Innovative and Exemplary Respite Application

The ARCH National Respite Network and Resource Center is seeking exemplary and innovative respite services that are evidence-based, that appear promising, or that are trying new service models. We invite you to nominate your service if you believe it is strong overall, or if it has areas of strength that you wish to share with others. If selected, your services will be recognized as a model for replication and highlighted on the ARCH website.

WE STRONGLY ENCOURAGE YOU TO REVIEW THE Pre-Application Checklist AND READ THE Instructions for Completing the Application BEFORE YOU PROCEED. Please be prepared to complete the application in one session. You will not be able to save what you have entered until you have completed the application and hit "Submit" on the last page.

Questions? Please contact Susan Janko Summers with ARCH at susanjankosummers@gmail.com.

__________________________________________  ______________________________  ____________________________

CONTACT INFORMATION

* Name

* Address

* Email

* Phone Number

Website

PRE-APPLICATION QUESTIONS

* 1. How many years have your respite services been in existence?

* 2. Do you have written guidelines or a program manual for the respite services you provide?
   ___ YES
   ___ NO
Attach your respite services manual or written guidelines.

* 3. Do you have a written plan or logic model for measuring performance?
   ___YES
   ___NO
   * If you selected "Other," please describe.

Attach your plan or logic model for measuring performance.

SERVICES AND POPULATIONS
* 1. Please specify the ages of the care recipients you serve.

* 2. Please check all of the conditions present among the care recipients you serve. Check All That Apply
   ___I/DD
   ___Physical Disability
   ___Mental health
   ___Aging Related
   ___Chronic illness/special medical need
   ___Alzheimer's disease or dementia
   * If you selected "Other," please describe.

* 3. What criteria do you use to establish eligibility for services? (Please check all that apply.)
   ___Income
   ___Age
   ___Disability
   ___Health
   ___Geography
   ___Other
   * If you selected "Other," please describe.

* 4. Do you primarily serve any of the following populations. Please check all that apply.
   ___Rural
   ___Diverse ethnic or cultural group
   ___Military/Veteran
   ___Youth Caregivers
   ___LGBT
   ___Grandparent or Relative Caregivers
   * If you selected "Other," please specify.

* 5. Please describe the frequency of respite services you offer. (Please check all that apply.)
   ___One time only
   ___Once per week
   ___Multiple times per/wk
   ___Multiple times per/mo
   ___1-4 times/yr
   ___More than 4 times/yr
   ___Other
   ___Once per/month
   * If you selected "Other," please specify.
* 6. Please describe the duration of respite services you offer. Please check all that apply.

___Less than four hrs
___More than 4 hrs
___Twenty four hrs or more (overnight or extended stay)
___Other

* If you selected "Other," please describe.

* 7. How are respite services funded, and what is the cost to families?

* 8. Please describe the respite services you offer with enough detail to allow others to envision what your services are like. If your program offers a variety of services in addition to respite care, be sure to describe the respite component in detail and its importance to the program as a whole.

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**INNOVATIVE AND EXEMPLARY PRACTICE**

* 1. Describe how your practices are person- and family centered.

* 2. What makes your services innovative and/or exemplary? ARCH defines exemplary services as those supported by research or evaluation evidence or that have documented benefit(s) to family caregivers. Innovative respite services adapt an evidence-based or evidence-informed approach or create a novel approach. Both Exemplary and Innovative services have written and observable or measurable goals and objectives; have written protocol or instructions guiding services; document activities and results during day-to-day practice; and collect outcome data (for at least one outcome measure). Exemplary and Innovative practices train and support staff and volunteers to assure services are of high quality.

* 3. Describe ways you share information with and reach out to families and clients. (If this does not apply to your program, write “N/A”.)

* 4. Describe how your services and outreach are responsive to those families and clients from diverse backgrounds. (If this does not apply to your program, write “N/A”.)

* 5. Describe how your services provide counsel or guidance to caregivers to help them plan how they will use their respite time and engage in activities meaningful to them. (If this does not apply to your program, write “N/A”.)
6. Describe how your services are inclusive of persons with and without disabilities and/or special health care needs, and whether you use inclusive community facilities. (If this does not apply to your program, write “N/A”.)

7. Do your respite services take an intergenerational approach that uses different generations as respite providers (such as seniors providing respite for children with disabilities, or teens providing respite for adults with dementia)?
   ___YES
   ___NO

**PROFESSIONAL DEVELOPMENT**

1. Describe how you recruit and/or screen staff and/or volunteers.

2. Describe how you train/coach and/or supervise/support staff and/or volunteers. If you use any particular curricula, please specify which one(s).

3. Describe the process you use to match staff and/or volunteers with care recipients or families. (If this does not apply to your program, write “N/A”.)

**EVALUATION, REPLICATION AND SUSTAINABILITY**

1. Do you use an outside evaluator, or partner with a college or university, to plan or conduct evaluation activities?
   ___YES
   ___NO

2. Do you collect data for each goal and objective identified in your logic model, conceptual model or business plan?
   ___YES
   ___NO

3. Do you collect data on caregiver, care recipient, and/or family outcomes?
   ___YES
   ___NO

4. Please check all the items below that describe the ways you collect data to document the respite services you provide.
   ___Inventory of care recipient needs ___Services inventory ___Number of respite hrs provided
   ___Caregiver needs assessment ___Number of recipients served

* If you selected "Other", please describe.

5. Please identify the tools or processes you use to document the following:

* Care Recipient Satisfaction
**Care Recipient Well-being (e.g. stress levels, health status; quality of relationships)**

**Caregiver Satisfaction**

**Caregiver Well-being (e.g., stress levels; health status; quality of relationships)**

**Caregiver’s ability to continue to provide care at home and/or Care recipient’s ability to continue to reside at home**

**Documentation of day-to-day activities identified in your program guide, manual or protocols, or business plan**

Other (please describe)

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**6. Do you collect cost data for the services you provide?**

___YES

___NO

**7. Please describe any other measures you may use to make sure your respite services are working well to document successes, or to monitor costs. (If you do not use additional measures, write “none”.)**

**8. Please describe any strategies and activities you employ to sustain your respite program or services over time, including leadership activities and sustainability planning. (If this does not apply to your program, write “N/A”.)**

**9. What would you like us to know about your program that we forgot to ask?**