



# HIFIS Follow-Up Form

\*Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

## New Follow Up

To Add a Follow-Up go to Front Desk/Housing/ Housing Loss Prevention or Housing Placement/Manage/Add Follow-Up

\*Follow Up Date: \_\_\_\_\_

Months Elapsed: \_\_\_\_\_

**Final Follow-Up**

Yes

No

### IF NO

Months Until Next Follow-Up: \_\_\_\_\_

### \*All Clients Still in Housing

Yes

No

Unable to Contact

Client Declined Follow-Up

### IF NO

#### \*Clients That Have Left Housing:

##### Reason Left Housing

Non-Payment of Rent

Damages to Room/Building

Too Many Guests/Problem Guests

Disputes With Landlord

Conflict With Other Residents

Erratic or Violent Behaviour

Hygiene Issues

Active in Addictions

Could Self-Administer Meds

Housing Unit Not Appropriate

Unknown

Is Housed Elsewhere? Yes  No

### Comments

\* Required Field