Winter Shelter at Trinity United Methodist Church
CWSP OPERATIONAL PLAN
FY2018

Santa Clara County Office of Supportive Housing
3180 Newberry Drive, Suite 150, San Jose CA 95118

rev. 11/16/17
Winter Shelter at Trinity United Methodist Church: CWSP Operational Plan

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Cold Weather Shelter Program 2017-18:
Trinity United Methodist Church Winter Shelter, Mountain View

Introduction
This emergency shelter program will provide overnight shelter, case management services, meals—along with restrooms and shower and laundry facilities to homeless individuals and families from November 27, 2017 until March 31, 2018. Health, social services and other services will be provided; they are offered by various service providers. Volunteers are an integral part of the program design. The goal of this program is to meet the basic needs of homeless women and families on a nightly basis. All beds will be reserved, i.e., filled by referrals.

Management Plan

Shelter Management
HomeFirst has been operating the Cold Weather Shelter Program (CWSP) since 1987. Their focus is on providing a safe environment and the basic necessities of life that will give the homeless the opportunity to change their current temporary situation to long-term self-sufficiency and permanent housing.

Hiring Standard Operation Procedures
HomeFirst is an equal opportunity employer, with the policy to provide equal opportunity in all areas of employment, including the areas of recruitment, hiring, training, development, transfer, benefits, promotion and termination.

Hiring Procedures:
1. HomeFirst will be responsible for recruitment, hiring, training, and supervision of all paid and volunteer staff at the shelter. Paid staffing levels at this shelter shall include the following:
   a. Program Manager responsible for the staffing, budget, logistics supplies and to oversee the operation of the program.
   b. Site Manager to oversee the day-to-day operation of the facility.
   c. Drivers to transport food and linen to the facilities.
   d. Two (2) Shelter Workers per shift which will be at a ratio of 1 worker per 25 homeless individuals served each night.
   e. One (1) Lead Shelter Worker.
   f. Security Guards to search bags, monitor the facility inside/out and patrol the site.
2. All staff applicants should be hired one month in advance. This will allow adequate time to get applicants backgrounds and training completed.
3. All opening positions should be hired by the end of November.
4. All staff will be trained and orientation will be provided to effectively operate the Shelter Outreach Program.
   a. All training will be available during the month of November. Training will include the following:
i. Certified CPR and first aid administration.
ii. Crisis intervention
iii. Mental Health and substance abuse
iv. Safety in the work place (proper utilization of all equipment and supplies)
v. Orientation, including how to recognize and address cultural and linguistic influences and needs
vi. Knowledge of the local community resources available to the client population, including self-help centers and ethnic community resources
vii. Volunteer Management
viii. Boundaries

**Staff Duties and Responsibilities:**
1. Greet all guests with a courteous and politely manner
2. Responsible for the implementation of shelter rules and security of the facility
3. Provide information and referrals to shelter guests
4. Distribute clothing, linens, toiletries, and any other items supplied by the program
5. Provide general site cleanup; report any maintenance or janitorial needs to the Shift Manager or General Manager and to the appropriate site personnel
6. Assure safety of guests and safe operation of shelter
7. Conduct bed and facility checks
8. Assist with monitoring meals and determining meal counts where appropriate
9. Complete VI-SPDAT and HMIS intake of homeless guests as required
10. Coordinate with Trinity United Methodist Church and Hope’s Corner regarding the scheduled use of the showers and laundry facilities and the set-up needs for the rooms to be used by Hope’s Corner or Trinity United Methodist Church following the shelter’s use of those rooms.
11. Assist with set up and break down for any special events or activities
12. Handle all emergencies by contacting appropriate staff/agencies
13. Report any incidents and complete incident report
14. Represent HomeFirst and the program appropriately to volunteers, donors, outside agencies and the general public
15. Work with Hope’s Corner to develop a coordinated plan for volunteer recruitment and donations of food and supplies from local businesses, corporations, churches, organizations, etc., so that the public is aware of the work of both programs.
16. Assist with office-related tasks as needed
17. Attend meetings, workshops and trainings as requested
18. Perform other duties as assigned by supervisor

**Daily Cleaning Responsibilities:**
1. Empty trash cans and replace trash can liners throughout the night
2. Sweep floor after dinner-and as needed
3. Clean serving area after dinner and breakfast-or as needed
4. Check restrooms for cleanliness-as needed
5. Clean outside perimeter throughout the night
6. Graveyard shift – Wash front door area
7. Sanitize all beds on a daily basis -- Alternate bed cleaning on a weekly basis
8. Swing Shift: Clean front desk area before shift change
9. Swing Shift: Take any excess blankets/sheets to storage area before shift change
10. Graveyard Shift: Remove all program belongings from the building, including kitchen items
11. Clean and organize storage areas

The following areas must be checked every hour:
1. Restroom
2. Showers
3. Laundry room
4. Entry Ways (lobbies, hallways, corridors, traffic area and stairs)

Other Services:
1. Check for debris in exterior areas that are accessible by clients, to include randomly discarded cigarette butts and paper trash. Clients will access entrance on Mercy Street and queue up toward the parking lot contiguous to the church.
2. Sweep all exterior entrances and patios, empty and replace liners, clean garbage cans and cigarette urns, clean exterior furniture as needed
3. Keep clean, neat, and orderly all janitorial closets and storage spaces
4. Spot clean walls
5. Clean, sanitize, and polish drinking fountains
6. As they become available: clean washers and dryers to keep them operational

Operational Guidelines

Hours of Operation
The standard hours of operation for staff are 5:00 p.m. to 6:30 a.m. Monday through Friday. On Saturdays, the standard operations hours for staff end at 7:00 a.m. On Sundays, the standard hours of operation for staff end at 8:00 a.m.

