Serenity Haven Independent Home LLC	
"A place to rest, rebuild, and rise."	
Phone: +1 (203) 809-0756 Email: serenityhaven16@gm	ail.com
Resident Exit Letter	
Resident Name:	_
Date of Exit:	_
Room Number:	
Date of Admission:	_
Dear [Resident First Name],	
This letter confirms your exit from Serenity Haven Indepe	ndent Home LLC effective [insert exit date].
We want to thank you for being a part of our community.	Whether your departure is voluntary or due to pro
Reason for Exit:	
[] Completed program/goals	
[] Voluntary departure	
[] Non-compliance with house rules	
[] Transferred to another program/housing	
[] Other:	
Items Returned (if applicable):	
[] Room Key	
[] Linens	

[] House Items	
[] Other:	_
Forwarding Information:	
New Address (if known):	
Phone Number:	
Emergency Contact Name & Number (optional):	
	
We encourage you to stay focused on your goals and	I continue your journey with hope and purpose. If you
Wishing you continued success and stability.	
Warm regards,	
Serenity Haven Staff Representative	
Signature:	
Date:	