

CITY COUNCIL AGENDA ITEM
CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Authorizing the City Manager to Sign the Memorandum of Agreement for the Operation of an Enhanced Shelter Within the City of Shoreline with King County and Lake City Partners
DEPARTMENT:	Recreation, Cultural and Community Services
PRESENTED BY:	Colleen Kelly, Recreation, Cultural and Community Services Director
ACTION:	<input type="checkbox"/> Ordinance <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Public Hearing

PROBLEM/ISSUE STATEMENT:

In April 2020, the City Council adopted Council Goal No. 5, Action Step No. 7, which reads: *“Begin a process of developing partnerships with North King County cities and other key stakeholders in support of siting a 24/7 shelter/navigation center to serve homeless single adults in North King County.”* In response to this Council goal, staff has been working to explore options for the siting of a shelter for homeless adults to serve the North King County area. King County has asked the City to partner with them and Lake City Partners Ending Homelessness in establishing a shelter at the former Oaks at Forest Bay Nursing Home (The Oaks), located at 16357 Aurora Avenue North. The facility could serve as an enhanced homeless shelter for single adults in the short-term (likely three to five years), and permanent supportive housing in the long-term.

The current zoning district of that portion of the Oaks property where buildings are located is R-48 (Residential 48 units per acre) and does not permit homeless shelters. On October 26, 2020, the City Council adopted Ordinance No. 906, which provides interim regulations temporarily authorizing Enhanced Shelters within the R-48 zone for a duration of six months. During that meeting, the Council approved multiple amendments to Ordinance No. 906, including the requirement that a shelter operator and the City enter into an Interlocal Agreement regarding certain operational issues. Subsequently, on November 16, 2020, the City Council adopted Ordinance No. 913 amending the language in Ordinance No. 906 to provide clarity, allow for a more streamlined process, and to include both King County and Lake City Parties as parties to the agreement.

Tonight, staff is requesting that Council discuss the proposed Memorandum of Agreement for the Operation of an Enhanced Shelter with King County and Lake City Partners as required by Ordinance Nos. 906 and 913 and authorize the City Manager to sign the Agreement.

RESOURCE/FINANCIAL IMPACT:

Entering into this Memorandum of Agreement is not expected to have a financial impact on the City.

RECOMMENDATION

Staff recommends that City Council move to authorize the City Manager to sign the Memorandum of Agreement for the Operation of an Enhanced Shelter with King County and Lake City Partners as required by Ordinance Nos. 906 and 913.

Approved By: City Manager ***DT*** City Attorney ***MK***

BACKGROUND

In April 2020, the City Council adopted Council Goal No. 5, Action Step No. 7, which reads: *“Begin a process of developing partnerships with North King County cities and other key stakeholders in support of siting a 24/7 shelter/navigation center to serve homeless single adults in North King County.”* In response to this Council goal, staff has been working to explore options for the siting of a shelter for homeless adults to serve the North King County area.

The City has partnered with King County and Lake City Partners Ending Homelessness in establishing a shelter for homeless adults at the former Oaks at Forest Bay Nursing Home (The Oaks), located at 16357 Aurora Avenue North. The facility will serve the North King County area as an enhanced homeless shelter for adults in the short-term (likely three to five years), and permanent supportive housing in the long-term.

On October 26, 2020, the City Council adopted Ordinance No. 906 which provides interim regulations for the operation of an Enhanced Shelter in the R-48 Zone. During that meeting, Council approved multiple amendments to Ordinance No. 906, including the requirement in the index criteria that a shelter operator and the City enter into an Interlocal Agreement regarding certain operational issues. The staff report for the adoption of this Ordinance can be found at the following link:

<http://cosweb.ci.shoreline.wa.us/uploads/attachments/cck/council/staffreports/2020/staffreport102620-8a.pdf>.

Subsequently, on November 16, 2020, Council further adopted Ordinance No. 913, which clarified the index criteria in the interim development regulations adopted by Ordinance No. 906 by stating that the agreement will include both the primary funding partner, King County, as well as the shelter operator, Lake City Partners. This ordinance further provided that the agreement will be “memorandum of agreement” rather than an Interlocal Agreement. The staff report related to the adoption of this Ordinance can be found at the following link:

<http://cosweb.ci.shoreline.wa.us/uploads/attachments/cck/council/staffreports/2020/staffreport111620-7d.pdf>.

Tonight, staff is requesting that Council discuss the proposed Memorandum of Agreement for the Operation of an Enhanced Shelter with King County and Lake City Partners as required by Ordinance Nos. 906 and 913 and authorize the City Manager to sign the Agreement.

DISCUSSION

With the adoption of Ordinance No. 913 on November 16, City staff worked with staff from King County and Lake City Partners to develop the required memorandum of agreement responding to the following indexed criteria:

G. *The primary funding organization and shelter operator shall enter into a memorandum of agreement with the City addressing operational issues of concern such as:*

- *Staffing plans;*
- *Requirement for regular reports to the Council on how the shelter is meeting performance metrics;*
- *Documentation of the number of calls for service to the site and an agreement that the shelter operator will be billed for calls over an agreed threshold;*
- *If possible, shelter operator to contribute to the cost of a mental health professional to assist in police response, perhaps through part of the RADAR program;*
- *Require adherence to a Good Neighbor Plan that addresses litter, noise, security procedures, and other issues of concern.*
- *Staff to develop criteria to discontinue the shelter use if documented violations of the operational agreements are not addressed in a timely manner;*
- *Provisions for city approval of any proposed change in shelter operator.*

The final memorandum of agreement, which has been reviewed and approved by staff from both King County and Lake City Partners, is provided as Attachment A to this staff report. The agreement has a term of roughly two and half years to align with the timeframe of the Washington State Department of Commerce grant that has been received by King County to partially fund the operations of the Shelter. The expiration date of the agreement is June 15, 2023 unless it is extended or terminated by mutual agreement of the parties.

