

# 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](mailto:HMIS@stancounty.com)

## Agency Information

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

## Project Bed and Unit Inventory

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

<b>Household Type:</b> (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"/> <b>Households without children</b> _____ 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"/> <b>Households with at least one adult one child</b> _____ 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"/> <b>Households with only children</b> _____ 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 *
<b>Reason for Change:</b> <i>(Example: Added beds received new funding or reduction in beds due to isolation concerns, Covid-19)</i>  _____ _____ _____ _____ _____ _____ _____ _____ _____	

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