

INVENTORY SURVEY

PART I: Organization Information

Organization
Name

Contact
Person

Organization

Phone
Number

Fax

E-mail _____

Do you know about ShelterNet Homeless Management Information System

- Yes
- No

Do you currently participate in ShelterNet HMIS?

- Yes
- No, but we plan to join the system by _____.
- No, but we would like to learn more about the system.
- No. We do not have plans to join the system.

Program Information

Program Name: _____

Program Type:

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Motel Vouchers |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Supportive Services Only |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Safe Haven |

Household Types This Program Can Serve:

- Single Men
- Single Women
- Families with Children
-
- Other (Please describe _____)

Populations This Program TARGETS:

- | | |
|---|---|
| <input type="checkbox"/> Substance Abusers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Seriously Mentally Ill | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Chronically Homless | <input type="checkbox"/> Unaccompanied Youth (under 18) |
| <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Other (_____) |

This program operates: (Check the box next to the type of beds your program operates. Fill in the total number of beds available for that bed type. Fill in the number of beds set aside for individuals and families or an N/A if your program does not set aside beds for that population. If your program has family beds please complete the number of family units available.)

- Year-Round:
 - Total # of beds: _____
 - Number of beds: Individuals _____ Families _____ Family Units _____

- Seasonally (please describe _____)
 - Total # of beds: _____
 - Number of beds: Individuals _____ Families _____ Family Units _____

- Dedicated Beds
 - Total # of beds: _____
 - Number of beds: Individuals _____ Families _____ Family Units _____

Beds Available on Tuesday, January 23, 2009: (all beds that are available for use – not in a room with a family)