The agreement also outlines the following items:

- Operational requirements and responsibilities of King County and the shelter operator (Lake City Partners);
- Priority for those experiencing homelessness in Shoreline as long as this priority doesn't outweigh safety considerations;
- Maximum capacity of the number of guests at the shelter, which is 60 people;
- A staffing plan for Lake City Partners to operate the shelter;
- Requirement for shelter operational data collection and reporting;
- Requirement for the tracking of emergency response calls and review of emergency response if the calls increase over a baseline threshold, including the development of a plan to address the contributing factors of the call increases;
- Requirement for the County and Lake City Partners to comply with their developed Good Neighbor Plan;
- Acknowledgement of the City's Chronic Nuisance Property Ordinance and the City's ability to take action and abate a nuisance on the property, including the ability to direct that the Enhanced Shelter use be discontinued if the City determines that steps to cure the nuisance will not be sufficient to adequately protect community health and safety;
- Requirement for City approval of any change in shelter operator if Lake City Partners were to cease being in that role; and
- Dispute resolution, indemnification, insurance, and other contractual obligations often found in agreements such as this.

Should the Council approve a motion authorizing the City Manager to sign this agreement, Lake City Partners and King County staff will take the same agreement through the approval processes required by their organizations. The agreement will not be considered executed until all parties have signed.

ALTERNATIVES ANALYSIS

An alternative to authorizing the City Manager to sign this agreement is to decline to authorize the City Manager to sign the memorandum of agreement with King County and Lake City Partners. Doing so would mean that the City would not be in compliance with the Interim Development Regulations, and specifically indexed criteria "G", as adopted in Ordinance Nos. 906 and 913. This would therefore preclude an Enhanced Shelter being able to operate in the R-48 zoning district at the former Oaks facility.

COUNCIL GOAL(S) ADDRESSED

This item directly responds to Council Goal #5, Action Step #7: Begin a process of developing partnerships with North King County cities and other key stakeholders in support of siting a 24/7 shelter/navigation center to serve homeless single adults in North King County.

RESOURCE/FINANCIAL IMPACT

Entering into this Memorandum of Agreement is not expected to have a financial impact on the City.

RECOMMENDATION

Staff recommends that City Council move to authorize the City Manager to sign the Memorandum of Agreement for the Operation of an Enhanced Shelter with King County and Lake City Partners as required by Ordinance Nos. 906 and 913.

ATTACHMENTS

Attachment A: Memorandum of Agreement for the Operation of an Enhanced Shelter Within the City of Shoreline, including Exhibits A, B and C

**MEMORANDUM OF AGREEMENT
FOR THE OPERATION OF AN ENHANCED SHELTER
WITHIN THE CITY OF SHORELINE, WASHINGTON**

This **MEMORANDUM OF AGREEMENT** (“Agreement”) is dated as of _____, 2020 (“Effective Date”), and entered into by and among the City of Shoreline, a Washington municipal corporation (“Shoreline” or “the City”), King County, a Washington municipal corporation (“King County”), and Lake City Partners Ending Homelessness, a Washington non-profit corporation (“Lake City Partners”). Shoreline, King County, and Lake City Partners may be referred to individually as “Party” or collectively as “Parties.”

WHEREAS, like many other regions of the United States, King County has seen a rapid and troubling growth in the homeless population over the past several years, a condition that has been difficult to address given the high cost of housing in the region and the shortage of emergency, transitional, and affordable housing available to serve this population; and

WHEREAS, as a result, King County cities, including Shoreline, have experienced increased incidents of unlawful and unsafe camping activity in and upon portions of the public rights-of-ways, parks, and other public facilities (“Public Property”) not intended for those uses and in violation of local ordinances; and

WHEREAS, use of Shoreline Public Property in this manner creates health and safety risks to homeless persons due to traffic hazards, exposure to weather, inadequate sanitation, and other conditions detrimental to their well-being, and negatively impacts the health, safety, and general welfare of the larger community by degrading the environmental and physical condition of the Public Property, creating traffic hazards, and increasing risks associated with the spread of disease and frustrating the public purpose for which such Public Property is dedicated; and

WHEREAS, in furtherance of the public, safety, and well-being of the homeless and all residents in the City of Shoreline, and to return and preserve Shoreline Public Property for its intended purpose, the Parties have worked together cooperatively and in good-faith towards addressing homelessness; and

WHEREAS, the Parties desire to establish an Enhanced Shelter that makes resources available to serve homeless individuals with the goal of providing supportive housing such that homeless individuals utilizing those resources may transition from temporary facilities into long-term, stable housing solutions; and

WHEREAS, King County has applied for certain grant funds under the Washington State Department of Commerce’s Shelter Program Grant, and intends to utilize those grant funds, along with other available funding, for the future operation of an Enhanced Shelter intended to serve the unsheltered homeless population currently residing with the City of Shoreline and other North King County cities; and

