



ECUMEN®

Living fully after 50.

Ecumen Lifestyle Covenant

Name: _____

Apt/Suite _____

Feelings related to moving in to (name of community)

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

Characteristics of a good day

Things that cause worry, frustration, unhappiness

Expectations and support needs at this stage of life

What it will take to feel 'at home' – Assistance needed to make the transition

Sleep/Personal Hygiene Habits

Meal time preferences/food preferences

Lifestyle Activities/Hobbies/Personal Interests/Socialization/Work History

Family Support Systems/Friends/Social Groups/Religious Preferences

Cultural Ties/Issues/Concerns

Safety Concerns/Fears

Health related needs (see service agreement)

Mutual Pledge

By signing this covenant, you (the customer) are making a pledge to take responsibility for your choice of lifestyle. We (the staff) pledge to support your decisions and commit to providing you with the resources we have available to help you be successful and fulfilled in your new home.

Resident/Responsible Party

Date

Manager

Date

ALL STAFF SIGN AND DATE