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


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.)?