



Community Homeless Assistance Program (CHAP) Registration Form

On October 11, 2016, pursuant to the City’s Declaration of Local Homeless Emergency, the Santa Rosa City Council approved an interim year-round Community Homeless Assistance Program (CHAP) to allow property owners to use their properties or facilities for safe parking, safe camping, the placement and maintenance of portable toilets including access to existing bathroom facilities, provision of temporary indoor overnight shelter, and storage for personal belongings. ***Eligible property types include existing meeting facility sites that meet the City’s Zoning Code definition for “meeting facility, public or private” such as clubs, lodges, private meeting halls, community centers, religious facilities, civic and private auditoriums, grange halls, and union halls, and that are equipped to provide such services, as well as commercial properties.***

Property owners that are new to the program and are planning to provide temporary indoor overnight shelter must contact the Fire Department to schedule an occupancy inspection prior to occupancy of the temporary shelter: Scott Moon, Division Chief Fire Marshall, 707-543-3543 or smoon@srcity.org or Ian Hardage, Assistant Fire Marshall, 707-543-3541 or ihardage@srcity.org. The inspection fee will be waived.

Property owners are required to complete this form and submit it to the Department of Housing & Community Services (HCS): City Hall Annex, 90 Santa Rosa Avenue or via email to Kelli Kuykendall, Homeless Services Manager, at kkuykendall@srcity.org. For assistance with this form or for questions about CHAP please contact Ms. Kuykendall via email or at 707-543-3315.

Completed forms will be kept on file with HCS and forwarded to the Planning & Economic Development, Fire, and Police departments, and Catholic Charities (administers the Homeless Outreach Services Team Program, jointly funded by the City and the County of Sonoma). **CHAP Guidelines are attached to this form.**

NOTE: At this time CHAP is an interim program, expecting to be in effect only during the pendency of the Declaration of Local Homeless Emergency. Upon suspension of the Declaration, the program will terminate.



Facility Name & Address where services are to be provided:

Primary Facility Contact Info (name, cell & facility phone): _____

Secondary Facility Contact Info (name, cell & facility phone): _____

Services to be provided:

Safe Parking _____ # of spaces

Safe Camping _____ # of tents or other temporary structures

If utilizing temporary structures, other than tents, building permits may be required. Please describe structures to be used (including size, materials and amenities):

Temporary Indoor Overnight Shelter _____ # of occupants

Portable Toilets/Existing Facilities _____ # of units

Storage _____ # of lockers, bins, or spaces available

Brief description of services to be provided:

Dates of Service:

Hours of service:

Location (community room, meeting hall, parking lot, etc.):

Attachments: CHAP Guidelines

