

New Hampshire Continua of Care Post-Exit Supplement RHY BCP/MGH/TLP

Please refer to the HUD HMIS Data Standards Manual of July, 2017 -- available on the NH-HMIS website www.nh-hmis.org -- for an explanation of the data elements in this form.

Single Client

Household/family (complete this form for each family member)

Record Identifiers	
Client Name:	
Client ID #	
Head of Household:	
Date:	
Case Manager Name:	
Project Entry Date:	
Project Exit Date	

ELEMENTS FOR PROJECT POST-EXIT ONLY

R20 Aftercare Plans	
<p>✓ <i>Collection is required post-exit (for a period of up to 180 days) for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i></p>	
Information Date (mm/dd/yyyy):	
Aftercare was provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
If Yes, identify the primary way it was provided:	<input type="checkbox"/> Via email/social media <input type="checkbox"/> Via telephone <input type="checkbox"/> In person: one-on-one <input type="checkbox"/> In person: group <input type="checkbox"/> Data not collected