

Ecumen at Home Lifestyle Covenant

Name: _____

Address: _____

Feelings related to receiving home services

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

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

What are your expectations of us?

What makes you feel safe and secure in your home?

Lifestyle Activities/Hobbies/Personal Interests /Work History

Other things you would like to share about yourself

