

-Continuum of Care – RHY Basic Post Exit Data Collection

HMIS Form – SO, ES, TH and HP – (2021)



Client ID:	Project Entry Date:	
First, Mi., Last Name, Suf:	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Partial Street Name or Code Name Reported	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Aftercare was provided	<input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	<input type="checkbox"/> No
If yes to "Aftercare was provided" – Identify how it was provided		
If yes, Identify the primary way it was provided	<input type="checkbox"/> Via email/social media <input type="checkbox"/> In person: one on one	<input type="checkbox"/> Via telephone <input type="checkbox"/> In person: group

Notes: