



## Lifestyle Covenant

Name: \_\_\_\_\_

Apt/Suite \_\_\_\_\_

*Feelings related to moving in to your new home*

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*Important things – things that bring joy and happiness at the end of the day*

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*Things that cause worry, frustration, or fear in your life*

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*What are your expectations of us?*

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*What does “home” mean to you?*

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*Sleep/Personal Hygiene Habits*

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*Meal time and food preferences*

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