

Respite Care

Families Know Best - June 2013 Last
Modified: 07/18/2013

1. What is your child's disability or health condition?

Text Response
diabetes
diabetes
diabetes
blah
Autism and Asthma
autism, adhd, pica
Autism
Autism. Also failure to thrive, G-tube, food allergies
Rett Syndrome
Autism
autism
polymicrogyria resulting in hemiplegia, epilepsy, developmental delay
Brain disorder
Trisomy 21
multiple disabilities, CP
Dandy-Walker Malformation

3. What is your county of residence?

#	Answer	Response	%
1	New Castle County, DE	16	76%
2	Kent County, DE	2	10%
3	Sussex County, DE	0	0%
4	Other - Pennsylvania Resident	1	5%
5	Other- New Jersey Resident	2	10%
6	Other- Maryland Resident	0	0%
	Total	21	100%

4. What financial sources do you use for your respite services? (Check all that apply)

#	Answer	Response	%
1	Out of pocket personal account	9	75%
2	Community social service agency (please specify)	4	33%
3	Federal, state or local government agency (please specify)	7	58%
4	Coverage from recipient's insurance policy	0	0%
5	Volunteer program (please specify)	0	0%
6	Other (please specify)	0	0%

5. Have you ever used or sought respite services?

#	Answer	Response	%
1	Yes	14	61%
2	No	9	39%
	Total	23	100%

6. How frequently do you use respite care services? (Select one choice)

#	Answer	%
1	Daily	0%
2	Weekly	27%
3	Monthly	9%
4	Occasionally (vacation, emergency situation)	45%
5	Seasonally (summer or winter breaks)	9%
6	Other (please specify)	9%
	Total	100%

6. How frequently do you use respite care services? (Select one choice)

Other (please specify)

up to the amount given by the easter seals respite amount

7. In what setting do you seek to receive respite services? (Select one choice) Please note: Out-of-home...

#	Answer	Response	%
1	In home	9	75%
2	Out-of-home	2	17%
3	Other (please specify)	1	8%
	Total	12	100%

7. In what setting do you seek to receive respite services? (Select one choice) Please note: Out-of-home...

Other (please specify)

Easter Seals Camp

8. Within the last 12 months, which of the following best describes your experience with respite servic...

#	Answer	Response	%
1	Received respite as scheduled from a paid or unpaid person or agency	7	58%
2	Did not receive respite as scheduled from a paid or unpaid person or agency	0	0%
3	Placed on a waiting list for services	2	17%
4	Had funding, however could not find a qualified provider	4	33%
5	Referred to another agency or program	1	8%
6	Other (please specify)	2	17%

8. Within the last 12 months, which of the following best describes your experience with respite servic...

Other (please specify)

Sought in-home respite but was unable to find a provider

Used family and friends

9. In general, how did you learn about the respite services that you received? (Check all that apply)

#	Answer	Response	%
1	Federal, state or local government agency	1	8%
2	Community social services agencies	4	33%
3	Physician or other medical professional	1	8%
4	Informal networking (friends, family, faith based organization, support group, etc.)	7	58%
5	Internet, telephone directory (please specify)	0	0%
6	Other (please specify)	1	8%

9. In general, how did you learn about the respite services that you received? (Check all that apply)

Internet, telephone directory (please specify)	Other (please specify)
	DAP

10. In general, who provided you with respite services? (Check all that apply)

#	Answer	Response	%
1	Paid family member	6	50%
2	Unpaid family member	3	25%
3	Paid friend/neighbor	4	33%
4	Unpaid friend/neighbor	0	0%
5	Volunteer	0	0%
6	Paid staff	5	42%
7	Other (please specify)	1	8%

10. In general, who provided you with respite services? (Check all that apply)

Other (please specify)

DAP son's teacher

11. Is the amount of respite services you receive meeting your needs?

#	Answer	Response	%
1	Yes	4	33%
2	No	8	67%
	Total	12	100%

12. I have not used or sought respite services because: (Check all that apply)

#	Answer	Response	%
1	I am able to provide adequate care to my loved on without assistance	4	57%
2	I have enough assistance and do not need respite services	3	43%
3	I have no family or friends to ask for help	1	14%
4	My loved one refuses help from others	0	0%
5	I am concerned about outsiders caring for my loved one	0	0%
6	I do not know where to find services	1	14%
7	I cannot afford services	0	0%
8	I think I do not qualify	4	57%
9	Services are too difficult to obtain	1	14%

13. In what circumstances would you seek respite services? (Check all that apply)

#	Answer	Response	%
1	Enable work outside the home	0	0%
2	Relieve emotional stress/parent burnout	4	57%
3	Attend to the needs of other family members	4	57%
4	Attend to personal needs (social/business/recreational/medical)	2	29%
5	Complete household tasks/chores	0	0%
6	Participate in caregiver support/training	1	14%
7	Emergency situation	2	29%
8	Other	0	0%