

Yakima Neighborhood Health Services 12 South 8th St. PO Box 2605 Yakima WA 98907-2605 Phone (509) 454-4143 Fax (509) 454-3651 www.ynhs.org

## **RESPITE EXIT**

Standard 7.2

CLIENT EVIT INECOMATION AND SURVEY

Client's	_ DOB: 8/10/6+-
Address	Unit #
Date Moved in <u>5/8/14</u>	Income \$ 197 Source ABD
Date Moved out <u>7/10/14</u>	Income \$ 197 Source ABD
We hope that your stay at Respite helped you recover and get back on track.	
■ Your new address: 1107 S	Jak. Wa 98907 594 4032.
Where are you moving to:	
	ter Leaving Town Don't know cher / subsidized rental Treatment Center Other ion 8 Voucher Jail
Reason for Leaving: Completed program.	
Comments/suggestions: (1)  Midical Cont.  60 Appointments	param helped Me M Mer Whin heeded, also a place miss. #
which they also	helpod me gax all neigled
more rolling a	happy order stressed. Though up.
Client Signature	Date 7/10/14
Client moved without notice	
Start Signature	7/10/14 Date_
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