Basic Operation
This Winter Shelter will house up to 10 households per night (with a maximum occupancy of 50 persons), providing them services, hot meals, a place to clean up, and somewhere out of the elements to sleep. There are two sleep areas: for families and single women. All beds will be reserved, i.e., filled by referrals and clients will be able to have their bed reserved for the entire Cold Weather Shelter Program period, provided they abide by the shelter rules. If clients do not show up by 7:00 p.m., those open beds will be filled by staff contacting the individuals on the waitlist. Clients will be able to keep some of their possessions stored on site.

Weekday Schedule
5:00 p.m.: Staff arrive at the shelter to set up for the night; security arrives, too.
5:30 p.m.: Clients can arrive at the shelter.
6:30 p.m.: Clients start being admitted into the shelter.
6:30 - 7:30 p.m.: Dinner is served
6:00 – 10:00 p.m.: Showers and donated clothing are available.
10:00 pm – 6:00 a.m.: “Lights Out”
5:30 - 6:30 a.m.: Showers are reopened and breakfast is available.
6:30 a.m.: Clients must leave the shelter.
Weekend Morning Schedule

Saturday
6:00 a.m.: Lights on and showers are reopened.
7:00 a.m.: Clients’ belongings and shelter supplies/bedding be removed from the sanctuary.
7:00 – 7:30 a.m.: Clients and Staff (HomeFirst & Hope’s Corner) help set up the sanctuary for the morning breakfast
7:30 – 8:00 a.m.: Breakfast
8:00 a.m.: Clients must leave the shelter.

Sunday (Church services start at 10:30 a.m.)
5:30 - 6:30 a.m.: Showers are reopened and breakfast is available.
7:00 a.m.: Clients and Staff (HomeFirst) help set up the sanctuary for the morning service.
8:00 a.m.: Clients must leave the shelter.

Services Offered
1. Meal Service – Two meals per day are offered on site; dinner and breakfast.
2. Assessment, Information, and Referral – Staff members provide appropriate information and make referrals to other services as needed.
3. Case Management services to all clients: on site or in the case manager’s office.
5. Distribution of Needed Supplies – on site Staff provides clients with toiletries and clothing that are donated by generous members of the community.
6. Medical Care – Valley Homeless Healthcare provide clients an array of services on site or at their clinic, including basic screening, primary care, dental care, immunizations, TB screening, routine acute care, medication monitoring, and referral follow-up.
7. Showers/Laundry Services – Staff will coordinate with Trinity United Methodist Church and Hope’s Corner regarding the scheduled on site use of the showers and laundry facilities.
8. Additional Services – Services such as haircuts, tutoring, or special workshops are available on site when individuals or community groups volunteer to provide them.

Participant Eligibility
Individuals/households are eligible to participate in this program if they meet the following criteria:
1. Literally homeless: Living in places not meant for human habitation: cars, parks, sidewalks, and abandoned buildings.
2. Claim residency (where one stays the most time or one’s last permanent residence) in one of the following jurisdictions/areas: Cupertino, Los Altos, Los Altos Hills, Milpitas, Mountain View, Palo Alto, or Sunnyvale. Households from Mountain View will be given priority. If occupancy permits, residents from other areas in the County can be accepted.

Agencies Participating In This Program
1. County Office of Education (tutoring of children, employment preparation)
2. County Office of Supportive Housing (project oversight)
3. Downtown Streets Team (outreach, referrals, employment placement)
4. Emergency Assistance Network Agencies (Community Services Agency: Mountain View, Opportunity Center, West Valley Community Services: referrals)
5. HomeFirst Services of Santa Clara County (outreach, referrals and shelter services)
6. Hope’s Corner (referrals, outreach, some meals)
7. Mountain View Community Development (referrals)
8. Valley Homeless Healthcare Project (referrals, outreach and medical services)

**Outreach**
1. Valley Health Care for the Homeless conducts outreach all throughout the County daily from 5:00 p.m. to 8:00 p.m. during November weekdays and during proclaimed Inclement Weather Episodes.
2. HomeFirst conducts outreach in the north County during proclaimed Inclement Weather Episodes.
3. Downtown Streets Team conducts outreach twice a week in Palo Alto and once a week in Sunnyvale.

**Referral Process**
1. All beds will be reserved, i.e., filled by referrals. If a referred client does not show up by 7:00 p.m. on a given day, the bed that was to be occupied is declared “open” and will be filled by staff contacting the referred individuals on the waitlist. If that client does not show for two consecutive days, then he/she loses his/her reserved bed and his/her name is placed at the end of the waitlist (no new referral form is required).
2. Individuals/households meeting the eligibility criteria can be referred by:
   a. The above participating agencies doing outreach, providing shelter or case management services; or
   b. Any of the Emergency Assistance Network agencies; or
   c. Any city housing, human services, or public safety departments in the County of Santa Clara.
3. The referring agencies will conform to the *Referring Criteria for CWSP Referring Agencies* and *Trinity United Methodist Church Emergency Shelter Program Client Eligibility Criteria* (p. 14-15).
4. Please note that all referring entities will use the appropriate referral form designed for this program. When persons are referred, they will know if a bed is available or if they will be put on a waitlist.
5. The referring agency will fill out the referral form and email it to the shelter contact person.
6. Referred clients will be able to stay at the shelter for the whole CWSP period.
7. Public Safety and Emergency Medical Services can refer individuals and bring them to the site.
8. When referred individuals are confirmed by HomeFirst staff, they will be allowed to enter the shelter.

