

Cambridge 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 Marianne Colangelo or email mcolangelo@cambridgema.gov

Agency 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 *		
Reason for Change: <i>(Example: Added beds received new funding or reduction in beds due to isolation concerns, Covid-19)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____	<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 *		
For HMIS Administration Use Only:			
Received Date:			
HMIS Staff Name Completing Set up:			
Request Completed in HMIS Date:			