

Respite Care and Support Questionnaire

If you are a caregiver or a person who has a disability, let us know how we can better support you and your family.

Name:

1. How do you want to serve?

2. How can we free you up to use your God-given gifts?

3. Can we assist with respite care? *Select all that apply.*
 - Time away with your spouse
 - Time with other family members
 - Time for some of your favorite hobbies
 - Time to serve others, using your gifts
 - Time to sit in church together as a family
 - Others? Please list:

4. Can we assist with household chores? *Select all that apply.*
 - General housecleaning duties
 - Outside chores, lawn mowing, leaf raking, etc.
 - Meals brought in, how often?
 - Baked goods brought in, how often?
 - Grocery shopping
 - Others? Please list:

5. Can we assist with transportation? *Select all that apply.*
 - Transportation for medical appointments

- Help with car maintenance
- Transportation to recreational or other social events
- Rides to church functions
- Others? Please list:

6. Can we assist with financial support? *Select all that apply.*

- Help to defray disability expenses
- Regular visits from the deacons, how often?
- Professional estate planning
- Others? Please list:

7. Can we assist in your church involvement or participation? *Select all that apply.*

- Serve on a committee
- Teach Sunday school
- Worship team, usher, greeter, or other Sunday morning activity
- Help with nursery
- Join a Bible study group, couples' group, etc.
- Would you need respite care to do this?
- Others? Please list:

8. Can we assist in other ways (for example, inquiring about medical opinions, assisting with insurance issues, writing letters seeking government aid, providing spiritual support, securing advocates, making visits, etc.)?