**Inclement Weather**
When the Office of Supportive Housing (in collaboration with the National Weather Service) declares an “inclement weather” episode, notice is communicated via the media, outreach is done by Valley Health Care for the Homeless and other agencies/volunteers, emergency shelter beds are expanded as previously determined (**none at this Winter Shelter**) and supplies are delivered.

**Processing the Clients**
As the shelter opens, the Lead/Manager (Shift Supervisor) calls forward 5 clients at time. In the following order: new intake and special accommodations (clients designated by the Site Manager). As the clients are scanned in, the Supervisor adds their number to the clients tracking form. Clients in each category are counted as present if they are scanned in or if they are still out but under their curfew. This ensures that if they come in at a later time, the count will not affect the overall count.
**HMIS and Nightly Intakes**

Only HomeFirst staff members may use computers to access the county Homeless Management Information System (HMIS).

1. All clients utilizing services at the shelter must be in HMIS.
2. Staff members will determine if a client is in HMIS.
3. For “first-timers,” an intake interview will be conducted, and client information gathered on an Intake Form.
4. These interviews may be conducted by trained volunteers, as well as HomeFirst staff members.
5. Every effort will be made to update HMIS with all intake interview information on the night of the client’s first arrival.
6. At the very minimum, some demographic information will be entered into HMIS that night.
7. HomeFirst staff will be responsible for:
   a. Determining the HMIS status of clients
   b. HMIS data entry
   c. Recording the emergency shelter service for the night.
8. All intake interview paperwork must be reviewed by the senior staff member, and signed. This allows for missing information to be obtained while the client is still on site.
9. All HomeFirst shelter staff members will be given more detailed instructions and “client flow” information at the formal HMIS training.

**Shelter Rules**

1. A bag search will be conducted and all clients will be wand searched, before being allowed access to the shelter.
2. Clients are asked to provide proof of TB testing at the time of initial intake.
3. Weapons, of any kind, are not permitted in or around the shelter. If a weapon is discovered, staff will confiscate it and return it to the individual when the person leaves in the morning.
4. All bikes will be stored in a designated area and will be retrieved by clients when leaving each morning.
5. Clients with cars must park in the designated shelter parking lot. Loitering or sleeping in or around vehicles is strictly prohibited. Clients must move their vehicles from the shelter parking lot each morning. Failure to comply with this rule will result in the towing of the client’s vehicle.
6. Clients may arrive on the shelter property and will be allowed into the shelter at 5:30 p.m.
7. If a Client will be absent, he/she must request permission from the supervisor, in advance. Once he/she has notified supervisor of absence, his/her bed will be reassigned for the night. Any unexcused absence will result in termination from the program.
8. If a Client has an unexpected occurrence which prevents him/her from arriving on time or will cause him/her to be absent, please contact the shelter as soon as possible. These instances may include excuses such as working late or hospitalization.
9. No companion animals or pets will be allowed on site.
10. Once checked into the shelter, clients may not leave without permission from the supervisor on duty.
11. Alcohol or drugs are not permitted in or around the shelter. Clients should not arrive at the shelter under the influence of alcohol or drugs. Alcohol or drugs are not allowed onto the shelter grounds.
12. Syringes are to be disposed in the container provided inside of the shelter.
13. Violent or abusive behavior will not be tolerated.
14. Clients may store a limited amount of personal items on the shelter property in the designated storage area (sacristy, p. 13)—as directed by staff. *Additional* personal items, food or shopping carts
may not be stored on the shelter grounds or in the surrounding neighborhood. This will be monitored daily by the shelter staff.
15. All participants are required to assist in helping keep the shelter clean each day.
16. Clients are allowed only one bed, one sheet and one blanket.
17. Clients must assist in the cleaning of the beds and shelter, each day.
18. Children under the age of 18 will be admitted with parents. Children under the age of 18 must be under parental supervision at all times.
19. Female clients must sleep in separate areas; family units can stay together in the designated area.
20. Fire exits/Doorways must not be blocked at any time.
21. Photos and/or audio recordings are not permitted in the shelter without the written permission of the site supervisor and the person being photographed or recorded.
22. Clients are not allowed to use the staff's telephones.
23. Clients are only allowed into the kitchen area with staff supervision or with the permission of the Supervisor on duty.
24. Smoking is permitted at the times designated by staff and will be supervised by staff. Clients must smoke in the designated smoking area outside the shelter.
25. Appropriate clothing; shirts, pants and shoes, must be worn inside of the shelter at all times.
   Clothing must be changed in the restrooms.
26. Clients must not tamper with CWSP property.
27. Clients are required to wake up at 6:00 a.m. each day and are required to help store their bed and bedding and deposit it at the designated area.
28. Client’s personal hygiene should be kept at an acceptable level, this includes regular showering; personal hygiene must be attended to in the restrooms. Personal hygiene items and towels will be available at the front desk. Showers must be taken at designated times.
29. All clients must leave the shelter property by the time specified for each day.
30. Clients may not loiter on or around the shelter property, neighborhood or park, before or after shelter hours.
31. Clients may not take recyclables from the neighborhood.
32. Pan handling is not permitted in or around the shelter property, neighborhood or park.

