

**Caregiver Satisfaction Survey On
Alabama Respite DMH Voucher System**

Please answer the following questions to the best of your ability. We appreciate any comments you wish to make.

1. Do you care for an adult or child? Adult_____ Child_____
2. Was your application for respite managed in a timely manner? Yes_____ No_____
Comments _____
3. Did the enrollment procedures provide clear information on using the voucher program? Yes___ No ___
Comments _____
4. Was the Alabama Respite staff was helpful with your questions? Yes _____ No _____
Comments _____
5. Were you satisfied with the flexibility to choose and train your own respite provider? Yes _____ No _____
Comments _____
6. Who did you use for a provider? (example: relative, friend, neighbor, etc.)

7. Did you receive enough respite funding to pay for the respite you need? Yes _____ No _____
Comments _____
8. If not, how much would be enough funding to provide the respite you need? Explain: _____

(over)

9. If you were not satisfied with voucher respite, did you contact Alabama Respite about your concerns?
Yes_____ No_____ NA_____
Comments: _____
10. Tell us how has respite improved your quality of life? _____

11. Tell us how you used your respite services? _____

12. What do you like about the voucher program of respite? _____

13. How could the program be improved? _____

14. Would you recommend our voucher program to other caregivers? Yes _____ No _____
Comments _____
15. Do you know of or use other programs for respite services in your community? Yes _____ No _____
What are they? _____

Please share with us any other thoughts you feel will be helpful to us in serving caregivers: _____

THANK YOU FOR YOUR PARTICIPATION

