



GENERAL INFORMATION

INTRODUCTION

If your organization is interested in providing temporary shelter to homeless persons within San José, the City Housing Department can offer some guidance on what is needed to demonstrate initial compliance with health and safety standards, best practice information on how to operate a temporary shelter, as well as access to outreach and case management support for those seeking shelter. Please complete the following packet to participate in the Temporary & Incidental Shelter Program in San José.

BACKGROUND

- **December 8, 2015:** To deal with displacement impacts from extreme inclement weather and catastrophic events, the San José City Council adopted an interim ordinance on an urgency basis (Ordinance No. 29663) amending Section 20.80.1620 of Part 17 of Chapter 20.80 of Title 20 of the San José Municipal Code (the Temporary Shelter in Church Ordinance) and suspending Sections 20.80.1600 and 20.80.1610 until June 30, 2016.
- **June 28, 2016:** The San José City Council extended the suspension of Sections 20.80.1600 and 20.80.1610 until June 30, 2017. The City Council amended Section 20.80.1620 to allow a religious facility use if it is a legal use to provide temporary shelter to homeless persons without obtaining a Special Use or Conditional Use Permit subject to the existing limitations specified in Section 20.80.1620. An amendment to the urgency ordinance included:
 - a. Religious facilities may be used as temporary shelter per location up to two times in any calendar year.
 - b. The total amount of days for such temporary shelter may not exceed 90 days (increased from a maximum of 35 days) per location in any calendar year.
 - c. Religious facilities may provide temporary overnight shelter to no more than 30 persons (increased from a maximum of 15 persons) per location in one 24-hour period.
- **August 22, 2017:** The San José City Council adopted a permanent ordinance (Ordinance No. 29976) amending Title 20 of the San José Municipal Code to revise land use provisions for temporary and incidental shelter of homeless people, including amending Sections 20.80.1600, 20.80.1610 and 20.80.1620, and adding Sections 20.80.1630, 20.80.1640 and 20.80.1650 to Part 17, Chapter 20.80; adding definitions of "Assembly Use", "Incidental Shelter", and "Places of Assembly"; creating standards for incidental shelter of homeless individuals and families; allowing incidental shelter as an incidental permitted use to an existing legal assembly use where the shelter is provided inside existing buildings that are constructed and operating in compliance with the San José Municipal Code.



Temporary & Incidental Shelter Program in San José

DESCRIPTION

- An incidental shelter use is a shelter use that is incidental to the primary assembly use on the site, if it occupies less than 50% of the usable square footage of the building(s) that are primarily used for assembly use on the parcel.
- The maximum occupancy shall be 50 persons or as set forth by the Fire Code, whichever is more restrictive.
- A primary assembly use includes, but is not limited to all religious assemblies, and other places such as gymnasiums, libraries, movie theaters, nightclubs, schools and community centers.
- An incidental shelter use must be registered with the Housing Department. The Housing Department will provide a checklist, or template, to assist incidental shelter operators to assess the facility's conformance to applicable Municipal Code regulations, and the Housing Department's registration process.

INTENT

- To address the homeless crisis, create a streamlined process that would allow an incidental shelter as a permitted incidental use in the Zoning Code, year around, without the requirement of an approved Development Permit, provided the use could meet specific performance standards and other requirements.
- Establish a requirement that the assembly use be a currently operating, and legally established assembly use under the Zoning Code (as amended).
- Include performance standards and other measures, and which would replace the provisions of the urgency ordinance.

PROGRAM INFORMATION PACKET

Please contact host.shelter@sanjoseca.gov with any questions about the Temporary & Incidental Shelter Program in San José. If you are interested in participating in the Temporary & Incidental Shelter Program, please submit the following completed packet to the City of San José to host.shelter@sanjoseca.gov. You are invited to set an appointment with staff to complete a final review of all submitted documents and schedule a site inspection if questions cannot be resolved via email.

PROGRAM PACKET CHECKLIST

The following includes documents that should be included in the Temporary & Incidental Shelter Program Packet. The City has included examples and/or attachments within for your convenience.

