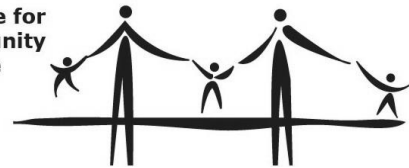




Alliance for
Community
Respite
Care



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 child with special needs?

Not at all Somewhat Moderately Quite a bit Extremely

Name: _____

Date of Service: _____