



SUBMIT TO:
Community & Economic Development
415 W. 6th ST
Vancouver, WA 98660
www.cityofvancouver.us

HUMAN SERVICES FACILITY

Supplemental Application

The following definitions are provided to assist in completing the application for Human Services Facility siting.

Human Service Facilities: Any office, store, assembly place or facility the general purpose of which is to provide human need services directly and at no or reduced cost to individuals who do not have the means, ability or opportunity to obtain such services themselves. Offices or clinics where medical, dental, psychological or other such essential human services are provided shall not be considered human service facilities unless low or no cost services are provided to more than 50% of patients or clients. Human Service Facilities that provide on-site food, shelter and/or sleeping accommodations or beds are contained in 20.160.020(A)(3) VMC Transitional Housing.]

Class 1

-A Class 1 facility is a facility defined as Transitional Housing. Transitional Housing is defined as public or non-profit living facilities for groups of unrelated individuals that include at least one person residing on the site who is responsible for supervising, managing, monitoring and/or providing care, training or treatment of residents where tenancy is typically less than 30 days. Examples include homeless shelters and drug/alcohol treatment facilities, and can include associated soup kitchens or other on-site food preparation and service. These uses are subject to the standards and review criteria of VMC 20.870 Human Service Facilities. Excludes private, for-profit short-term housing (see 20.160.020(C)(1) VMC, Commercial Lodging); and detention and post-detention facilities (see 20.160.020(E)(5) VMC, Detention Facilities).

Class 2 facility

A Class 2 facility is (1) a human services facility other than a Class 1 facility which (2) serves an average of 75 or more clients per day based on the number of days per week that the facility serves its clients. Medical, dental, psychological offices or clinics, or locations where other such essential human services are provided shall not be considered human service facilities unless low- or no-cost services are provided to more than 50% of patients or clients.

Class 3 facility

A Class 3 facility is (1) a human service facility other than a Class 1 or 2 facility which (2) serves an average of 20-75 clients per day based on the number of days per week that the facility serves its clients. Medical, dental, psychological offices or clinics, or locations where other such essential human services are provided shall not be considered human service facilities unless low- or no-cost services are provided to more than 50% of patients or clients.

Exemption: If the application for location, relocation or expansion of a human service facility states that said facility is to serve an average of 19 or fewer clients per day, based on the number of days per weeks that the facility serves its clients, said facility shall be exempt from the Human Services Facility siting requirements of VMC 20.870.

Adult Day Care: Provision of daytime services, including respite, recreational, social and therapeutic activities, to disabled and/or elderly adults in a group setting. Categories include:

Residential Adult Day Care: Provision of adult day care services for six or fewer handicapped and/or elderly adults, with or without compensation, in the home of the provider.

Institutional Adult Day Care: Provision of adult day care services for seven or more handicapped and/or elderly adults either in a residential or institutional, e.g., nursing home, setting.

Medical Office: Offices for physicians, dentists, [chiropractors](#) and allied health care professionals; -free-standing outpatient health care facilities; urgency clinics; [naturopathic and homeopathic facilities](#); and home health organizations that provide on-site services to patients and that generally operate during typical peak weekday hours.

The following requirements apply to all Human Services Facilities

1. All functions are to take place within a building.
2. Restrooms must be provided to serve peak numbers of clients and must be kept in working order.
3. Client outdoor waiting areas:
 - a. May be restricted.
 - b. If allowed, shall not be located within public right-of-way.
 - c. Must be physically separated from public right-of-way.
 - d. Must be large enough to accommodate expected numbers of clients.
4. An exterior building and site maintenance plan must be submitted with the application.
5. A litter control plan must be submitted.
6. Sufficient off-street parking must be provided for staff and clients.

Answer the following questions regarding your agency or facility.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to establish a new facility at this site? |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Is your facility one that was in operation at the site on or before November 4, 1991? |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to change the operation of an existing facility? |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to expand an existing facility on site by increasing the average number of persons served?
If yes, indicate the existing number _____ Also indicate the proposed number _____ |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to relocate an existing facility, in whole or in part? |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to reestablish your operation in a facility which has been vacant continuously for 12 calendar months or more? |
| G. | <input type="checkbox"/> | <input type="checkbox"/> | Is your primary purpose to provide on-site food, shelter, and/or beds for free or well below market rates? |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide temporary emergency shelter? |
| I. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide permanent emergency shelter? |
| J. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide a night time shelter? |
| K. | <input type="checkbox"/> | <input type="checkbox"/> | Is your facility best described as a soup kitchen? |
| L. | <input type="checkbox"/> | <input type="checkbox"/> | Do you distribute surplus food? |
| M. | <input type="checkbox"/> | <input type="checkbox"/> | Could your operation be described as a detention facility? |
| N. | <input type="checkbox"/> | <input type="checkbox"/> | Could your operation be described as a drug/alcohol treatment facility? |
| O. | <input type="checkbox"/> | <input type="checkbox"/> | Is the general purpose of your office, store, assembly place or facility to provide human need services directly and at no or reduced cost to individuals who do not have the means, ability or opportunity to obtain such services themselves? |
| P. | <input type="checkbox"/> | <input type="checkbox"/> | If you are a medical, dental, psychological office, clinic, or other such essential human service provider; do you provide low or no cost services to more than 50% of your patients or clients? |
| Q. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of 75 or more persons per day? |
| R. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of 20-75 persons per day? |
| S. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of fewer than 20 persons per day? |