

Name: _____

Date: _____

Independent Living

W M X Q G G R O C E R Y S H O P P I N G M A S O
E N I H C A M G N I H S A W U Z S N E V U Q L R
P F N I A G A E V P V L L S J K P B O H A P O V
G U T N E M Y O L P M E U T P R F W V K Q O S N
Y A C R U K S V K T T C X E I U D J I I L D D C
T M K N N I W F Z T L H U O N N O M Z F M O C J
I E F X T S V B O E V J R I N Q L R D B Q A O J
L A A V H H R T A X X I C A I V S N G H X S M V
I L M I C O U N O R T B X K K K O Q E C T F M B
B P T S M N I O B I K S M O I C T Z K N R D U X
I L D J L B E B Z Q Q U O L E W Z V E M J Q N S
S A M W W Y G E U F K C M S D U H M Z X S C I H
N N E G L R F C J Y Q N D D C G T T G G V Z C D
O N D U Q T C S Z O T Z Q P X N X C Q Q H S A B
P I F S K N P D W R Y F Q L I K W R X N W B T J
S N O G T A Z U K I E V A O Y B E E V B N G I V
E G R F V P X J E F K N P U F R U E J F V N O F
R K D I L D C I G O U P T H A E M E P V R T N X
G S O Z X O J P N X A G S D S R O B H G I E N F
J P F G T O C Y H K C K N J D A T M C S J Y M G
Z G F Q U F Z G X Z H E G R Q O C N L E C W A P
L I I Z C Q A K B U L Q B Q A P A R T M E N T L
E A C U V C G X A A A H K V C F F Q O H Y N M F
W G E T I H W E C N C S D Q C H S T D S R F Z B

PRIORITIZE RESPONSIBILITY CALENDAR APPOINTMENTS COMMUNICATION
NEIGHBORS SECOND FLOOR GROUPS EMPLOYMENT COOK MEDFORD OFFICE
WASHING MACHINE CLEAN RENT FOOD PANTRY MEAL PLANNING
GROCERY SHOPPING APARTMENT