



KnoxHMIS Housing Inventory Form

Directions: If your agency is a housing program (e.g. emergency shelter, transitional housing, permanent housing, permanent supportive housing), please complete the form. Also, attach an additional page that details the floor number(s), room number on each floor (aka units), and number of beds in each room (This can be handwritten or typed).

Provider:
Name:
COC Code:
Household Type: <input type="checkbox"/> Households without children <input type="checkbox"/> Households with at least one adult and one child <input type="checkbox"/> Households with only children
Bed Type: <input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other
Availability: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow
Bed Inventory: _____ Of the total inventory what number of beds are dedicated to Chronic Homeless Bed Inventory (PSH Only): _____ Veteran Bed Inventory: _____ Youth Beds Inventory: _____
Unit Inventory: _____
Unit Type: <input type="checkbox"/> Family Section <input type="checkbox"/> Women's Emergency Shelter <input type="checkbox"/> Men's Emergency Shelter <input type="checkbox"/> Women's Section <input type="checkbox"/> Men's Section
Inventory Start Date (mm/dd/yyyy):
HMIS Participation Start Date (mm/dd/yyyy):
McKinney Vento Funding (circle one): Yes No