

NC HMIS 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.