**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 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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