MSHMIS Youth Aftercare Form

FYSB RHY Projects

Exit Date: _____ **Client ID#:**_____ **Case Manager:**_____

First Name: _____ **Middle Name:**_____ **Last Name:**_____

Date	Aftercare Provided			If Yes – Identify the primary way it was provided				Notes
	Yes	*No*	*Client Refused*	*Via email/social media*	*Via telephone*	*In person: one-on-one*	*In person: group*	

Note: Information may be entered post exit for a period of up to 180 days at which point no data should be entered. Any data entered prior to the date of exit or after the 180th day will not be considered in RHY reporting or exports.