



NAME: _____ DATE: _____

Spirit of Supportive Living

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

SPIRIT
HAPPINESS
FRIENDSHIP
LOVE
SUPPORT
ACTIVITIES
COMFORT
OUTINGS
MUSIC
FUN
GARDENING
FOOD
CELEBRATIONS
AFFORDABLE
INDEPENDENCE

CONFIDENCE
HELPFUL
COMMUNITY
EXERCISE
WII BOWLING
TRUSTWORTHY
HEALTH