

Agency Name: _____



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			Day			Year			

AFTERCARE WAS PROVIDED

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

<input type="radio"/> No	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Yes	

If yes – Identify the primary way it was provided [If 'yes' to "Aftercare was Provided"]

<input type="radio"/> Email/Social Media	<input type="radio"/> In person: one-on-one
<input type="radio"/> Phone	<input type="radio"/> In person: group

Signature of applicant stating all information is true and correct Date