**TB Testing**

Please note that clients are asked to provide proof of TB testing at the time of initial intake. If a client has not been tested within the last 90 days and desires to stay at the shelter (after being referred), he/she may be admitted and served for up to 10 days—the time it takes to be tested, have the results reviewed, have a chest x-ray if the result was positive, and have the results of the chest x-ray reviewed. If the results of the chest x-ray are positive, the client will not be readmitted to the shelter.

**Drug and Alcohol Policy**

CWSP does not require absolute sobriety as a criteria for admittance but we have strict rules of behavior. If behavior violates the shelter rules, this could result in denial of services. The length of the denial will depend of the behavior. The minimum of denial will be one program day of operation.

The program will not admit persons who have consumed drugs or alcohol to the point that they are significantly impaired or are a danger to themselves or others. When someone who is inebriated comes to the shelter, staff may refuse services. If the person has someone that staff can call for transportation, staff when possible should make the call. If the person refuses to work or is unable to work with staff to find suitable transportation, HomeFirst will shuttle the person to another shelter (if there is an open bed) or

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provide him/her with a bus token. If the person demonstrates disruptive behavior, staff will contact the Mountain View Police Department, if necessary. If the police department is called, staff will keep visual contact with the individual until the police arrive. Staff will notify the MVPD as soon as practical when a resident is turned away from the shelter based on intoxication levels, potentially being under the influence of a controlled substance, appears to be a danger to him/herself or others, or is in some fashion being disruptive.

Residents are not allowed to have alcohol or drugs in the shelter. All alcohol and illegal drugs must be relinquished to staff at intake. If resident relinquished alcohol or if alcohol is found on the premises, staff will dispose of or destroy it immediately. Staff should never keep or return to resident. Any client found to have stored or left alcohol on shelter property or on the property in the neighborhood shall be denied shelter services for a minimum of one day.

**Good Neighbor Policy**

The CWSP is committed to being a good neighbor, to the surrounding community within a mile radius of the shelter program. Management is committed to meet with leaders of the local businesses and neighborhood associations regularly and as needed to address questions and concerns that have arisen and to monitor safety and security of the shelter and the surrounding neighborhood. With this in mind, please refer to the “Security Plan” later in this section.

The shelter is committed to providing daily trash pick-up in the areas surrounding the area.

Site Manager (Disturbance Coordinator) will hold regular staff meeting with shelter clients to stress the importance of respecting neighborhood property and to encourage all to pick up litter along their routes to and from the shelter.

To ensure the safety and security of our clients and surrounding neighbors, Staff will be on site at all times while the shelter is available for the program. HomeFirst will contract with a private security firm to assist in providing a safe secure program.

Once a resident checks into the shelter for the night, they may not leave and return without prior permission. Violation of this policy by any resident will result in denial of services for a minimum of one day to the end of the program.

**Security Plan**

HomeFirst Security will monitor and prevent clients from staying in the area and acting inappropriately, according to a schedule that will be communicated to the local businesses. There will be one unarmed security guard on duty at all times while the clients are present (operating in two 7-hour shifts). While the clients are arriving, the guard will be stationed at the entrance. Afterwards, they will roam the premises in order monitor activities outside the facility. Their principal duties include, monitoring the grounds, monitoring the behavior of the clients outside the shelter, responding to staff requests for assistance regarding clients’ behavioral issues or issues regarding banned substances, ensuring that clients do not loiter after the shelter is closed for the day, and contacting the Mountain View Police Department as appropriate. If they view any inappropriate behavior, they will address it appropriately. They will check in with the security or management personnel of the local businesses on a regularly scheduled basis, according to the days/times agreed upon with those businesses. If there are any shelter client issues that need to be addressed, the shelter management will resolve the issues appropriately and report to the respective business
on how the issue was resolved. If necessary, the Mountain View Police Department will be contacted to address any problems that warrant their attention, e.g., if a discharged resident refuses to leave the shelter. **In the event of an emergency**, staff will contact the appropriate city/county agency. A knock box will be available as well.

Shelter staff will respond to all calls regarding any shelter client issues that need to be addressed and take the necessary/appropriate steps to resolve the issues. If desired, the staff will report back to the business involved on the status of the issues. County or program staff will facilitate regular meetings with interested members of the community and the shelter staff to plan and implement shelter operations and discuss/resolve any issues involving the shelter clients.

**Parking Plan**

The parking demands of the shelter are based on vehicles driven by staff, hired security, volunteers and shelter clients. Based on experience of the family shelter operated at the County Cold Weather Shelter Program in Sunnyvale, it has been determined that the shelter will generate the following parking demands:

<table>
<thead>
<tr>
<th>User</th>
<th>Parking Spots Needed</th>
<th>Time Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff, volunteers, and security</td>
<td>7</td>
<td>5:00 p.m. to 6:30 a.m. (weekdays) and 5:00 p.m. to 8:00 a.m. (weekends)</td>
</tr>
<tr>
<td>Clients</td>
<td>8</td>
<td>5:30 p.m. to 6:30 a.m. (weekdays) and 5:30 p.m. to 8:00 a.m. (weekends)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td></td>
</tr>
</tbody>
</table>

The parking demands for clients were determined based on similar demands from similar client populations (families and single women) using the County Cold Weather Shelter Program in Sunnyvale. Based on the shelter staff’s experience there, it is expected that the shelter serve 10 families and 25% of those households will be using public transportation and that the remaining households will have only one car per household. Based on previous experience at shelters for singles, single females use public transportation and do not own vehicles, therefore parking needs for this group are not anticipated.

For families using public transportation, free quarterly bus passes are available through an agreement with VTA to the homeless community, distributed through local non-profits. HomeFirst will have transit tokens on site for any clients who do not have a bus pass.

Parking will be provided at 501 Castro Street for 15 cars (7 for staff/volunteers/security and 8 for clients), the parking lot owned by Bank of the West, BNP Paribas. **The parking agreement between HomeFirst and Bank of the West is on file with the parties involved.**

Based on the church’s religious services schedule, there will be no shelter use schedule conflicts. If the church schedules any special services that affect the usual shelter schedule, staff will work out the schedule accordingly.

**Loitering Policy**

Loitering on shelter property is not allowed and will be a violation of shelter rules. Likewise, loitering on any private property around the shelter will be a violation. The shelter will work closely with the local businesses and the Mountain View Police Department to address any loitering issues that may arise.
**Discharges - Gross Violations**

**Definition:** Gross violations are resident behaviors that pose a threat to the health and/or safety of the staff or residents or that is problematic behavior.

**Examples:** Verbal or physical abuse of staff or residents, verbal threats, destruction of shelter property, possession of a weapon in the shelter, stealing, and substance use or dealing within the shelter.

**Process for Handling Gross Violations**
1. When a shelter resident commits a gross violation, the shelter Staff may issue the resident a discharge notice. The notice must include:
   a. Reason(s) for the discharge;
   b. Resident's right to request a reasonable accommodation if the resident feels that his/her ability to comply with the shelter rules or ability to meet the deadline for appealing is limited by the resident's documented physical or mental health disabilities;
   c. Resident's right to appeal and the process and deadline for appealing;
   d. Resident's right to have an advocate represent resident in the appeal process;
   e. Signature of person in charge;
   f. Date that the notice was issued; and
   g. The time and date that the resident is expected to leave the shelter even if a request for appeal is filed.
2. The resident has a right to appeal the discharge, but does not have the right to remain at the shelter during the appeal process.
3. Upon discharge, the shelter staff shall provide the resident with written notice of the conditions or process for re-admission to the shelter, if possible. The shelter will also make reasonable efforts to provide appropriate referral to another shelter, transportation assistance to an appropriate shelter or other location or other appropriate housing placement for the resident.

**Santa Clara County CWSP - Appeal Process**
The purpose of the appeal process is to ensure that shelter clients' rights and the rights of HomeFirst and HomeFirst’s staff are protected. Furthermore, this process ensures that the winter armories in Santa Clara County have in place a mechanism for due process when a resident is discharged from the shelter.

**Grievances**
1. If the resident files an internal grievance and is unsatisfied with the result, the resident may appeal the decision internally according to the internal grievance process. See the *Santa Clara County Shelter Grievance Process*.
2. **Internal appeal:** If the resident is unhappy after receiving the written findings from the internal grievance process, the resident may make a written request to the person in charge at the shelter for an internal appeal. The internal appeal consists of shelter management, other than the person who completed the initial investigation and made written findings, evaluating the initial grievance and written findings with input from the shelter staff and residents involved and a review of the relevant documents. Written decision of the internal appeal must be provided to the resident who filed the initial grievance within 72 hours of the internal appeal request.
3. **External appeal:** External appeals can only be requested once the resident has exhausted every step of the shelter's internal appeal process. If the resident is unsatisfied with the result of a completed
internal appeal, the resident has 24 hours to make a verbal request to the Santa Clara County Office of Supportive Housing at (408) 793-0566. The Manager or a designated person will contact the shelter to confirm that the internal appeal process has been completed. The Manager will help the resident complete a written request for an external appeal. A written decision to resident and the shelter will be provided at the conclusion of the meeting. The Manager will retain copies of all written external appeal decisions. Residents must be allowed to be represented by a third-party advocate in the grievance process.

4. Residents have a right to request a reasonable accommodation in the grievance process.

**Site Plan**

![Site Plan Image]

**Floor Plan**

<table>
<thead>
<tr>
<th>Family 1</th>
<th>Family 2</th>
<th>Family 3</th>
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</thead>
<tbody>
<tr>
<td>Family 4</td>
<td>Family 5</td>
<td>Family 6</td>
</tr>
<tr>
<td>Family 7</td>
<td>Family 8</td>
<td>Family 9</td>
</tr>
<tr>
<td>Family 10</td>
<td>Area for Individuals</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entrance door</th>
<th>Intake/Waiting Area</th>
<th>Entrance door</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narthex/Welcoming Area</td>
<td>Entrance doors</td>
<td>Office Supplies Closet</td>
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# Contact Information for the Winter Shelter at Trinity United Methodist Church: FY17-18

