

HMIS FOLLOW-UP Data Collection Form for Solano County RHY Programs

General Instructions

This is the follow-up form for RHY programs in Solano County. This form should be filled out for all household members and entered into HMIS accordingly.

No question should remain blank at the end of the assessment. The administrator of this assessment must ask all questions of the client and mark the appropriate response. Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary. If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

FOLLOW-UP INFORMATION

Provide the following information, if applicable.

PROGRAM STATUS DATE

		/			/			
Month			Day			Year		

TYPE OF FOLLOW-UP

<input type="checkbox"/>	1 month	<input type="checkbox"/>	2 months	<input type="checkbox"/>	3 months
<input type="checkbox"/>	6 months	<input type="checkbox"/>	9 months	<input type="checkbox"/>	1 year

FIRST ATTEMPT DATE

		/			/			
Month			Day			Year		

FIRST ATTEMPT OUTCOME

<input type="checkbox"/>	Called: spoke with client	<input type="checkbox"/>	Called: number not in service
<input type="checkbox"/>	Called: spoke with non-client	<input type="checkbox"/>	Emailed client
<input type="checkbox"/>	Called: voice message left	<input type="checkbox"/>	Emailed non-client
<input type="checkbox"/>	Called: refused to speak	<input type="checkbox"/>	Texted client
<input type="checkbox"/>	Called: no answer	<input type="checkbox"/>	Texted non-client

SECOND ATTEMPT DATE

		/			/			
Month			Day			Year		

SECOND ATTEMPT OUTCOME

<input type="checkbox"/>	Called: spoke with client	<input type="checkbox"/>	Called: number not in service
<input type="checkbox"/>	Called: spoke with non-client	<input type="checkbox"/>	Emailed client
<input type="checkbox"/>	Called: voice message left	<input type="checkbox"/>	Emailed non-client
<input type="checkbox"/>	Called: refused to speak	<input type="checkbox"/>	Texted client
<input type="checkbox"/>	Called: no answer	<input type="checkbox"/>	Texted non-client

THIRD ATTEMPT DATE

		/			/			
Month			Day			Year		

THIRD ATTEMPT OUTCOME

<input type="checkbox"/>	Called: spoke with client	<input type="checkbox"/>	Called: number not in service
<input type="checkbox"/>	Called: spoke with non-client	<input type="checkbox"/>	Emailed client
<input type="checkbox"/>	Called: voice message left	<input type="checkbox"/>	Emailed non-client
<input type="checkbox"/>	Called: refused to speak	<input type="checkbox"/>	Texted client
<input type="checkbox"/>	Called: no answer	<input type="checkbox"/>	Texted non-client

RHY AFTERCARE

Was aftercare provided?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **YES**, identify the primary way aftercare was provided.

<input type="checkbox"/> Via email or social media	<input type="checkbox"/> In-person: one-on-one
<input type="checkbox"/> Via telephone	<input type="checkbox"/> In-person: group

HOUSING RETENTION

Is the client housed?

	Yes	No	Unable to Reach
Is the client housed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the client at the same place where last assisted?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client owe rent?	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT

Is the client employed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to reach
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If **YES**, specify the type of employment.

<input type="checkbox"/> Full-time
<input type="checkbox"/> Part-time
<input type="checkbox"/> Seasonal/sporadic (including day labor)

If **YES**, please specify:

How many hours did the client work last week?	
What is the client's starting hourly wage?	
What is the client's total monthly income?	

If **YES**, how was employment verified?

<input type="checkbox"/> Case manager	<input type="checkbox"/> Offer letter
<input type="checkbox"/> Employer	<input type="checkbox"/> Participant
<input type="checkbox"/> Employment specialist	<input type="checkbox"/> Pay stubs

If **NO**, why is the client not employed?

<input type="checkbox"/> Laid off (no fault of own)	<input type="checkbox"/> Terminated
<input type="checkbox"/> Job seeking (less than 13 weeks)	<input type="checkbox"/> Other
<input type="checkbox"/> Job seeking (less than 26 weeks)	<input type="checkbox"/> Unknown
<input type="checkbox"/> Quit	<input type="checkbox"/> Deceased

CONTACT INFORMATION

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____ County _____

County _____

What is the data quality of the client's residence or last permanent address?

<input type="checkbox"/>	Full address reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Incomplete or estimated address reported	<input type="checkbox"/>	Client refused

Phone number _____ Email address _____

START DATE

		/			/			
Month			Day			Year		

END DATE (if applicable)

		/			/			
Month			Day			Year		

Landlord's Name _____ Landlord's Address _____

Landlord's City _____ Landlord's State _____ Landlord's Phone _____

EMERGENCY CONTACT

Contact's Name _____ Contact's Address _____

Contact's City _____ Contact's State _____ Landlord Phone _____

Second Phone Number _____ Relationship to Client _____

START DATE

		/			/			
Month			Day			Year		

END DATE (if applicable)

		/			/			
Month			Day			Year		