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.

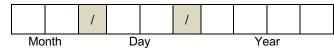
CLIENT NAME:

DATE ADMINISTERED:

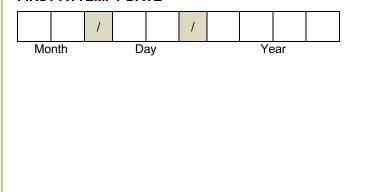
FOLLOW-UP INFORMATION

Provide the following information, if applicable.

PROGRAM STATUS DATE



FIRST ATTEMPT DATE



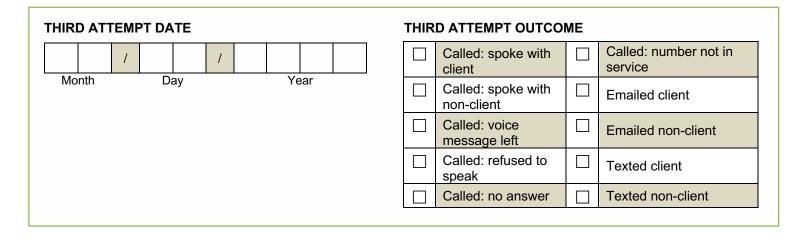
TYPE OF FOLLOW-UP

1 month	2 months	3 months
6 months	9 months	1 year

FIRST ATTEMPT OUTCOME

Called: spoke with client	Called: number not in service
Called: spoke with non-client	Emailed client
Called: voice message left	Emailed non-client
Called: refused to speak	Texted client
Called: no answer	Texted non-client

SECOND ATTEMPT OUTCOME SECOND ATTEMPT DATE Called: number not in Called: spoke with 1 service client Month Day Year Called: spoke with Emailed client non-client Called: voice \square Emailed non-client message left Called: refused to Texted client speak Texted non-client Called: no answer \square



RHY AFTERCARE

Was	Was aftercare provided?					
	Yes		No			
lf YE	If YES, identify the primary way aftercare was provided.					
	Via email or social media		In-person: one-on-one			
	Via telephone		In-person: group			

HOUSING RETENTION

Yes	No	Unable to Reach
	Yes	Yes No Image: Description of the second se

EMPLOYMENT

Is the client employed?											
	□ Yes □ No □				Unable	e to re	ach				
If YES, specify the type of employment. If YES, please specify:											
	Full-time				How	How many hours did the client work las week?					
	Part-time				What	What is the client's starting hourly wage?					
	Seasonal/sporadic (including day labor)				What	What is the client's total monthly income?					
If YES , how was employment verified? If NO , why is the client not employed?											
	Case manager		Offer letter				Laid off (no fault of		Terminated		
	Employer		Participant				own)		0.11		
	Employment specialist		Pay stubs				Job seeking (less than 13 weeks)		Other		
	opooluliot						Job seeking (less than 26 weeks)		Unknown		
							Quit		Deceased		
							•				

CONTACT INFORMATION

Address		Apt/Unit
City State		ZIP Code County
County		
What is the data quality of the client's residence or last pe	ermane	ent address?
Full address reported		Client doesn't know
Incomplete or estimated address reported		Client refused
Phone number Em	ail add	dress
START DATE EN		TE (if applicable)
Month Day Year	Month	Day Year
Landlord's Name	_ La	ndlord's Address
Landlord's City Landlord's S	State _	Landlord's Phone

EMERGENCY CONTACT

Contact's Name	Contact's Address
Contact's City Co	ntact's State Landlord Phone
Second Phone Number	Relationship to Client
START DATE	END DATE (if applicable)
Month Day Year	Month Day Year