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