Dear Caregiver:
Thank you for participating in the *Montana Lifespan Respite Voucher Program*. To assess how well the program worked for you, and to plan for future respite services, please complete the following *Satisfaction Survey* and submit it to DEAP. Your answers may help us receive future funding so that we can continue to offer financial assistance to Montanans like you who need respite.

1. **How satisfied were you with the respite services you recently received?**
   - ☐ Not at all
   - ☐ Somewhat
   - ☐ Very

2. **Was the Modified Caregiver Stress Index self-survey helpful?**
   - ☐ Not at all
   - ☐ Somewhat
   - ☐ Very

3. **How easy was the process to receive financial assistance for respite through this Voucher Program?**
   - ☐ Not at all
   - ☐ Somewhat
   - ☐ Very

4. **Did you find your own respite provider or did you use an agency respite provider?**
   - ☐ Found Own Provider
   - ☐ Used Agency Provider

5. **How easy was it to find a respite provider?**
   - ☐ Not at all
   - ☐ Somewhat
   - ☐ Very

6. **If given the opportunity, would you apply for respite services again?**
   - ☐ No
   - ☐ Maybe
   - ☐ Yes

7. **Did receiving respite ...**
   - ☐ Improve emotional health
   - ☐ Lessen Stress Level
   - ☐ Lessen the feeling of being overwhelmed
   - ☐ Improve relationships
   - ☐ Improve physical issues
   - ☐ Lessen depression
   - ☐ Improve sleep
   - ☐ No change at all
   - ☐ Other benefit __________________________________________________________

Comments or suggestions:
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