

**Delaware Lifespan Respite Care Network
Respite Care Information and Referral Service Evaluation Form**

Thank you for using the Respite Care Information and Referral Service. Please take a few moments to complete this survey. Your input is very important. It helps us stay responsive to your needs 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 Respite Care Information and Referral Service (circle your response):

| | Poor | | | | Excellent | |
|-------------------------------|-------------|---|---|---|------------------|-----|
| A. Ease of contact | 1 | 2 | 3 | 4 | 5 | N/A |
| B. Accurate information | 1 | 2 | 3 | 4 | 5 | N/A |
| C. Comprehensive information | 1 | 2 | 3 | 4 | 5 | N/A |
| D. Helpfulness of specialist | 1 | 2 | 3 | 4 | 5 | N/A |
| E. Sufficient, viable options | 1 | 2 | 3 | 4 | 5 | N/A |
| F. Promptness of service | 1 | 2 | 3 | 4 | 5 | N/A |
| G. Overall rating | 1 | 2 | 3 | 4 | 5 | N/A |

2. Did the referral staff treat you with respect: Strongly Agree Agree Disagree Strongly Disagree

3. Did you use the referrals that you received? Yes No

4. If you did not use the referrals that you received, why not?

5. If you needed help in the future, would you use this service again? Yes No

6. Would you recommend this service to others? Yes No

7. In which county did you request services? New Castle Kent Sussex

8. How did you hear about the service? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Service provider | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> State agency | <input type="checkbox"/> Previous user |
| <input type="checkbox"/> Information table | <input type="checkbox"/> Other (please specify): |

9. Please describe how this service made a difference:

10. Do you have any other comments or suggestions?

11. 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 fold so the Children & Families First (CFF) address shows, and tape shut. Postage is paid by CFF.

*If you need further assistance with finding respite care,
please call 888-610-5572 (479-1690 in New Castle County) or e-mail resourcehelpline@cffde.org.*