



North Carolina Lifespan Respite Mini-Grantee **QUARTERLY REPORT**

REPORTING PERIOD: __ Apr-Jun, 2012 __ Jul-Sep, 2012 __ Oct-Dec, 2012

Grantee: _____

Date of Report: _____

Individual(s) Completing the Report: _____

PERSONS SERVED AND UNITS OF SERVICE PROVIDED WITH THESE GRANT FUNDS:

1. Total number of family caregivers served with these grant funds during reporting period: _____
2. Total number of respite hours provided to family caregivers with grant funds during reporting period: _____
(If you are an adult day or volunteer program, please convert to hourly units)
3. Total number of **new** caregivers served with these grant funds during reporting period: _____
4. Total number of caregivers receiving emergency respite during reporting period: _____
5. Total number of volunteers trained during reporting period: _____
6. Total number of support groups held during reporting period: _____

DEMOGRAPHIC INFORMATION:

Total numbers of caregivers serving the following populations with grant funds:

(The total numbers should equal your total number above from question #1)

- Adults 60+: _____
- Adults with disabilities 18 – 59: _____
- Children with special needs less than 18 years old : _____
- Other: Please describe: _____

Numbers of caregivers served that meet the following characteristics:

(The total numbers here may or may not equal the total number from question #1)

- Those with incomes slightly above NC's Medicaid threshold, thereby disallowing them for a variety of publicly-funded resources: _____
- Those caring for someone with a traumatic brain injury or sudden disabling condition: _____
- Those whose family member requiring care is approved but on a waiting list for CAP services: _____
- Those who live in counties with few or no respite providers: _____

PROJECT NARRATIVE REPORT:

Please describe major activities and/or events related to your grant objectives:

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Please describe significant problems, challenges, or lessons learned.

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Please describe the ways in which this grant project is impacting family caregivers and care recipients. How do these funds enable you to provide “Just One More” new or enhanced service in your community(ies)?

Please comment on any other aspect of this grant project that you want the funder to know about:

Please provide comments or feedback about the restorative respite tool and your sharing this tool with family caregivers.