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**FY2024 HHS RHY Follow Up Assessment (Single Youth or Head of Household)**

**Client Name:** \_\_\_\_\_ **HMIS Client ID#:** \_\_\_\_\_ (optional)  
**Follow Up Assessment Date:** \_\_\_\_\_

**Aftercare was Provided:**  Yes  No  Client Refused

**If yes to "Aftercare was provided" – Identify how it was provided:**

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