Improvement Report

Regarding Your Improvements:

1. What was it like before you came in to see us?



2. How is it now?

Thank you! This information is for our files and to help us educate others about what we do.

Name_____ Date _____

I authorize NHCR to utilize my Success/Improvement Report in the following manner:

□ Success Story Book that remains at the office at all times.

□ Any promotional mailing by NHCR to help NHCR make its' services broadly known.

Signature ______ Witness: ______