

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

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## 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](mailto:solanoHMIS@homebaseccc.org) for assistance.

CLIENT NAME:

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DATE ADMINISTERED:

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## 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		