



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

~ Virginia Lifespan Respite Voucher Program ~ Satisfaction Survey

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NOTICE: THIS FORM IS REQUIRED!

As part of the *Virginia Lifespan Respite Voucher Program*, you are required to fill out this brief *Satisfaction Survey* and submit it to the Department for Aging and Rehabilitative Services (DARS) along with your *Reimbursement Form*. We will not be able to send a reimbursement check to you until we receive both forms. Thank you.

Dear Family Caregiver:

Thank you for participating in the *Virginia Lifespan Respite Voucher Program*. To assess how well the program worked for you, and to plan for future respite services, we ask that you complete the following short *Satisfaction Survey* and submit it to DARS along with your *Reimbursement Form*. Your answers may help us receive funding in the future so that we can continue to offer financial assistance to Virginians like you who need respite care.

1. Did you use the respite services that you had originally requested on your *Virginia Lifespan Respite Voucher Program Application Form*?

(Please check one.)

Yes No

- a. If NO, what prevented you from using the respite services you had originally requested on your *Application Form*? _____

- b. What respite services, if any, did you use instead of the ones you had originally requested on your *Application Form*? _____

2. As a family caregiver, how useful was the *Virginia Lifespan Respite Program* to you? (Please circle your response.)

a. Very Useful b. Somewhat Useful c. Not Useful

Comments: _____

3. How easy was it to get financial assistance for respite services through the *Virginia Lifespan Respite Voucher Program*? (Please circle your response.)

a. Very Easy b. Somewhat Easy c. Difficult

Comments or Suggestions for Improvement: _____

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4. What did the respite services provided through the *Virginia Lifespan Respite Voucher Program* enable you to do?
(Please check all that apply.)

- Spend time with spouse/significant other
- Spend time with other family members
- Participate in social/recreational activities (e.g., attend church, visit with friends)
- Run errands
- Complete household tasks
- Have private time to relax, rest, read, pursue hobbies / interests
- Participate in physical activities or exercise
- Go to medical appointments

Other: _____

5. Check the top three (3) challenges below that you have as a family caregiver.

- Financial (respite costs)
- Feeling overwhelmed
- Physical, medical, or other health problems (e.g., headaches, back pain)
- Lack of sleep
- Depression, anxiety
- Social isolation
- Strain on relationship with other family members
- No challenges

Other: _____

6. Check up to three (3) areas below that improved for you as a family caregiver due to respite services you received through this program.

- Financial relief (respite costs)
- Feeling less overwhelmed
- Reduction in physical, medical, or other health problems (e.g., headaches, back pain)
- More sleep
- Decreased depression or anxiety
- Increased social activities
- Enhanced relationship with other family members
- No improvement

Other: _____

7. As a family caregiver, if you could pick one respite service to help you in the future, what would it be and how would it help you? _____

Thank you very much for completing our survey! Please send both forms (this completed Satisfaction Survey along with your Reimbursement Form) to:

Virginia Lifespan Respite Voucher Program, ATTN: Kristie Chamberlain,
DARS, 8004 Franklin Farms Drive, Henrico, Virginia 23229; or fax to 804/662-7663;
Or e-mail to Kristie.Chamberlain@dars.virginia.gov.

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