

HHS RHY Post-Exit 2020

Please complete one sheet for each person served, whether they are an individual or a family member

Project Start Date: ____/____/____ Project Name: _____
ServicePointClient ID _____

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____

Aftercare was provided: Yes No Client Refused

If Yes, identify the primary way it was provided:

Via email/social media Via telephone In Person: One on One In Person: Group