WHEREAS, the United States Secretary of Health and Human Services, the Governor of Washington state and King County Executive have each declared a state of emergency as a result of coronavirus disease 2019 (COVID-19) outbreak and confirmation of person-to-person spread in Washington state; and

WHEREAS, many existing shelters and other sites that traditionally housed persons experiencing homelessness are not suitable for the conditions required under COVID-19, lacking adequate space and ventilation to allow for social distancing necessary to combat the COVID-19 pandemic and associated community transmission and are insufficient to protect and promote public health; and

WHEREAS, King County and Shoreline have a mutual interest in facilitating a deintensification non-congregate shelter care facility for individuals experiencing homelessness who are not able to isolate or quarantine in their own homes during the COVID-19 pandemic with related support uses; and

WHEREAS, King County is considering whether to contract with Lake City Partners to manage and operate an Enhanced Shelter, as defined below, within Shoreline that follows public health best practices; and

WHEREAS, the Parties desire to memorialize terms and conditions relating to the operation and maintenance of an Enhanced Shelter, and other related matters in furtherance of the common purpose of addressing homelessness;

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties agree as follows:

AGREEMENT

I. PURPOSE

The purpose of this Agreement is to set forth parameters, processes and procedures related to how the Parties intend to address issues related to operation and management of an Enhanced Shelter in the City of Shoreline. This Agreement is also meant to comply with the requirement set forth in SMC 20.40.355(G), as adopted by City of Shoreline Ordinance No. 906 and amended by City of Shoreline Ordinance No. 913, which requires King County, as the primary funding organization, and Lake City Partners, as the shelter operator, to enter into an agreement to address Enhanced Shelter operational issues of concern.

II. DEFINITIONS

“Enhanced Shelter” means a 24-hour a day facility intended to provide individuals experiencing homelessness with access to resources including, but not limited to, housing, basic needs, hygiene, case management and social programs as they transition to permanent housing.

III. TERM AND TERMINATION

- A. The term of this Agreement commences on the date executed by all the Parties and shall continue until June 30, 2023, unless extended or terminated by the Parties in accordance with this Agreement.
- B. This Agreement may be extended by mutual, written agreement of the Parties which shall be appended to this Agreement.
- C. This Agreement may be terminated by any Party if any other Party fails to comply with any material provisions of the Agreement, in whole or in part, for default as provided for in this Agreement.

IV. USE, MAINTENANCE, AND OPERATION OF ENHANCED SHELTER

A. ENHANCED SHELTER OPERATION

1. Operator. King County intends to contract with a separate provider for operation of an Enhanced Shelter and, together with Shoreline, has identified Lake City Partners as the likely shelter operator. King County and Shoreline are actively considering the former Oaks at Forest Bay Nursing Home (The Oaks), located at 16357 Aurora Avenue North as the Enhanced Shelter site. The facility would serve the North King County area as an Enhanced Shelter for adults for the term of this Agreement.
2. Responsibilities. As the shelter operator, Lake City Partners will be responsible for reaching out to local service providers to share information about the shelter and provide information related to which clients are eligible to be served and how to make a referral. The Parties currently understand that the local agencies most likely to make referrals to this program include Lake City Partners Outreach; Shoreline Police and Fire Departments; local hospitals; Therapeutic Health Services; International Community Health Services; Hopelink and local faith communities that work with individuals experiencing homelessness.
3. Priority. Because occupancy rates tend to be high, the standard approach used by other shelters in King County is that they notify referring agencies when they have an open space or when they know a bed will soon be vacated. The referring organizations will send over a referral form with information regarding the individual they are working with. If more than one referral is made, Lake City Partner's staff will consider both the location of the household (individual or couple) experiencing homelessness as well as the level of need for the service; *e.g.*, those with health conditions that are being exacerbated by being outdoors. Those with severe health conditions will be prioritized in every case, while those who are currently located in Shoreline will be given the next level of priority. Shelter staff will use a standard set of screening/intake questions before confirming a bed for any given individual.

4. Maximum Residential Capacity. The maximum residential capacity of the Enhanced Shelter shall be 60 people.

B. STAFFING PLAN

Prior to operation, Lake City Partners shall submit to the City the proposed staffing plan for the City's review and comment. In general, the Parties understand that the staffing for the Enhanced Shelter will be supported by a staffing plan that will ensure that there will be a minimum of three trained, professional staff onsite at all times. In addition, Lake City Partners anticipates that the onsite program would include positions such as a full time Program Director, a Licensed Mental Health Specialist, a Registered Nurse, Housing Outreach staff and Housekeeping and Facility Maintenance. Overall Administrative support will be provided by the Executive Team of Lake City Partners including the Executive and Deputy Directors, Volunteer Coordinator, and Administrative Services Office. Lake City Partners retains the right to adjust specific positions as needed to safely and effectively run the program, provided that it may not adjust the minimum requirement of three professional staff members on the premises at all time. Prior to making an adjustment to the approved staffing plan, Lake City Partners shall provide the City a reasonable opportunity to review and comment on the proposed change(s) prior to implementing such changes.

C. SHELTER OPERATIONAL DATA AND PERFORMANCE METRICS

Lake City Partners shall provide project-level reports of County-wide Homelessness Management Information System (HMIS) intake and exit data to the City when requested. Project Intake forms are attached to this Agreement as Exhibit A, and Project Exit forms are attached to this Agreement as Exhibit B. Such reports shall be provided upon request.

