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