**CLARITY HMIS: HHS - RHY PROJECT POST-EXIT FORM**

**Use block letters for text and bubble in the appropriate circles.**

**Please complete a separate form for each household member.**

**CLIENT NAME OR IDENTIFIER:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PROJECT POST-EXIT DATE**​ *​*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

Month DayYear

AFTERCARE WAS PROVIDED

*[Adults & Head of Household; All RHY Program Types Except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client prefers not to answer |
| ○ | Yes |

If yes – Identify the primary way it was provided ​[If ‘yes’ to “Aftercare was Provided”]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Email/Social Media | ○ | In person: one-on-one |
| ○ | Phone | ○ | In person: group |

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**Signature of applicant stating all information is true and correct Date**