Lake City Partners are to submit quarterly reports to Shoreline that shall document, at a minimum, the following:

1. Number of individuals served;
2. Location of where an individual stayed the night before entering the Shelter;
3. General Demographics;
4. Number of Intakes;
5. Number of Exits;
6. Summary of Exit destination.

D. EMERGENCY CALLS FOR SERVICE

Shoreline shall document the average number of 911 (Police and Fire) dispatched calls for service to the Oaks Facility per month for the two years prior to March 2020, to create a baseline average. Shoreline will also track 911 (Police and Fire) dispatched calls for service to the Oaks Facility beginning on the first date of Enhanced Shelter program operations. If said monthly dispatched calls for service are experienced beyond a 25% increase over the baseline average, King County and Shoreline will work with Lake City Partners to reduce the calls to below the threshold level.

The Parties shall evaluate the nature of the calls for service to determine whether additional resources, beyond those anticipated through staffing identified above, are needed to address mental health, police response or other specific needs.

E. GOOD NEIGHBOR PLAN

King County and Lake City Partners shall comply with the Good Neighbor Plan in relation to litter, noise, security procedures, and other potential issues of concern. The Good Neighbor Plan is attached to this Agreement as Exhibit C.

F. ADDRESSING NUISANCE VIOLATIONS

The City has a Chronic Nuisance Property Ordinance (SMC 9.30) which outlines specific conditions that constitute public nuisance activities. King County and Lake City Partners understand and agree that should the Enhanced Shelter be determined a chronic nuisance property as set out in that Chapter, the City may take action to abate the nuisance pursuant to SMC 9.30.050, provided that reasonable notice is given in accordance with this Agreement. King County and Lake City Partners agree that abatement may specifically include the ability to order that the Enhanced Shelter use be discontinued if the City reasonably determines that steps to cure the nuisance will not be sufficient to adequately protect health and safety. If Lake City Partners or King County fail to address any written demand by the City to correct a violation within the cure time stated in the demand, which shall not be more than 45 days or less than 10 days, the City may order the Enhanced Shelter use be discontinued until such violations(s) are corrected.

All Parties shall comply with all applicable federal, state, and local laws. Nothing in this Agreement shall be construed to limit the authority of the City of Shoreline to adopt and apply codes, ordinances, and regulations under its police power for the public health, safety, and general welfare to the operation and management of the Enhanced Shelter addressed by this Agreement.

King County or Lake City Partners may appeal any written demand issued to Shoreline's Hearing Examiner by filing a written appeal with the Shoreline City Clerk within fourteen (14) calendar days of the date of the demand. An appeal hearing shall be conducted as provided in SMC 20.30 Subchapter IV and the Hearing Examiner Rules of Procedure.

G. CHANGES TO SHELTER OPERATOR

Any proposed change to the shelter operator, which at the time of execution of this Agreement is expected to be Lake City Partners, shall be made by King County and will require prior approval of the Shoreline City Council and shall only be approved if the operator is deemed capable and agrees to the terms and conditions of this Agreement, which decision shall be in the sole discretion of the Shoreline City Council. If a new shelter operator is approved by the Shoreline City Council, King County agrees to substitute in the new Operator into this Agreement and if necessary to execute a new Memorandum of Agreement which must be entered into among the Parties that would be in a similar format to this Agreement.

V. REPRESENTATIVES AND NOTICE

A. REPRESENTATIVES

For the purposes of administering this Agreement, the following individuals shall be the representatives for their respective agencies:

City of Shoreline: Bethany Wolbrecht-Dunn, Community Services Manager

King County: Janice Hougen, Special Projects Lead Program Manager III

Lake City Partners: Melanie Neufeld, Executive Director

B. NOTICES

Any notice required under this Agreement will be in writing, addressed to the appropriate party at the address which appears below (as modified in writing from time to time by such party), and given personally, by registered or certified mail, return receipt requested, by facsimile or by a nationally recognized overnight courier service. All notices shall be effective upon the date of receipt.

City Manager
City of Shoreline
17500 Midvale Avenue N
Shoreline, WA 98133
(206) 801-2700

Director, Department of Community and Human Services
King County
401 5th Avenue, Suite 400
Seattle, WA 98104
(206) 363-9105

Executive Director
Lake City Partners Ending Homelessness
3120 NE 125th Street
Seattle, WA 98125
(206) 361-4630

VI. DISPUTE RESOLUTION, DEFAULT, REMEDIES

The provisions contained in this Agreement depend upon timely and open communication and cooperation among the Parties. In this regard, communication of issues, changes, or problems that arise should occur as early as possible in the process. Each Party shall work cooperatively and in good faith toward resolution of issues in a manner that ensures adequate time for each Party to consider and address the issues.

A. DISPUTE RESOLUTION

1. Any disputes or questions of interpretation of this Agreement that may arise among the Parties shall be governed under the Dispute Resolution provisions in this Section unless a specific procedure is addressed elsewhere in this agreement. The Parties agree to exercise their best efforts to promptly resolve any disputes that may arise through this dispute resolution process.

2. The Parties agree to use their best efforts to resolve disputes arising out of or related to this Agreement using good faith negotiations by engaging in the following dispute escalation process should any such disputes arise:

a. Level One – The Designated Representatives as identified in this Agreement shall meet to discuss and attempt to resolve the dispute in a timely manner. If they cannot resolve the dispute within ten (10) calendar days after referral of that dispute to Level One, a Party may refer the dispute to Level Two.

b. Level Two – Lake City Partners’ Executive Director, King County Department of Community and Human Services Director or Designee, and the City’s City Manager or Designee shall meet to discuss and attempt to resolve the dispute in a timely manner.

3. If the dispute is not resolved within ten (10) calendar days after referral of that dispute to Level Two, the Parties are free to pursue any remedies otherwise available to them in law or equity. At all times prior to resolution of the dispute, the Parties shall continue to perform under this Agreement in the same manner and under the same terms as existed prior to the dispute.

B. NOTICE OF DEFAULT

No Party shall be in default under this Agreement unless it has failed to perform under this Agreement for a period of thirty (30) calendar days after written notice of default from any other Party. Each notice of default shall specify the nature of the alleged default and the manner in which the default may be cured satisfactorily. If the nature of the alleged default is such that it cannot be reasonably cured within the thirty (30) day period, then the defaulting Party shall initiate reasonable actions to cure within the thirty (30) day period; provided, however, such default shall not be deemed a cure unless and until the defaulting Party diligently pursues such cure to completion. Nothing in this section is intended to limit Shoreline’s ability to pursue enforcement remedies that may be available pursuant to SMC Chapter 9.30 (Chronic Nuisance Property), as otherwise specified in this Agreement.

C. REMEDIES

Any Party hereto has the right to exercise any and all remedies, singly or in combination available in equity or law, consistent with the dispute resolution and notice of default sections of this Agreement, if applicable, in the event that any Party violates any provision of this Agreement. The Parties agree that specific performance is available for any provision that reasonably lends itself to such remedy.

D. CUMULATIVE REMEDIES

In determining which remedy or remedies for a Party's violation are appropriate, a court may take into consideration the nature and extent of the violation, the remedy needed to prevent such violations in the future, whether the party has a history of previous violations of the same or similar kind, and such other considerations as are appropriate under the circumstance. Remedies are cumulative; the exercise of one shall not foreclose the exercise of others.

E. FAILURE TO ENFORCE

No Parties hereto shall be relieved of any of their obligations to comply promptly with any provision of this Agreement by reason of any failure of another Party to enforce prompt compliance, and one Party's failure to enforce shall not constitute a waiver of rights or acquiescence in the other Party's conduct.

VII. INDEMNITY AND INSURANCE**A. INDEMNIFICATION**

Lake City Partners and King County shall defend, indemnify, and hold each other and the City of Shoreline, and their respective officers, officials, employees and volunteers harmless from any and all claims, damages, injuries, liabilities, actions, fines, penalties, costs and expenses of whatsoever kind and nature including but not limited to bodily injury, property damage, COVID-19 claims, and attorney fees ("Indemnified Claims") arising out of or related to the indemnifying Party's negligent acts or omissions in performance of this Agreement, except to the extent injuries and damages are caused by the negligence of another Party or the City of Shoreline.

In the event of liability for damages arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Parties, their officers, officials, employees, and volunteers, each Party's liability hereunder shall be only to the extent of its own negligence. It is further specifically and expressly understood that the indemnification provided herein constitutes each Party's waiver of immunity under Industrial Insurance, Title 51 RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. The provisions of this section shall survive the expiration or termination of this Agreement.

B. INSURANCE

Lake City Partners shall maintain the types and amounts of liability insurance as specified below, or a fully funded self-insurance program, for the protection and handling of its liabilities, including injuries to persons and damage to property. Upon request by Shoreline and/or King County, and within five (5) business days of such request, Lake City Partners must provide a certificate of insurance or a letter of self-insurance, evidencing such coverage.

1. Professional Liability, Errors or Omissions insurance, appropriate to the activities being performed, with limits of liability not less than \$1,000,000 per claim and in the aggregate.

2. Commercial General Liability insurance at least as broad as Insurance Services Office (ISO) Form CG 00 01 and shall cover liability arising from premises, operation, stop-gap independent contractors, and personal injury and property damage with a limit of no less than \$1,000,000 each occurrence and \$2,000,000 general aggregate.
3. Automobile Liability insurance covering all owned, non-owned, hired, and leased vehicles. Coverage shall be written on ISO Form CA 00 01 or a substitute form providing equivalent liability coverage with combined single limits of liability not less than \$1,000,000 for bodily injury, including personal injury or death and property damage per accident.
4. Worker's Compensation coverage as required by the Industrial Insurance laws of the State of Washington.
5. Employer's Liability or "Stop-Gap" coverage in the amount of \$1,000,000 each occurrence and shall be at least as broad as the protection provided by the Worker's Compensation policy Part 2 (Employer's Liability) or, in states with monopolistic state funds, the protection provided by the "Stop-Gap" endorsement to the General Liability policy.

Shoreline and King County shall be included as additional insureds for full coverage and policy limits on all liability policies (excluding Worker's Compensation and Professional Liability). Lake City Partners shall submit to Shoreline and King County a copy of the insurance certificate(s) and all required endorsement(s) prior to performing any work under this agreement.

If Lake City Partners maintains higher insurance limits than the minimums shown above, Shoreline and King County shall be insured for the full available limits of Commercial General and Excess or Umbrella liability maintained by Lake City Partners, irrespective of whether such limits maintained are greater than those required by this Contract or whether any certificate of insurance furnished to Shoreline and King County evidences limits of liability lower than those maintained by Lake City Partners.

King County maintains a fully funded Self-Insurance program for the protection and handling of its liabilities including injuries to persons and damage to property. King County does not purchase Commercial General Liability insurance and is a self-insured governmental entity; therefore, King County does not have the ability to name an entity as an additional insured.

If King County no longer maintains a fully funded self-insurance program for the protection and handling of its liabilities, King County shall obtain insurance of the types and limits described above during the term of this Agreement and extensions. These policies are to contain, or be endorsed to contain, provisions that 1) King County's insurance coverage shall be primary insurance with insurance or insurance pool coverage maintained by Shoreline as excess of King County's insurance (except for professional

liability insurance); and 2) King County's insurance coverage shall not be cancelled during the term of this Agreement.

VIII. GENERAL PROVISIONS

A. RECORDS

King County and Shoreline acknowledge that they are local agencies subject to Washington's Public Records Act, chapter 42.56 RCW, and, as such, this Agreement and records arising from the performance of this Agreement are public records subject to disclosure unless an exemption applies. The City and King County will retain this Agreement and all records related to this Agreement consistent with the records retention schedule for contracts/agreements issued by the Washington Secretary of State pursuant to chapter 40.14 RCW.

B. COMPLIANCE WITH APPLICABLE LAWS

King County and Lake City Partners agree to comply with all applicable federal, state, and local laws, rules, and regulations, including those pertaining to nondiscrimination, and agrees to require the same of any subcontractors providing services or performing any work related to the Agreement.

During the performance of this Agreement, no Party shall, in hiring or employment made possible or resulting from this Agreement, engage in unlawful discrimination against any employee or applicant for employment because of sex, age (except minimum age and retirement provisions), race, color, creed, national origin, citizenship or immigration status (except if authorized by federal or state law, regulation, or government contract), marital status, sexual orientation, honorably discharged veteran or military status, the presence of any sensory, mental, or physical handicap or the use of a trained dog guide or service animal by a person with a disability, unless based upon a bona fide occupational qualification. This requirement shall apply to but not be limited to the following: employment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. No person shall be denied or subjected to discrimination in receipt or the benefit of any services or activities made possible by or resulting from this Agreement on the grounds of sex, race, color, creed, national origin, age (except minimum age and retirement provisions), citizenship or immigration status (except if authorized by federal or state law, regulation, or government contract), marital status, sexual orientation, honorably discharged veteran or military status, the presence of any sensory, mental or physical handicap, or the use of a trained dog guide or service animal by a person with a disability.

During the performance of this Agreement, King County and Lake City Partners shall be knowledgeable of, remain current, and comply with all applicable health and safety guidelines, recommendations, and orders related to the COVID-19 public health emergency issued by the Public Health Department for King County, Washington State Department of Health, and/or US Center for Disease Control until such time as the public health emergency is no longer occurring.

C. JURISDICTION AND VENUE

This Agreement shall be interpreted pursuant to the laws of the State of Washington and any judicial action arising from this Agreement shall be in King County Superior Court. In any action or proceeding to enforce or interpret any provision of this Agreement, the prevailing party shall be entitled to recover its reasonable costs, expenses, and attorneys' fees incurred in such action or proceeding.

D. NON-WAIVER OF RIGHTS AND REMEDIES

No term or provisions of this Agreement shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other Party, whether expressed or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

E. FORCE MAJEURE

Neither party shall be liable to the other or deemed in breach or default for any failure or delay in performance under this Agreement during the time and to the extent its performance is prevented by reasons of Force Majeure. For the purposes of this Agreement, Force Majeure means an occurrence that is beyond the reasonable control of and without fault or negligence of the party claiming force majeure and which, by exercise of due diligence of such party, could not have been prevented or overcome. Force Majeure shall include natural disasters, including fire, flood, earthquake, windstorm, avalanche, mudslide, and other similar events; acts of war or civil unrest when an emergency has been declared by appropriate governmental officials; acts of civil or military authority; freight embargoes; epidemics; quarantine restrictions; labor strikes; boycotts; terrorist acts; riots; insurrections; explosions; and nuclear accidents. A party claiming suspension or termination of its obligations due to force majeure shall give the other party prompt written notice, but no more than two (2) working days after the event, of the impediment and its effect on the ability to perform; failure to provide such notice shall preclude recovery under this provision.

F. SUCCESSORS OR ASSIGNS

No Party shall assign, transfer or encumber any rights, duties or interests accruing from this Agreement without the written consent of the other Parties.

G. NO THIRD-PARTY BENEFICIARIES

This Agreement is entered into by and among the Parties hereto and is not intended to confer any rights or remedies upon any other persons or entities.

H. EXECUTION OF AGREEMENT – COUNTERPARTS

This Agreement may be executed counterparts, all of which shall be regarded for all purposes as an original.

I. NO REQUIREMENT OR APPROVAL TO PROCEED

This Agreement is made in contemplation of the former Oaks at Forest Bay Nursing Home site being utilized as a potential Enhanced Shelter site, it is not intended to either signify

approval or require that any Party proceed with the operation of a shelter at this or any other location. Nothing in this Agreement shall be construed to limit any discretionary decision whether to proceed with or authorize operation of the Enhanced Shelter contemplated by this Agreement.

J. ENTIRE AGREEMENT

This Agreement contains the entire agreement among the Parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Agreement, shall be deemed to exist or bind any of the parties hereto. The Parties may request changes in this Agreement. Proposed changes which are mutually agreed upon shall be incorporated by written amendment to this Agreement.

K. SEVERABILITY

Any provision or part of the Agreement held to be void or unenforceable under any law or regulation shall be deemed stricken and all remaining provisions shall continue to be valid and binding upon Shoreline and King County, who agree that the Agreement shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

L. CAPTIONS

The titles of sections or any other parts of this Agreement are for convenience only and do not define or limit the contents.

IN WITNESS WHEREOF, each person executing this Agreement on behalf of a Party represents and warrants that he or she is fully authorized to execute this Agreement of behalf of the Party for which he or she is signing on the date indicated next to their signatures.

CITY OF SHORELINE

_____ *Debbie Tarry, City Manager* _____ *Date*

KING COUNTY

_____ *Dow Constantine, King County Executive* _____ *Date*

LAKE CITY PARTNERS ENDING HOMELESSNESS

_____ *Melanie Neufeld, Executive Director* _____ *Date*



CLARITY HMIS: KC- Client Profile

The HMIS system requires “Client Consent for Data Collection and Release of Information” from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROJECT START DATE *[All Individuals/Clients]*

Month			Day				Year			

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

--	--	--	--	--	--	--	--	--	--	--	--

QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

CURRENT NAME <i>[All Individuals/Clients]</i>																N/A
Last																<input type="radio"/>
First																<input type="radio"/>
Middle																<input type="radio"/>
Suffix																<input type="radio"/>

QUALITY OF CURRENT NAME			
<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Individuals/Clients]*

														Age:
Month XX		Day XX			Year XXXX									



QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

GENDER *[All Individuals/Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		
<input type="radio"/>	Other		

RACE (Select all applicable) *[All Individuals/Clients]*

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	Client does not know
<input type="radio"/>	Asian	<input type="radio"/>	Client refused
<input type="radio"/>	Black/African American	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Hawaiian or Other Pacific Islander		
<input type="radio"/>	White/Caucasian		

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (insert URL), then write in the tribe name in the space provided):

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
<input type="radio"/> U.S. Federally Recognized Tribes			
<input type="radio"/> First Nations Tribes			
<input type="radio"/> Latin American Tribes			
<input type="radio"/> State Recognized Tribes			
<input type="radio"/> Uncategorized Tribes			

IF CLIENT'S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.

Tribal Flag Notes:



ETHNICITY *[All Individuals/Clients]*

<input type="radio"/> Non-Hispanic/ Non-Latino	<input type="radio"/> Client does not know
	<input type="radio"/> Client refused
<input type="radio"/> Hispanic/Latino	<input type="radio"/> Data Not Collected
	<input type="radio"/> Other

VETERAN STATUS *[All Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
---	--

Year separated from military service (year)	
--	--

Theater of Operations: World War II

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Korean War

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Vietnam War

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused



		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

IN WHAT LANGUAGE ARE YOU BEST ABLE TO EXPRESS YOURSELF? [All Individuals/Clients]

<input type="radio"/>	Amharic	<input type="radio"/>	Polish
<input type="radio"/>	Arabic	<input type="radio"/>	Portuguese
<input type="radio"/>	Cambodian	<input type="radio"/>	Punjabi
<input type="radio"/>	Chinese	<input type="radio"/>	Russian
<input type="radio"/>	English	<input type="radio"/>	Samoan
<input type="radio"/>	Farsi	<input type="radio"/>	Somali
<input type="radio"/>	French	<input type="radio"/>	Spanish
<input type="radio"/>	German	<input type="radio"/>	Swedish
<input type="radio"/>	Greek	<input type="radio"/>	Tagalog
<input type="radio"/>	Hindi	<input type="radio"/>	Tigrinya
<input type="radio"/>	Italian	<input type="radio"/>	Ukrainian
<input type="radio"/>	Japanese	<input type="radio"/>	Vietnamese
<input type="radio"/>	Korean	<input type="radio"/>	Other
<input type="radio"/>	Laotian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Oromo	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Other (write in):

CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Individuals/Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non--relation member

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults] Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Are you currently fleeing?*		<input type="radio"/>	No
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes
		<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

*If individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at: 1-800-799-7233.

WHEN CLIENT WAS ENGAGED [Street Outreach Only or Night by Night Emergency Shelter]

[Head of Household and Adults]

Date of Engagement:	___/___/_____
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IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household]

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date:		___/___/_____	



CITY OF PERMANENT HOUSING LOCATION *[Rapid Re-Housing Projects, Head of Household and Adults]*

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
<input type="radio"/>		<input type="radio"/>	Data Not Collected

PRIOR LIVING SITUATION

What was the individual/client's type of residence immediately prior to program enrollment? *[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy

<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected

If Living Situation is "Place not meant for habitation"

Is the individual/client currently living in a vehicle?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

If "Yes", please select Vehicle Type

<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected

Select the city of the prior residence [Head of Household and Adults]

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State

<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [if prior residence TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS [If prior residence Institutional Housing Situations]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN [Head of Household and Adults / Related to Prior Residences of TH, PH, Institutional]

