

HMIS Bed & Unit Inventory Update

Instructions: To Add/Delete bed and unit inventory for a project, you must complete an HMIS Project Inventory Update form. If you have any questions, please contact HMIS Support or email HMIS@stancounty.com

Agency Information

Organization Complete Name:	Date of Request:	
Phone Number:		
Contact Person:		
Email:		
Project Name: <i>(For renewals, use the name that shows in HMIS)</i>		

Project Bed and Unit Inventory

Start Date:	End Date:	
Availability:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal (Emergency Shelters only) <input type="checkbox"/> Overflow (Emergency Shelters only)	
Bed Type:	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other	
Change Type:	<input type="checkbox"/> Add Inventory <input type="checkbox"/> Delete Inventory	

Household Type: (If project serves both with or without children, you must specify bed/unit numbers under each household type)	<p style="color: red;"><i>Please indicate the type and number of beds in your project inventory. * Required Fields</i></p> <input type="checkbox"/> Households without children ___ Beds Designated for Chronic Homeless Veterans * ___ Beds Designated for Youth-Veterans * ___ Any Other Veteran Beds * ___ Beds Designated for Chronic Homeless Youth * ___ Any Other Youth Beds * ___ Any Other Chronically Homeless Beds * ___ Non Dedicated Beds * ___ Total Bed Inventory * ___ Total Units * <input type="checkbox"/> Households with at least one adult one child ___ Beds Designated for Chronic Homeless Veterans * ___ Beds Designated for Youth-Veterans * ___ Any Other Veteran Beds * ___ Beds Designated for Chronic Homeless Youth * ___ Any Other Youth Beds * ___ Any Other Chronically Homeless Beds * ___ Non Dedicated Beds * ___ Total Bed Inventory * ___ Total Units * <input type="checkbox"/> Households with only children ___ Beds Designated for Chronic Homeless Veterans * ___ Beds Designated for Youth-Veterans * ___ Any Other Veteran Beds * ___ Beds Designated for Chronic Homeless Youth * ___ Any Other Youth Beds * ___ Any Other Chronically Homeless Beds * ___ Non Dedicated Beds * ___ Total Bed Inventory * ___ Total Units *
Reason for Change: <i>(Example: Added beds received new funding or reduction in beds due to isolation concerns, Covid-19)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____	

For HMIS Administration Use Only:	
Received Date:	
HMIS Staff Name Completing Set up:	
Request Completed in HMIS Date:	