- Contact Sheet
- Service Management Plan
- Emergency Disaster Plan
- (Sample) Evacuation Plan
- Fire Watch Log



Temporary & Incidental Shelter Program in San José

SITE VISIT

Returning all of the above mentioned items in the packet will allow for the City to provide you with technical assistance and/or guidance to ensure safety for those being served. Once the packet is received by the City, a site visit will be scheduled with the facility's identified point of contact. The site visit will include a safety inspection conducted by inspectors from both the Housing Department and the Fire Department. The inspectors will look for, but may not be limited to, the following and make necessary recommendations to ensure safe operations:

- Maximum occupancy standard for designated sleeping area(s)
- Proximity of gas appliances to sleeping area
- Presence of smoke and carbon monoxide detectors
- Location and number of fire extinguishers
- Lighting necessary for emergency exits
- Posted emergency exit plan(s)
- Americans with Disabilities Act (ADA) compliance and accessibility

EVALUATION

Facilities participating in the Program will be asked to submit a report summarizing the experience providing temporary shelter to homeless persons. The City will want feedback on, but not limited to, the following:

- What were the dates your facility operated the program?
- What was the target population?
- What was the total number of people who were served?
- What was the total number of volunteers who engaged?
- What were some significant successes to running this program?
- Were there any major issues or concerns while operating the program?
- What were some unmet needs that could benefit the program going forward?
- What are the rough cost estimates of what it took your facility to provide the services, if available?
- What would you do differently next time, if applicable?
- Other thoughts and comments?



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CONTACT SHEET

Facility Name: _____

Address: _____

Property owner's name: _____

Primary contact name: _____

Primary contact phone: _____

Primary contact email: _____

Alternate contact name: _____

Alternate contact phone: _____

Alternate contact email: _____



Temporary and Incidental Shelter Program in San José

SERVICE MANAGEMENT PLAN

I. Introduction

This service management plan sets forth the strategy whereby the participating organization will meet the needs of a vulnerable population of unhoused individuals with the objective of providing safe shelter, food and restroom facilities through the Temporary and Incidental Shelter Program in San José.

II. Primary Intent

The primary intent of the participating organization is to provide a safe shelter for up to 30 homeless persons in one location for no more than 90 days per calendar year.

III. General Operations

Name of Facility: _____

Start Date: _____ End Date: _____

Hours: _____ P.M. - _____ A.M.

On-site Supervision (explain staff/volunteer hours, numbers and shifts):

Good Neighbor Plan (explain any outreach to neighborhood, safety plans or regulations, etc.):



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IV. Emergency Shelter (check all that apply at participating organization)

Eligibility

- By referral only (by _____)
- Walk ins welcome
- Intake (for example, general personal information, program rules, behavioral expectations, etc.)
- Background check required
- Pets allowed
- Sobriety required
- Other (specify) _____

Target Population

- Homeless men
- Homeless women
- Families with minor children
- Other (specify) _____

V. Supportive Services (check all that apply at participating organization)

Basic Needs Provided

- Bed or cot
- Bedding
- Toiletries
- Restrooms
- Showers
- Clothing
- Transportation (explain)



Temporary and Incidental Shelter Program in San José

Storage for participants' belongings provided

Other (specify) _____

Food Services

Breakfast

Dinner

Hot Meals

Donated by community volunteers and/or parishioners

Donated by local food pantries/kitchen/non-profits

Purchased by participating organization

Require donors to screen for tuberculosis

Other (specify) _____

VI. Program Services (check all that apply at participating organization)

VI-SPDAT/HMIS

Case management/resources/referrals/support by volunteers

Case management/resources/referrals/support by paid trained professionals

Healthcare

Other (specify) _____

VII. Property Management (check all that apply at participating organization)

Paid janitorial/maintenance services

Volunteer janitorial/maintenance services

Paid hygiene items (toilet paper, etc.)

Donated hygiene items (toilet paper, etc.)



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- Paid security
- Volunteer security
- Security cameras in place
- Regular site patrols
- Storage for program supplies
- Fire watch log implemented
- Emergency exit and evacuation plan in place
- All smoke alarms and fire extinguishers updated and in working order
- Emergency exit plan reviewed nightly with participants
- Shelter location is on ground floor
- Shelter location is upstairs
- Shelter location is in basement area
- Designated smoking area identified
- ADA accessible
- Other (specify) _____

VIII. Other:

EMERGENCY DISASTER PLAN

INSTRUCTIONS:

Post a copy in a prominent location in facility, near telephone.