<input type="radio"/>	Yes	<input type="radio"/>	No
Approximate Date Homelessness Started		____/____/____	
Number of times the individual/client has been on the streets, in Emergency Shelter, or Safe Haven in the past 3 years			
<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client refused
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		
Total Number of Months homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years			
<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2--12 months (specify number of months): _____	<input type="radio"/>	Client refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

What city did the individual/client live in the last time they had a stable place to live like an apartment or house? [Head of Household and Adults]

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend



<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),

For crisis services: Crisis Connections at: 1-866-427-4747,

For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,

For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:

A DISABLING CONDITION (this includes physical health, mental health, and/or substance use)?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
-----------------------	----	-----------------------	---------------------



Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	Yes	○	Client refused
			○	Data not collected

DEVELOPMENTAL DISABILITY *[All Individuals/Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

CHRONIC HEALTH CONDITION *[All Individuals/Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

A MENTAL HEALTH CONDITION *[All Individuals/Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

A SUBSTANCE USE ISSUE *[All Individuals/Clients]*

○	No	○	Both alcohol and drug abuse
○	Alcohol abuse	○	Client doesn't know
○	Drug abuse	○	Client refused
		○	Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY



Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or Retirement Income from a Former Job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and Other Spousal Support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other source	
<input type="radio"/>	Worker's Compensation				
Total Monthly Income for Individual:					

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Individuals/Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

SEXUAL ORIENTATION [*For CoC: YHDP funded programs Head of Household and Adults*]

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
<input type="radio"/>	Gay	<i>If Other, please specify:</i>	



<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client refused
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

If at risk of losing housing, please direct household to the King County Prevention website for additional resources, www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx

If applicable:

Signature of applicant stating all information is true and correct

Date

CLARITY HMIS: KC- HUD-CoC PROJECT EXIT FORM

Use block letters for text and bubble in the appropriate circles.
 Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE [All Individual/Clients]

		-			-				
Month			Day			Year			

DESTINATION [All Individual/Clients]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Other
		<i>If Other, please specify:</i>	

<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Data not collected

*If Destination is "Place not meant for habitation"					
Is household's destination living situation in a vehicle?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>		<input type="radio"/>	Data not collected
If "Yes", please select Vehicle type					
<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused		
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected		

If Destination is permanent housing			
CITY OF PERMANENT HOUSING LOCATION			
<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

<input type="radio"/>	Able to maintain the housing they had at project entry	<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/>	Moved to new housing unit		
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client went to jail/prison
		<input type="radio"/>	Client died
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Data not collected

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on-going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	With on-going subsidy	<input type="radio"/>	Without an on-going subsidy
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IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household]

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF “YES” TO PERMANENT HOUSING

Housing Move-In Date: (See note) *	<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>
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DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),

For crisis services: Crisis Connections at: 1-866-427-4747,

For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,

For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:

A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

A DEVELOPMENTAL DISABILITY [All Individuals/Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

A CHRONIC HEALTH CONDITION [All Individuals/Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

A MENTAL HEALTH CONDITION [All Individuals/Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement Income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or Retirement Income from a Former Job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child Support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and Other Spousal Support	
<input type="radio"/> Private Disability Insurance		<input type="radio"/> Other Income source	
<input type="radio"/> Worker's Compensation			
Total Monthly Income for Individual:			

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other Non-Cash Benefit	<input type="radio"/> Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Individuals/Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Insurance Obtained through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Administration (VA) Medical Services	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program

CONTACT INFORMATION *[Optional- can be entered in Contact Tab]*

Contact Type										
Email										
Phone (#1)										
Phone (#2)										
Active Contact	<input type="radio"/>	Yes				<input type="radio"/>	No			
Private	<input type="radio"/>	Yes				<input type="radio"/>	No			
Contact Date										
Note										

If applicable:

Signature of applicant stating all information is true and correct

Date



Good Neighbor Plan

North King County Shelter (NKCS)

The Good Neighbor Plan is intended to create safety for the larger community of Shoreline and the surrounding neighborhood of the shelter at the Oaks facility as Lake City Partners' commit to serving the most vulnerable in the North King County area. NKCS will treat all its neighbors with dignity and respect. **Staff of the NKCS will work with residents to ensure safety and respect for the neighboring community and commit to regular monitoring.**

Open House:

- Facility tours will be planned for neighbors interested in seeing the facility.

Ongoing Communication:

- Staff are committed to responding and meeting with neighbors to address concerns, see contact information below.

Prevention:

- All residents will be required to sign an agreement with the commitment to:
 - maintaining a peaceful presence in the community, respecting neighborhood residents and their property.
 - not congregating in the neighboring residential or commercial area, behind building or in alleyways.
 - disposing of litter in appropriate receptacles.
 - following all parking policies including no abandonment of vehicles, no vehicle camping, and no parking of recreational vehicles on site.
 - smoking in designated areas in the courtyard.
 - accessing shelter through front entrance only.
 - quiet hours between 10pm-7am and refraining from excessive noise.
- All staff will regularly monitor areas surrounding the facility and schedule walks through local neighborhood and park to notice congregating and littering.
- Staff will work with residents to keep the grounds and facility clean and well-maintained, free of litter and mindful of noise during quiet hours.

Contact:

- Shelter contact: Kevin Maguire, Program Director kevin@lakecitypartners.org
- Shelter phone: 206-913-2267