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HHS RHY Follow Up Assessment (Single Youth or Head of Household)

Client Name: _____

HMIS Client ID#: _____

(optional)

Follow Up Assessment Date: _____

Aftercare was Provided: ___ Yes ___ No ___ Client Refused

If yes to "Aftercare was provided" – Identify how it was provided:

___ Via email/ social media

___ Via telephone

___ In person: one-on-one

___ In person: group