



Community Living
And Support Services



Alliance for Community Respite Care

Pre-Services Survey

1. How did you hear about us?

2. Why do you need respite care? Specifically, what do you hope to do/accomplish by having a break from care giving?

3. What has prevented you from accessing respite care?

4. How stressed are you as a result of caring for your individual/family member with special needs?
___Not at all ___Somewhat ___Moderately ___Quite a bit ___Extremely

Name: _____

Date of Service: _____