Staff: _____   Project Exit Date: _____/_____/_____   Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

| ⓘ | Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes. |

Client _____   _____

Name   Client ID

Aftercare

Aftercare provided?

□ Yes   □ No   □ Client prefers not to answer

If yes – identify the primary way it was provided (select all that apply)

□ Via email/social media   □ Via telephone   □ In person: one-on-one   □ In person: group