



Respite Helpline Intake Form

Date _____

Caller Name _____

Phone _____ Email _____

Address _____

County: _____ **Rural or Urban**

Are you a Caregiver? Yes No Agency _____

Where did they learn about the TRC? _____

Add to mailing list? Yes No

Reason for Call

Other Current Sources of Respite (Formal & Informal)

What do you plan to do with your respite time?

Would you consider or have you used...?

In-Home Respite Facility Respite Day Care Camps Other: _____

*****Need Demographic Info on Back to Make Appropriate Referrals/Recommendations*****

TRC Program Recommendations

Other Referrals/Information

"Ensuring the quality of life for family caregivers through respite."

Caregiver Information

Name: _____

Male Female DOB ____/____/____ How long have you been a full-time caregiver? _____

Are you a Veteran? Yes No Are you on TennCare? Yes No

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Race

White-Non-Hispanic White-Hispanic African American American Indian or Alaska Native

Pacific Islander Asian 2 or More Races Other

Marital Status

Married or sharing household with committed partner Single Divorced Widowed Separated

Family Income

\$0-\$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999

\$40,000-\$49,999 \$50,000-\$59,999 \$60,000-up

Care Recipient Information

Care Recipient: Name: _____

Male Female DOB: ____/____/____

Ethnicity: _____ **Race:** _____

Caregiver's relationship: Birth parent Adoptive parent Grandparent Sibling

Unmarried partner Spouse Son/daughter Other kinship care Non-relative

Are you a Veteran? Yes No **Are you on TennCare?** Yes No

Diagnosis: _____

Care Recipient: Name: _____

Male Female DOB: ____/____/____

Ethnicity: _____ **Race:** _____

Caregiver's relationship: Birth parent Adoptive parent Grandparent Sibling

Unmarried partner Spouse Son/daughter Other kinship care Non-relative

Are you a Veteran? Yes No **Are you on TennCare?** Yes No

Diagnosis: _____

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Male Female DOB: ____/____/____

Ethnicity: _____ **Race:** _____

Caregiver's relationship: Birth parent Adoptive parent Grandparent Sibling

Unmarried partner Spouse Son/daughter Other kinship care Non-relative

Are you a Veteran? Yes No **Are you on TennCare?** Yes No

Diagnosis: _____