

Respite Coordinator Satisfaction Survey

Respite Coordinator Name: _____

Please check a box for each question below.

1- Never/Not at all

2- Rarely

3- Neutral

4- Sometimes

5- Always

Is available during posted office hours:

1

2

3

4

5

Returns calls and emails in a timely manner:

1

2

3

4

5

Is responsive to my questions and needs:

1

2

3

4

5

Define/give examples:

Hosts respite events and activities that are of interest to me and my family/loved ones:

1

2

3

4

5

Is in contact with me regularly:

1

2

3

4

5

At least 1 time per month.

Yes

No

Assists me in locating respite provider(s) in my area:

1

2

3

4

5

Assists me with finding other resources to better the quality of life for myself and my loved one(s):

1

2

3

4

5

Seems knowledgeable of the Respite Subsidy and program benefits and/or processes:

1

2

3

4

5

Surveys can be completed online at respite.ne.gov,
through this fillable PDF and emailed to dhhs.respite@nebraska.gov,
or printed and mailed to: NLRN, PO Box 98933 Lincoln, NE 68509-8933