

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 2.3% Very 97.7%

2. Was the Modified Caregiver Stress Index self-survey helpful?

Not at all 4% Somewhat 35.1% Very 60.9%

3. How easy was the process to receive financial assistance for respite through this Voucher Program?

Not at all .3% Somewhat 12.8% Very 86.9%

4. Did you find your own respite provider or did you use an agency respite provider?

Found Own Provider 87.5% Used Agency Provider 12.5%

5. How easy was it to find a respite provider?

Not at all .7% Somewhat 45% Very 46.3%

6. If given the opportunity, would you apply for respite services again?

No 2% Maybe 1% Yes 97%

7. Did receiving respite ...

Improve emotional health 70.6% Lessen Stress Level 86.5% Improve relationships 52.2%
 Lessen the feeling of being overwhelmed 89.8% Improve physical issues 27.7%
 Lessen depression 40.8% Improve sleep 30.2% No change at all 0%

Other benefits :

- Financial
- Less guilt
- Peace of mind
- More focused
- Time with other children
- Healing
- Enjoy my world (get a life)
- Lessened worry
- Fresh start
- Reflect on what matters
- Increased appetite
- Improved recipient
- Helped with PTSD
- Improved motivation
- Good for recipient
- Pull myself together
- Socialization
- Increased family time
- Real conversations
- Something to look forward to
- freedom