Delaware Lifespan Respite Care Network
Financial Assistance Evaluation Form

We are pleased to have provided you with respite care financial assistance in 2010. Please take a few moments to complete this survey, basing your responses on the service you received in 2010. Your input is very important. It helps us stay responsive and assists in our efforts to continue to offer this service to Delawareans. Thank you for your time!

1. On a scale of 1 to 5, with 5 being excellent, please rate the following aspects of your experience with the Delaware Lifespan Respite Care Network Financial Assistance Program (circle your response):

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Application process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Understandable procedures/forms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Promptness with payments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Ease of contact</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Staff assistance/responsiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. Overall rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Did you use the money that you were awarded?  All Some None

3. If you circle “NONE”, why not?

4. Would you request funds from the Delaware Lifespan Respite Care Network in the future?  Yes No

5. Would you recommend this program to others?  Yes No

6. Were you able to use respite care because of this financial assistance?  Yes No

7. What did you do during the respite time? (check all that apply)
   - Spent time with spouse/significant other
   - Spent time with other family members
   - Spent time with friends
   - Did errands
   - Did household chores
   - Personal time (rested, read a book, took a walk, etc.)
   - Worked
   - Took a trip/vacation
   - Attended a meeting/conference
   - Other (please specify):

8. How refreshed and less stressed did your respite time make you feel?  
   | Very Refreshed | Somewhat Refreshed | Not at All Refreshed |
   | 5              | 4                  | 3                   |

9. How did you hear about the program? (check all that apply)
   - Internet
   - Service provider
   - State agency
   - Information table
   - Flyer
   - Word of mouth
   - Previous user
   - Other (please specify):

Over û
10. Please describe how this service made a difference:

11. Do you have any other comments or suggestions?

12. Do we have your permission to use your comments in reports, publicity, website, etc.?

___ Yes – can use my name and my comments  ___ Yes – can use my comments anonymously  ___ No

If we have your permission to use your name, please fill out below:

Your name: ________________________________  City: ________________________________

Please return completed survey to the Delaware Lifespan Respite Care Network, using the enclosed self-addressed, stamped envelope.

If you have any questions about the Delaware Lifespan Respite Care Network's services, please call 302-324-4444 ext. 2078 or e-mail caregiving@delrespite.org.