

1. Welcome to the Nebraska Lifespan Respite Providers Survey

Your feedback and participation in completing this survey is appreciated and vital. The survey should take about 15 minutes to complete. Thank you!

Items on this survey were adapted from the following sources *ARCH and Lifespan Respite Subsidy Program Application.*

2.

1. Do you work for an agency or are you an independent respite provider?*(please select)*

- Agency
- Independent Respite Provider

2. If you are an Individual Respite Provider, what is your relationship to the Care Recipient?

- Parent
- Spouse
- Daughter/Son
- Sibling
- Grandparent
- Aunt/Uncle/Cousin
- Partner
- Foster Parent
- Friend or Neighbor
- No previous relationship to Care Recipient
- Other (please specify)

3. What is your zip code?

4. Were you screened by the Lifespan Respite Network?

- Yes
- No

5. How long have you been providing respite services?

- 0-3 Months
- 4-6 Months
- 7-12 Months
- 1-2 Years
- 2-3 Years
- 3+ Years

6. What populations of need have you served in the past 12 months? *Check all that apply*

- Alzheimer's/Dementia/Memory Loss
- Mental Health
- Behavioral/Emotional Needs
- Physical Disabilities
- Behavioral Disorders
- Chronic Illness (Cancer, Stroke, MS, etc.)
- Developmental Disabilities
- Intellectual Disabilities
- Medical Needs
- Frail Elderly
- Autism Spectrum Disorders
- At Risk Youth (e.g., runaways, out of home placement)
- Crisis
- Traumatic Brain Injury
- Hearing Impairment
- Sight Impairment
- Limited or Non-mobile
- Other (please specify)

7. What age groups have you served in the past 12 months? *Check all that apply*

- 0-2 years
- 3-5 years
- 6-18 years
- 19-64 years
- 65 & older

8. Where have you provided respite care in the past 12 months? *Check all that apply*

- In Care Recipient's home
- Community activities/events chosen by Care Recipient
- Adult Day Care Facility
- Camp
- In my home
- Child Care Facility
- Senior Center
- Hospital
- Nursing Home
- Church or Faith Based Setting
- Local Non-Profit
- Other (please specify)

9. On average, how many hours per month did you provide respite services in the past 12 months?

- 1-5 Hours
- 6-10 Hours
- 11-15 Hours
- 16-20 Hours
- 21-25 Hours
- 26-30 Hours
- 31-35 Hours
- 36-40 Hours
- 41+ Hours
- Other (please specify)

10. What are the hours that you provide respite services? *Check all that apply*

- Daytime, Monday-Friday
- Daytime, Weekends
- Evening, Monday-Friday
- Evening, Weekends
- Overnight

11. How many families, on average, did you serve on a monthly basis in the past 12 months?

- 1-5
- 6-10
- 11-15
- 16-20
- 21+
- Other (please specify)

12. What forms of payment did you accept in the past 12 months?

- Lifespan Respite Subsidy
- Medicaid
- Aged and Disabled Waiver (A & D)
- Veteran's Administration
- Developmental Disabilities (DD Waiver)
- SSI/Disabled Children's Program
- Alzheimer's Association Scholarship
- Church or Faith-Based Organization
- Local Area Agency on Aging
- Private Pay
- Private Health Insurance
- Long Term Care Insurance
- None. I'm a Volunteer.
- Other (please specify)

13. On average, how much did you charge per hour for respite services in the past 12 months?

14. If you work for an agency, do you offer financial assistance to families looking for respite?

- Yes
- No
- I do not work for an agency

15. What level of assistance with life skills did you or your agency provide to a person(s) needing respite services in the past 12 months?

- Communication (e.g., speaking, hearing)
- Eating
- Dressing
- Bathing and hand washing
- Toileting
- Cooking
- Taking medication as prescribed
- Transportation
- Use of specialized medical equipment or communication devices
- Other (please specify)

16. What is the highest degree or level of school you have completed?

- Up to 8th Grade
- Some high school, no diploma
- High school graduate, diploma or equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree
- Other (please specify)

17. In what areas have you received specific education and training? *Check all that apply*

- Developmental/Intellectual Disabilities
- Alzheimer's/Dementia/Memory Loss
- Physical Disabilities
- Mental Health/Addiction Issues
- Emotional Concerns
- Autism
- At Risk/Crisis Intervention
- Chronic Illnesses
- Sight Impairment
- Hearing Impairment
- Medication Aide
- Traumatic Brain Injury
- Confidentiality
- REST
- Daily Living Skills
- Lifting/Transferring
- Abuse/Neglect
- Individual Rights
- Powerful Tools for Caregivers
- MANDT
- Behavior Management
- Applied Behavioral Analysis (ABA)
- CPR/First Aid
- Family Support referral resources
- Other (please specify)

18. What do you feel are the most important training needs among respite providers?

19. Are you interested in receiving additional training or education?

No

Yes

If yes, what type(s) of training/education

20. Have you completed REST (Respite Education and Support Tools) training?

Yes

No

No, but I was offered the opportunity to do so.

21. Did you get requests from people not eligible for government funded respite services but definitely in need in the past 12 months?

Yes

No

22. Where did you receive most of your referrals in the past 12 months?

23. What do you view as the greatest challenges to providing adequate respite care in Nebraska?

24. (Optional) If you would like your name to be entered in a drawing for a chance to win a \$25 gift card as a thank you for taking the time to complete this survey please fill in your information below. Do not worry your survey information will be confidential.

Name

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number