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:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________