**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 Households; All RHY Program Types Except Street Outreach]*

| ○ | No | ○ | Client refused |
| --- | --- | --- | --- |
| ○ | 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**