ NA

5d. Is the elevator equipped with audible tones, bells or verbal annunciators to announce each floor? ☐ Yes ☐ No ☐ NA

6. If the accessible route requires passing through a doorway, is it at least 36" wide, opened ☐ Yes ☐ No ☐ NA

easily, and equipped with a lever handle)?

- 6a. If not easy to open, can it be propped open?
- ☐ Yes  
☐ No  
☐ NA

#### E. Restrooms

1. Does the restroom entrance sign have a universal access symbol on the door?
- ☐ Yes  
☐ No  
☐ NA

1a. Is there a raised and brailled sign located on latch side of the door?

2. Is the door 36" minimum width when door is at 90 degrees?
- ☐ Yes  
☐ No  
☐ NA

3. If there is a raised threshold, is it no higher than 3/4 inch at the door and beveled on both sides?
- ☐ Yes  
☐ No  
☐ NA

4. Can the sinks and toilet flushing mechanisms, and other hardware be used with one hand without tight grasping, pinching, or twisting of the wrist?
- ☐ Yes  
☐ No  
☐ NA

- 4a. Is there enough space (19") under at least one of the bathroom sinks so that a person using a wheelchair can fit close enough to use it?
- ☐ Yes  
☐ No  
☐ NA

4b. Are all built-in dispensers, receptacles, or equipment mounted so the front does not extend more than 4 inches from the wall or below 27 inches above the floor?

- ☐ Yes  
☐ No  
☐ NA

4c. Is the toilet paper dispenser mounted below the side grab bar with the centerline of the toilet paper dispenser between 7 inches and 9 inches' in front of the toilet, and at least 15 inches high?

- ☐ Yes  
☐ No  
☐ NA

5. Are the drain and hot water pipes for the sinks insulated or configured to protect against contact? (Diagram M)

- ☐ Yes  
☐ No  
☐ NA

6. If mirrors are provided, are the bottom edges of the mirror no higher than 40"?

- ☐ Yes  
☐ No  
☐ NA

7. Is at least one restroom stall designated with appropriate signage as wheelchair accessible?

- ☐ Yes  
☐ No  
☐ NA

7a. Are there at least 42" long horizontal grab bars mounted on the side wall, 33-36" above and parallel to floor?

- ☐ Yes  
☐ No  
☐ NA

7b. Is a second horizontal grab bar mounted on the back wall above the floor?

- ☐ Yes  
☐ No  
☐ NA

7c. Is the accessible stall located at the end of the row of toilet stalls? If not, does the door open out?

- ☐ Yes  
☐ No  
☐ NA

8. If a coat hook is provided, is it mounted at a 48" maximum height?

- ☐ Yes  
☐ No  
☐ NA

#### F. Drinking Fountain (If Applicable)

1. If the drinking fountain is a wall-mounted unit, is there clear floor space in front and under the fountain so that a person using a wheelchair can get close to the spout and controls?

- ☐ Yes  
☐ No  
☐ NA

2. If the drinking fountain is a floor-mounted unit, is there clear floor space for a side approach so that a person using a wheelchair can get close to the spout and controls even though the fountain has no space under it?

- ☐ Yes  
☐ No  
☐ NA

3. Is the top of the spout no higher than 36 inches above the floor and at the front of the fountain?

- ☐ Yes  
☐ No  
☐ NA

4. Does the water rise at least 4 inches high when force is applied to the controls of the fountain?

- ☐ Yes  
☐ No  
☐ NA

5. Are the controls on ☐ Yes  
or near the front of ☐ No  
the unit and do they ☐ NA  
operate with one hand  
without tight  
grasping, pinching, or  
twisting of the wrist?

6. Is the bottom of the ☐ Yes  
apron of the fountain ☐ No  
above the floor so ☐ NA  
that it provides the  
space needed for a  
wheelchair to pull up  
under it, but does not  
protrude more than 4"  
from the wall, so it is  
not a hazard to people  
who are blind or have  
low vision and use a  
cane to detect  
hazards?

IN WITNESS WHEREOF, the Opt-In Partner and the Los Angeles Homeless Services Authority have caused this Agreement to be executed by their duly authorized representatives.

### Deployment Site

Name of Opt-In  
Partner

Name of Authorized  
Official

<input type="text"/>	<input type="text"/>
First Name	Last Name

Title

Date

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Month		Day		Year	

Signature



Powered by JotForm

**Deployment Site Coordinator**

IN WITNESS WHEREOF, the Opt-In Partner and the Los Angeles Homeless Services Authority have caused this Agreement to be executed by their duly authorized representatives.

**Name of Opt-In  
Partner****Name of Authorized  
Official**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**Title****Date**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="button" value=""/>
Month		Day		Year	

**Signature**

**Volunteer Recruitment**

IN WITNESS WHEREOF, the Opt-In Partner and the Los Angeles Homeless Services Authority have caused this Agreement to be executed by their duly authorized representatives.

**Name of Opt-In  
Partner**

**Name of Authorized  
Official**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**Title**

**Date**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

**Signature**

**Security**

IN WITNESS WHEREOF, the Opt-In Partner and the Los Angeles Homeless Services Authority have caused this Agreement to be executed by their duly authorized representatives.

**Name of Opt-In  
Partner**

**Name of Authorized  
Official**

First Name

Last Name

**Title**

**Date**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Month		Day		Year		

**Signature**

**Food**

IN WITNESS WHEREOF, the Opt-In Partner and the Los Angeles Homeless Services Authority have caused this Agreement to be executed by their duly authorized representatives.

**Name of Opt-In  
Partner**

**Name of Authorized  
Official**

<input type="text"/>	<input type="text"/>
First Name	Last Name

**Title**

**Date**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	
Month		Day		Year		

**Signature**