NAME OF SITE		OWNER / ADMINISTRATOR OF SITE		
SITE ADDRESS (NUMBER, STREET,	CITY,	STATE,	ZIP CODE)	TELEPHONE NUMBER

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S)	TITLE	ASSIGNMENT
1.		DIRECT EVACUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

POLICE OR SHERIFF	OFFICE OF EMERGENCY SERVICES
RED CROSS	POISON CONTROL
HOSPITAL(S)	OTHER AGENCY/PERSON

III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

IV. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY
WATER
GAS

V. FIRST AID KIT (LOCATION)

VI. EQUIPMENT

SMOKE DETECTOR LOCATION
FIRE EXTINGUISHER LOCATION
TYPE OF FIRE ALARM SOUNDING DEVICE IF PRESENT
LOCATION OF DEVICE

VII. AFFIRMATION STATEMENT

AS OWNER / ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS, ANY STAFF AND/OR VOLUNTEERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

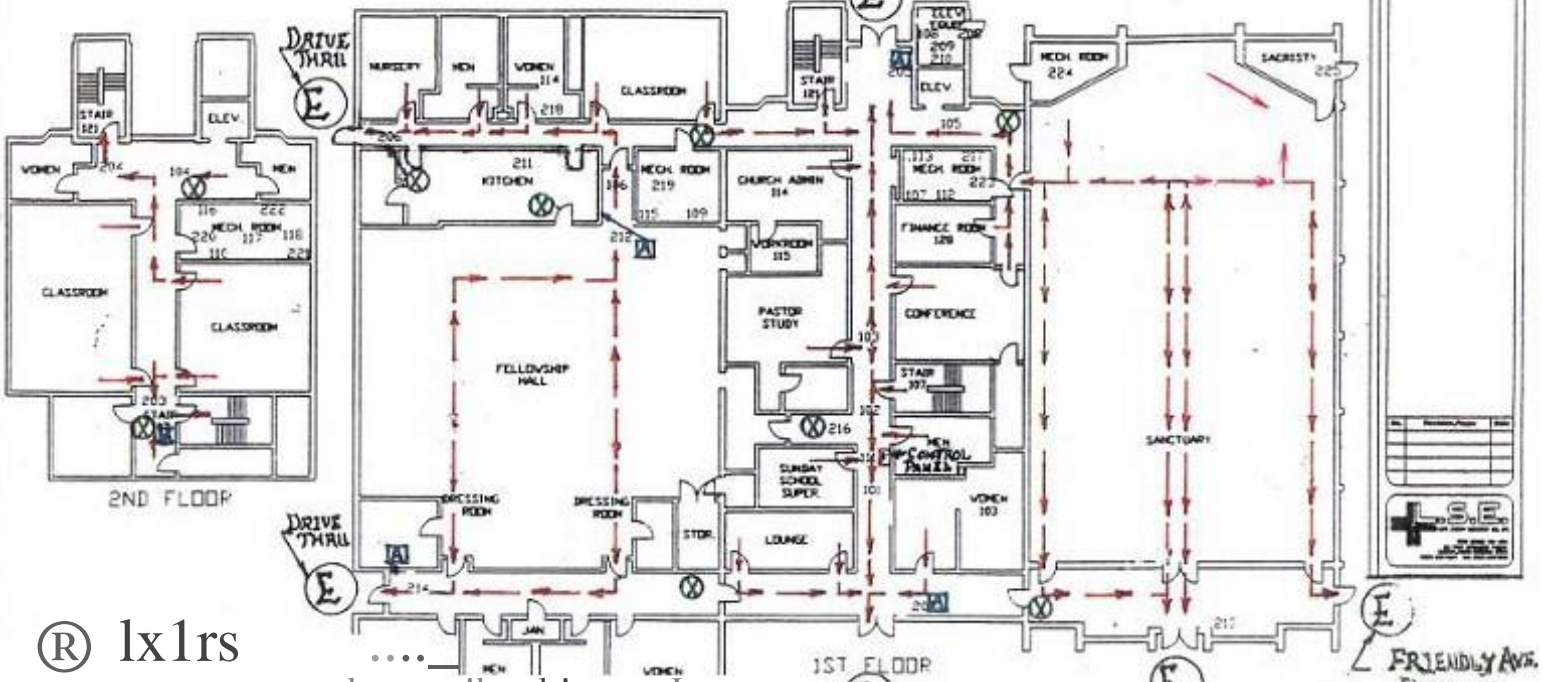
SIGNATURE

DATE

EVACUATION PLAN

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P MlijGAP.1>-

STAIR	STAIR
DRIVE THRU	DRIVE THRU
REGAN ST. EXITS	REGAN ST. EXITS
FRIENDLY AVE. PARKING	FRIENDLY AVE. PARKING



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ALARMS

CONTROL PANEL

BETHEL A.M.E. CHURCH



Assembly Use Incidental Shelter Program in San José

FIRE WATCH LOG

Name of Facility: _____

Phone: _____ Date: _____

HOUR	Exterior	Community Center	Hallway(s)	Restroom(s)	Remarks
8:00pm					
9:00pm					
10:00pm					
11:00pm					
12:00pm					
1:00am					
2:00am					
3:00am					
4:00am					
5:00am					
6:00am					
7:00am					