

**Alabama Lifespan Respite Resource Network
Voucher Respite Program
Demographic Form
(You only have to complete once a year)**

As a Primary Caregiver, please tell us a little bit about yourself.

Age: _____

Sex: () Male or () Female

What is your ethnic background? Check one:

- () Caucasian () African-American () Hispanic () Asian-American ()
Native American () Bi-racial () Other: _____

What is the **highest** level of education that you have? Check one:

- () Do not have high school degree
() Completed high school or GED
() Some college
() 2-year college/Technical school degree
() 4-year college degree
() Post-college degree (e.g., Master's, Ph.D., M.D.)

What is your **total gross household income** before taxes in the current year? Check one:

- () less than \$7,000 () \$7,000-\$13,999 () \$14,000-\$24,999
() \$25,000-\$39,999 () \$40,000- \$74,999 () \$75,000 or more

In what Alabama County do you live? _____

Tell us about the person you care for:

Age _____ Male _____ Female _____

Diagnosis _____

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