**NEBRASKA POST-EXIT ASSESSMENT**

**COMPLETE FOR ANYONE 24 YEARS OLD AND UNDER (FAMILIES AND SINGLES)**

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| --- |
| **DATE OF POST-EXIT DATA COLLECTION** |
|  |  | **/** |  |  | **/** |  |  |  |  |

# Month Day Year

|  |  |  |
| --- | --- | --- |
| **CLIENT NAME** |  | **HMIS CLIENT ID - For HMIS Users only** |
|  |  |  |  |  |  |  |  |  |  |

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| **Aftercare was provided** |
|  | Yes |  | No |  | Client refused |
| **If YES, identify the primary way it was provided:** |
|  | Via email/social media |  | In person: one-on-one |
|  | Via telephone |  | In person: group |