<table>
<thead>
<tr>
<th>Purpose/Service</th>
<th>Contact/Department</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any questions or concerns regarding the County Shelter site</td>
<td>Homeless Concerns Coordinator, Office of Supportive Housing</td>
<td>Michelle Covert: 408-793-0501 <a href="mailto:michelle.covert@hhs.sccgov.org">michelle.covert@hhs.sccgov.org</a></td>
</tr>
<tr>
<td>Supervisiorial District 5: Office of Joe Simitian</td>
<td>County Supervisor–District 5</td>
<td><a href="mailto:supervisor.simitian@bos.sccgov.org">supervisor.simitian@bos.sccgov.org</a> 408-299-5050</td>
</tr>
<tr>
<td>Reporting Shelter or Homeless Concerns</td>
<td>Program Service Provider: HomeFirst</td>
<td><strong>HomeFirst</strong> Shelter Manager/Disturbance Coordinator: Jodi Harmon: 408-590-8196 j <a href="mailto:harmon@homefirst.org">harmon@homefirst.org</a> SITE PHONE: 408-649-0986 Linda Jones: 408-510-7510 l <a href="mailto:jones@homefirstscc.org">jones@homefirstscc.org</a></td>
</tr>
<tr>
<td>Agencies Providing Referrals to the Shelter</td>
<td>Agencies Collaborating in this Winter Shelter Program</td>
<td><strong>City of Mountain View Community Development</strong> 650-903-6326 <strong>Community Services Agency Mountain View</strong> Esteban Magañ: 650-968-0836 x <a href="mailto:emagana@csacares.org">emagana@csacares.org</a> Thomas Herena: 650-447-5454 <a href="mailto:therena@csacares.org">therena@csacares.org</a> <strong>Downtown Streets Team</strong> Amanda Olson: 408-318-1996 <strong>Hope’s Corner</strong> Bob Lee: 659-468-1612 <a href="mailto:genrlrel@pacbell.net">genrlrel@pacbell.net</a> Leslie Carmichael: 650-468-7890 <a href="mailto:lcarmichael@hopes-corner.org">lcarmichael@hopes-corner.org</a> <strong>LifeMoves</strong> Michael Ornales: 650-853-8672 x434 Philip Dah: 650-853-8672 x436 <a href="mailto:pdah@lifemoves.org">pdah@lifemoves.org</a> <strong>Our Daily Bread</strong> Cynthia Elliot/Donna Beres: 408-393-8179 <a href="mailto:outreachworker@stthomas-svale.us">outreachworker@stthomas-svale.us</a> <strong>Trinity United Methodist Church</strong> Doug Kirby: 408-416-8412 <a href="mailto:dtk311@gmail.com">dtk311@gmail.com</a> <strong>West Valley Community Services</strong> Grace Davis: 408-956-6078 <a href="mailto:grace@wvcommunityservices.org">grace@wvcommunityservices.org</a> <strong>Medical Assessments</strong> Valley Homeless Healthcare Project Sergio Salazar: 408-690-6180 <strong>Emergency</strong> Direct: 9-1-1 From cellular phones: 408-277-8911 Public Safety Dept. 408-730-7100 <strong>Emergencies in County</strong> West Valley Division 408-299-2311</td>
</tr>
</tbody>
</table>
Trinity United Methodist Church Winter Shelter: REFERRING CRITERIA FOR ALL REFERRING AGENCIES or PROGRAMS FY2017-18

In order for clients being referred to the TUMC Winter Shelter to have as smooth a transition as possible, the following criteria are to be followed by those referral agencies who have access to HMIS and who are case managing their referred clients:

- See clientele that meet the TUMC Winter Shelter eligibility criteria;
- Fill out the TUMC Winter Shelter Referral Form;
- Are willing and able to do the Release of Information for the VI-SPDAT and the HMIS Intake and send them to the shelter service provider;
- Are willing and able to do the VI-SPDAT and communicate that to HomeFirst;
- Are willing and able to do the HMIS intake and communicate that to the HomeFirst;
- Are willing and able to enroll in HMIS the to-be-referred clients OR communicate all the appropriate information to HomeFirst so that they can enroll the persons in HMIS before they enter the shelter.

The exceptions to the above are:
- Department of Public Safety (Law Enforcement) agencies: they are to email only the referral form to HomeFirst, who will do the rest of the HMIS related work.
- Downtown Streets Team will email only the referral form to HomeFirst, who will do the rest of the HMIS related work. However, if the referred clients enroll in their program, they will do the full documentation described above.
- Community Services Agency of Mountain View will email only the referral form to HomeFirst, who will do the rest of the HMIS related work. However, if the referred clients are being case managed by their staff, they will do the full documentation described above.
Trinity United Methodist Church Emergency Shelter Program
Client Eligibility Criteria

I. Introduction
1) While the objective of our Shelter Program is to meet the needs of a vulnerable population of unhoused individuals, we also have an obligation to do our due diligence in providing for the safety and well-being of not only our guests, but the parish and community as a whole.
2) The focus of the eligibility criteria listed in this document is not to eliminate, reject, or discriminate, but rather, to match guest demographics with the services we are capable of providing.

II. Referral Process
1) All beds will be reserved and filled by referrals.
2) Screening will be conducted by the Community Service Agency of Mountain View or other qualified providers of services to the homeless. We will put our trust and faith in these providers to confirm the guests’ compliance with our criteria. Screening is done by the referring agencies and is the process whereby the referring agencies vet candidates according to this criteria. Qualified providers are those that agree to the referral criteria for referring agencies.

