

Program Discontinuation Form

I, _____ want to discontinue my participation in the “Good Morning Neighbor” program.

Please complete this mini survey so we know if there is something we need to change or adjust with this program. Thank you!

I am ending my participation due to {Please circle reason or write in}

- I only needed this short term after an injury/illness
- I no longer live alone
- I did not receive the services offered
- I had a problem with the program – please specify below

Do you have any suggestions that could help us improve this program?

Please sign and date to be removed from the program and “Thank You” for participating.

Date - _____

Printed Name - _____

Signed Name - _____