

Montana Lifespan Respite Voucher Program
Satisfaction Survey



NAME _____

THIS FORM IS REQUIRED! As a part of the Montana Lifespan Respite Voucher Program, you are required to fill out this brief *Satisfaction Survey* and submit it to DEAP. Thank you.

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:
