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| **WI BOS Housing Inventory Chart Change Form** |

*This form is to be filled out anytime there is a change on the HIC. If you are adding a new project, please refer to the Key Tab on the HIC to assist in answering the questions below. Please submit to* *Kate.Markwardt@wibos.org* *when you have completed the form.*

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| --- | --- |
| **Name**  | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Coalition** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

**Please indicate which of the following reasons for completing this form:**

**1.  Removing a Project**

[ ]  I am removing a project from the Housing Inventory Chart.

If you are removing a project, what is the name of the project: Click or tap here to enter text.

**2. Adding a Project**

[ ]  I am adding a project to the Housing Inventory Chart.

* If you are adding a project, please complete the questions 1-31 below that pertain to your new project.

**3. Modifying or Changing a Project**

[ ]  I am modifying an existing project.

* If you are modifying an existing project, please answer the questions 1-31 below that pertain to the modification of your project.

**For all changes, please answer the following:**

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| **For removals, additions and modifications, what is the reason for the change?** | Click or tap here to enter text. |
| **When does the change take effect (month/year)?** | Click or tap here to enter text. |

**Additions or Modifications**

*If you are* ***adding or modifying a project****, you must answer the following questions. Again, please refer to the Key tab on the HIC for specific information on how to answer these questions.*

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| 1. Agency Name | Click or tap here to enter text. |
| 2. HMIS Provider ID | Click or tap here to enter text. |
| 3. HMIS Project Name | Click or tap here to enter text. |
| 4. Geocode (please see HIC for Geocode Tab) | Click or tap here to enter text. |
| 5. Status | [ ]  C [ ]  N [ ]  U |
| 6. Target Pop. | [ ]  DV [ ]  Vet [ ]  HIV |
| 7. Shelter and Housing Type | [ ]  A [ ]  B [ ]  C  |
| 8. HUD McKinney Vento Funded | [ ]  A [ ]  B [ ]  C [ ]  D [ ]  E [ ]  F [ ]  G [ ]  H [ ]  None |
| 9. Other Federal Funding Sources (identify all funding sources the project receives) | [ ]  A [ ]  B [ ]  C [ ]  D [ ]  E [ ]  F [ ]  G [ ]  H [ ]  I [ ]  J [ ]  K [ ]  L [ ]  M [ ]  N [ ]  O [ ]  P [ ]  Q [ ]  None |
| 10. How many beds for households with children does the project have? | Click or tap here to enter text. |
| 11. How many units for households with children does the project have? | Click or tap here to enter text. |
| 12. How many of those beds for households with children are entered into HMIS? | Click or tap here to enter text. |
| 13. How many of the beds for Households with children are veteran beds? | Click or tap here to enter text. |
| 14. How many of the beds for Households with children are Youth only beds? | Click or tap here to enter text. |
| 15. How many of the beds for Households with children are dedicated to those experiencing chronic homelessness? | Click or tap here to enter text. |
| 16. How many beds for households without children does the project have? | Click or tap here to enter text. |
| 17. How many of those beds for households without children are entered into HMIS? | Click or tap here to enter text. |
| 18. How many of the beds for Households without children are veteran beds? | Click or tap here to enter text. |
| 19. How many of the beds for Households without children are Youth only beds? | Click or tap here to enter text. |
| 20. How many of the beds for Households without children are dedicated to those experiencing chronic homelessness? | Click or tap here to enter text. |
| 21. How many beds for households with ***only*** children does the project have? | Click or tap here to enter text. |
| 22. How many of those beds for households with ***only*** children are entered into HMIS? | Click or tap here to enter text. |
| 23. How many of the beds for Households with ***only*** children are dedicated to those experiencing chronic homelessness? | Click or tap here to enter text. |
| 24. What is the number of seasonal beds covered in HMIS? | Click or tap here to enter text. |
| 25. What is the availability start date for seasonal beds? | Click or tap here to enter text. |
| 26. What is the availability end date for seasonal beds? | Click or tap here to enter text. |
| 27. How many overflow beds does the project have? | Click or tap here to enter text. |
| 28. How many overflow beds are covered in HMIS? | Click or tap here to enter text. |
| **Name- Agency Contact Info.** | **Email** | **Phone #** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |