**NEBRASKA POST-EXIT ASSESSMENT**

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

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

# Month Day Year

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Aftercare was provided** | | | | | | | |
|  | Yes |  | No | | |  | Client prefers not to answer |
| **If YES, identify the primary way it was provided:** | | | | | | | |
|  | Via email/social media | | |  | In person: one-on-one | | |
|  | Via telephone | | |  | In person: group | | |