House of Care

Life Skills Training Registration Form

Preparing Adults for Independent Living

Thank you for your interest in House of Care Life Skills Training. Our program helps adults ages 18 and older build practical skills for becoming more confident, responsible, and independent.

Life skills are important because not everyone enters adulthood knowing how to manage money, pay bills, cook meals, maintain a clean and safe home, find employment, manage time, or handle everyday responsibilities. Learning these skills can help individuals make better decisions, solve problems, care for themselves, and successfully manage their own households. House of Care provides hands-on guidance and support so participants can practice these essential skills and become better prepared for independent living.

Participant Information

Full Name: _____

Age: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

☐ Phone

☐ Text

☐ Email

Life Skills Interests

Which areas would you like to help with? Check all that applies.

☐ Budgeting and Money Management

☐ Paying Bills

☐ Cooking and Meal Planning

☐ Cleaning and Home Maintenance

☐ Employment and Job Readiness

☐ Grocery Shopping

☐ Personal Organization and Time Management

☐ Household and Personal Safety

☐ Finding and Maintaining Housing

☐ Communication and Problem-Solving

☐ Health and Wellness

☐ Other: _____

About Your Goals

What would you most like to learn from Life Skills Training?

What is one goal you would like to accomplish toward independent living?

Training Preference

I am interested in:

☐ Individual Life Skills Training

☐ Group Workshops

☐ Residential/Transitional Living Program

☐ Virtual Training

☐ More Information About House of Care

Preferred Days/Times: _____

How Did You Hear About Us?

☐ Website

☐ social media

☐ Friend or Family Member

☐ Community Organization

☐ School/College

☐ Referral

☐ Other: _____

Permission to Contact

☐ I give House of Care permission to contact me about Life Skills Training and future program opportunities.

Signature: _____

Date: _____