III. Eligibility Criteria
1) Family members (at least one adult and a child under age 18) and homeless (HUD definition\(^1\)) single women.
2) Drug and Alcohol
   a) Guest must not be intoxicated, inebriated, or otherwise affected by an ingested mind-altering substance.
   b) Guests agree not to use or sell drugs, alcohol, or illegal substances on the premises. This includes any type of marijuana.
3) Smoking
   a) Guests agree to not smoke on the premises or adjacent public property, including all buildings, walkways, open spaces, adjacent public sidewalks or public parking lot.
4) Violence (This can either be self-reported or verified by the referring agency.)
   a) Guest must not have a history of violence.
   b) Guest agrees to treat with respect other guests, staff, property, and

---
\(^1\) A summary of the HUD definition of “homeless” is: “Homeless,” means living on the streets, or a place unfit for human habitation, or lacking a fixed, regular, and adequate nighttime residence. (This includes shelters, motels and living situations in which the individual has no tenant rights.)
any other persons they come in contact with while at the shelter.

5) Sexual Offense  (This will be verified by the referring agency.)
   a) Guest must not have a history of any sexual offense, or be a registered sex offender.
   b) Guest agrees not to engage in lewd or lascivious conduct on the premises.

6) Health  (This will be verified by the referring agency.)
   a) Guest must be ambulatory and not require hospital or nursing home care.
   b) Guests must be able to perform normal activities of daily living, such as being able to shower on their own, at least with family assistance. The referring agency does this: self-reporting or knowledge via case management work with the client.
   c) Shelter cannot commit to providing food for special dietary requirements, i.e. diabetic, gluten free, etc.
   d) In order to safeguard other clients and volunteers, clients must not have any highly contagious illness such as TB. Proof of TB testing within the past 90 days is required, and must not be positive. This can be done by the Valley Homeless Healthcare Clinic or any medical provider.

7) Personal Possessions
   a) Personal possessions brought to the shelter are limited to 1 back pack or 1 trash bag size container per person. These may be stored on site.
   b) Because of concerns regarding health, safety, sanitation, and noise, animals are not permitted on the premises during the operation of the overnight shelter. No exceptions are made for registered service animals.

8) Fire and Safety Regulations
   a) Guest must agree to obey fire and other safety regulations.
   b) No firearms or other types of weapons that can cause serious harm are allowed on the premises.

9) Behavior
   a) Guests sign an agreement to abide by the rules of the shelter regarding hours of operation, parking of vehicles, noise, outside food, placement of belongings, supervision of children, etc.
COLD WEATHER SHELTER PROGRAM:  
**Winter Shelter at Trinity United Methodist Church**

**REFERRAL FORM**

<table>
<thead>
<tr>
<th>REFERRAL DATE:</th>
<th>DATE EXPECTED:</th>
<th>CLIENT HMIS #</th>
</tr>
</thead>
</table>

**CLIENT NAME:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>GENDER</th>
<th>HH/DOB</th>
</tr>
</thead>
</table>

Other contact: HOUSEHOLD SIZE: ___

Male partner? ___ Female partner? ___ Male child/age(s): ___ Female child/age(s): ___

Special accommodations needed:

TRANSPORTATION NEEDED? ___ PROVIDED BY: ___________________

**REFERRING AGENCY/SITE:**

**AGENCY/CASE MANAGER CONTACT:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Email:</th>
</tr>
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</table>

**Names of Family Members:**

<table>
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<tr>
<th>DOB:</th>
</tr>
</thead>
</table>

Above client/household information has been entered into HMIS: □ Yes □ No

*(If “yes,” the Client HMIS # is recorded above.)*

☐ We have found the clients meet the Eligibility Criteria contained in the Trinity United Methodist Church Emergency Shelter Program Client Eligibility Criteria.

Please note that (1) clients are asked to provide proof of TB testing at the time of initial intake and (2) no clients who have committed 290 offenses are allowed into the shelter.

**REFERRING TO:**

☐ Winter Shelter at Trinity United Methodist Church – 748 Mercy St., Mountain View, CA 94041

Contact: Jodi Harmon  
Phone: 408-590-8196  
Email: jharmon@homefirstscc.org  
Referral hours: Monday-Friday, 8 a.m. – 7 p.m.
County of Santa Clara  
Office of Supportive Housing  
Cold Weather Shelter Program  
Request for Reasonable Accommodation/Modification

I, ________________________________ am requesting a reasonable accommodation/exception as follows:

- [ ] Below Minimum Income
- [ ] Family Status
- [ ] Documentation Requirements
- [ ] Other: ________________________________

This request is due to the following reason(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Applicant Signature ___________________________ Date __________

<table>
<thead>
<tr>
<th>Decision:</th>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
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</tbody>
</table>

Comments/Stipulation(s)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Panel Signatures:
________________________________________________________________________
________________________________________________________________________

3180 Newberry Drive, Suite 150, San José, CA 95118  408-793-0550  Fax 408-266-0124
1st Warning of Violation

Person Involved: ____________________________  HMIS # ________________

This warning is issued because you violated the following shelter rules:

☐ Disruptive behavior
☐ Entrance to restricted areas
☐ Failure to clean-up
☐ Loitering in the parking lot
☐ Refusal to leave the property
☐ Intentional damage of property
☐ Entrance to restricted areas
☐ Refuse to pick up blankets
☐ Refuse to pick up mats
☐ Problems with hygiene
☐ Indecent Exposure
☐ Profanity
☐ Sitting on Grass
☐ Loitering surrounding Building
☐ Excessive noise
☐ Failure to attend house meetings
☐ Refusal to follow directives
☐ Vehicle violation
☐ Other Violations

___________________________________________________________________________________
___________________________________________________________________________________

Description of violation listed above:

___________________________________________________________________________________

You may request a case conference to discuss this warning with a person in charge at the shelter.
Any Further infraction could result in further disciplinary action including discharge from the shelter.

