

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
Household Type: (If project serves both with or without children, you must specify bed/unit numbers under each household type)	<p><i>Please indicate the type and number of beds in your project inventory. *Required Fields</i></p> <p><input type="checkbox"/> Households without children</p> <ul style="list-style-type: none"> _____ 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 * <p><input type="checkbox"/> Households with at least one adult one child *</p> <ul style="list-style-type: none"> _____ 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 * <p><input type="checkbox"/> Households with only children</p> <ul style="list-style-type: none"> _____ 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 *
For HMIS Administration Use Only:	
Received Date:	
HMIS Staff Name Completing Set up:	
Request Completed in HMIS Date:	
Comments:	