ICA Missouri – RHY Post-Exit – ES-HP-TH [FY2026] HoH

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Exit Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Name of Head of Household:

Project Name (Enter Data As):

**Client Record**

|  |  |
| --- | --- |
| ⓘ | Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes. |

|  |  |  |
| --- | --- | --- |
| **Client** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name | Client ID |

**Aftercare**

**Aftercare provided?**

□ Yes □ No □ Client prefers not to answer

**If yes – identify the primary way it was provided (select all that apply)**

□ Via email/social media □ Via telephone □ In person: one-on-one □ In person: group