Staff Signature ____________________________________________

Date: ____________________________
2nd Warning

Person Involved:___________________         HMIS # ___________

This warning is issued because you violated the following shelter rules:

- Disruptive behavior
- Entrance to restricted areas
- Failure to clean-up
- Loitering in the parking lot
- Refusal to leave the property
- Intentional damage of property
- Entrance to restricted areas
- Refuse to pick up blankets
- Refuse to pick up mats
- Problems with hygiene
- Indecent Exposure
- Profanity
- Sitting on Grass
- Loitering surrounding Building
- Excessive noise
- Failure to attend house meetings
- Refusal to follow directives
- Vehicle violation
- Other Violations

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

_______________________________

You may request a case conference to discuss this warning with a person in charge at the shelter.

Any Further infraction could result in further disciplinary action including discharge from the shelter.

Staff Signature ________________________________
Date:_______________________________  Date Issued: _________________
Discharge Notice for Minor Violation

Person Involved: _______________________  HMIS # __________

Reason for Discharge: (includes information on prior warnings notice given)
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Discharge Time:______________________Date:_________________

Appeal process:
♦ You may file a written request for internal appeal with the person in charge at the shelter.
♦ If you do not appear at the appeal, shelter manager will move forward with the appeal without your input.
♦ Written decision of the internal appeal must be provided to you within 72 hours of your filing of the written request for an internal appeal.
♦ You may an advocate represent you in the appeal process.
♦ You may request a reasonable accommodation if you feel that your ability to comply with shelter rules are limited by your documented physical or mental health disabilities.
♦ You may remain at the shelter during the internal and external appeals.

Staff Signature:_________________________________________
Gross Violation Discharge

Date Issued:________________             Time:__________________
Person Involved:___________________________        HMIS # _________________

Major Violations of the shelter rules:
☐ Verbal abuse of staff
☐ Physical abuse of staff
☐ Verbal abuse of resident
☐ Physical abuse of resident
☐ Verbal threats
☐ Possession of a weapon in the shelter
☐ Stealing
☐ Substance dealing within the shelter
☐ Illegal use of drugs
☐ Drinking alcohol
☐ Others gross violations

Reason for discharge:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

You must exit the building:  ____________     ______________
Time                        Date

Appeal process:
♦ You may file a written request for an internal appeal within 72 hours with the person in charge.
♦ You may have an advocate represent you in the appeal process.
♦ You may request an accommodation if your ability to comply with the shelter rules is limited by the resident’s documented physical or mental health.
♦ You have the right to appeal the discharge, but you may not remain in the shelter.

♦ You will be eligible for re-admission to the shelter starting on _________________.
♦ Condition for reason for re-admission________________________________________
Grievance Process

Date: _____________________  Time:_______________________

Your Name: _____________________ Person filing the report: ____________________

Please describe your grievance

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Name(s) of other residents involved: _____________________________

____________________________________________________________________________
____________________________________________________________________________
Name(s) of staff involved:  _____________________________________

____________________________________________________________________________
____________________________________________________________________________

** Give this form to a staff person in charge at the shelter.

Received by: ______________________________  Date: _____________

Shelter Manager Investigation and findings of the grievance:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Staff

Signature___________________________________  Date: _____________________

rev. 11/16/17
Internal Appeal for Minor and Gross Violations

Date:___________________

Your Name: ___________________________   HMIS # ________________

Shelter Name: __________________________

Reason for Appealing:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Staff Signature:______________________    Date:__________________
Internal Appeal Decision of Discharge

Date:_______  Your Name:________________________________  HMIS #:________________

Shelter Manager making decision:  ____________________

Type of Decision Being Appealed:  □ Admission  □ Discharged

Ο Minor  Ο Gross

Final Decision:

______________________________________________________________
______________________________________________________________
______________________________________________________________

Reason/Basis for Decision:

______________________________________________________________
______________________________________________________________

Evidence considered:____________________________________________________

Ο You must exit the building by __________unless you were discharged for a minor violation and you are appealing.
Ο If you disagree with the result of the internal appeal, you can request an External appeal by calling the Santa Clara County homeless concerns coordinator at (408) 299-5117 within 24 hours of receiving the internal appeal decision.
Ο You may/may not (circle one) remain at the shelter while you appeal.

Staff signature:_________________________  Date:________________
INCIDENT REPORT

Date and Time of Filing Report_____________________________________________________

Date and Time of Incident________________________________________________________

Person Filing Report_______________________________________________

Incident Involved (check as many as necessary):

- HOMEFIRST Employee
- Guest(s) and/or Resident
- Volunteer
- Physical Injury
- Maintenance
- Property Damage

Name Person(s) Involved in Incident:______________________________________________

Location of Incident:____________________________________________________________

What Happened:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Person(s) Notified (check as many as necessary):

- Program Manager
- Case Manager
- Property Management
- Police
- Fire
- Ambulance

Name of Person(s) Notified:_____________________________________________________

Copy: