

Federal Lifespan Respite Program: Data Elements

version August 19, 2022

Section A: Federal Lifespan Respite Program – Care Services Delivered

Item 1 – Federal Lifespan Respite Care delivered

Indicate the cumulative number over the course of the project period. Enter “0” for none.

| | Cumulative total |
|--|------------------|
| Hours of respite care delivered to date, in increments of 0.25 | |
| Expenditures to date on respite care delivered | \$ |

Does your state deliver Federal Lifespan Respite Care via vouchers? If yes, please complete Item 2:

Item 2 – Federal Lifespan Respite Care delivered via voucher

Indicate the cumulative number over the course of the project period. Enter “0” for none.

Note: For grants that provide respite care ONLY through vouchers, numbers in Item 2 will match those in Item 1 above.

| | Cumulative total |
|---|------------------|
| Hours of respite care delivered to date via redeemed vouchers | |
| Expenditures to date on respite care via redeemed vouchers | \$ |

Item 3 – Sources of match for the Lifespan Respite Care Program

Indicate all sources of match funding received over the course of the project period.

| Check all that apply | |
|----------------------------------|--|
| State government funds | |
| Local/community government funds | |
| Foundation funds | |
| In-kind sources | |
| Other funding source(s) | |

Item 4 – Location of Federal Lifespan Respite Care

Indicate the number of unique caregivers served in each location over the course of the project period. Caregivers who receive respite care in more than one location should be counted once for each applicable category.

| | Cumulative Number of Caregivers Receiving Each Type of Respite |
|---------------------------------|---|
| In-home respite (day) | |
| In-home respite (overnight) | |
| Out-of-Home respite (day) | |
| Out-of-Home respite (overnight) | |
| Emergency respite | |
| Respite care location missing | |

Item 5 – Total people served by the Federal Lifespan Respite Program Funds

Indicate the number of unique individuals in each category over the course of the project period.

| | Cumulative, Unduplicated Total |
|--|---------------------------------------|
| Total caregivers served through Federal Lifespan Respite Program Services | |
| Caregivers who received respite care | |
| Caregivers who received training | |
| Total care recipients (children and adults for whom Federal Lifespan Respite Program caregivers provided care) | |

Section B: Federal Lifespan Respite Program – Caregiver Demographics

Indicate the cumulative number over the course of the project period. Enter “0” for none. Ensure that totals for each item add up to the same number reported in Section A, Item 5, line 1.

Item 1 – Caregiver Age

| | Cumulative, Unduplicated Total |
|-------------------|---------------------------------------|
| 18-24 years | |
| 25-39 | |
| 40-64 years | |
| 65 years and over | |
| Age missing | |

Item 2 – Caregiver Gender Identity

| | Cumulative, Unduplicated Total |
|---------------------------|---|
| Woman | |
| Man | |
| Non-binary/non-conforming | |
| Other gender identity | |
| Gender missing | |

Item 3 – Caregiver Transgender

| | Cumulative, Unduplicated Total |
|---------------------|---|
| Transgender | |
| Not transgender | |
| Transgender missing | |

Item 4 – Caregiver Sexual Orientation

| | Cumulative, Unduplicated Total |
|---|---|
| Lesbian or gay | |
| Straight, that is, not gay or lesbian | |
| Bisexual | |
| Other sexual orientation | |
| Sexual orientation not known by participant | |
| Sexual orientation missing | |

Item 5 – Caregiver Geographic Location

| | Cumulative, Unduplicated Total |
|-----------------------------|---|
| Urban | |
| Suburban | |
| Rural | |
| Frontier | |
| Geographic location missing | |

Item 6 – Caregiver Ethnicity

| | Cumulative, Unduplicated Total |
|------------------------|---|
| Hispanic or Latino | |
| Not Hispanic or Latino | |
| Ethnicity Missing | |

Item 7 – Caregiver Race

Respondents may select more than one category, so the total may be greater than the total in Section A, Item 5, line 1.

| | Cumulative Total |
|---|-------------------------|
| American Indian or Alaskan Native | |
| Asian or Asian American | |
| Black or African American | |
| Native Hawaiian or other Pacific Islander | |
| White | |
| Race missing | |

Item 8 – Caregiver Relationship to Care Recipient

| | Cumulative, Unduplicated Total |
|---|---|
| Adult child of the care recipient | |
| Parent of the care recipient | |
| Spouse or partner of the care recipient | |
| Grandparent of the care recipient | |
| Other kin caregiver (e.g., aunt, sibling) | |
| Other relationship | |
| Relationship missing | |

Section C: Federal Lifespan Respite Program - Care Recipient Demographics

Indicate the cumulative number over the course of the project period. Enter “0” for none. Ensure that totals for each item add up to the same number reported in Section A, Item 5, line 5.

Item 1 – Care Recipient Age

| | Cumulative, Unduplicated Total |
|-------------------|---|
| Under 18 | |
| 18-24 years | |
| 25-39 years | |
| 40-64 years | |
| 65 years and over | |
| Age missing | |

Item 2 – Care Recipient Gender Identity

| | Cumulative, Unduplicated Total |
|---------------------------|---|
| Woman/girl | |
| Man/boy | |
| Non-binary/non-conforming | |
| Other gender identity | |
| Gender missing | |

Item 3 – Care Recipient Transgender for Care Recipients age 18 and older

| | Cumulative, Unduplicated Total |
|---------------------|---|
| Transgender | |
| Not transgender | |
| Transgender missing | |

Item 4 – Care Recipient Sexual Orientation for Care Recipients age 18 and older

| | Cumulative, Unduplicated Total |
|---|---|
| Lesbian or gay | |
| Straight, that is, not gay or lesbian | |
| Bisexual | |
| Other sexual orientation | |
| Sexual orientation not known by participant | |
| Sexual orientation missing | |

Item 5 – Care Recipient Geographic Location

| | Cumulative, Unduplicated Total |
|-----------------------------|---|
| Urban | |
| Suburban | |
| Rural | |
| Frontier | |
| Geographic location missing | |

Item 6 – Care Recipient Ethnicity

| | Cumulative, Unduplicated Total |
|------------------------|---|
| Hispanic or Latino | |
| Not Hispanic or Latino | |
| Ethnicity Missing | |

Item 7 – Care Recipient Race

Respondents may select more than one category, so the total may be greater than the total in Section A, Item 5, line 5.

| | Cumulative Total |
|---|-------------------------|
| American Indian or Alaskan Native | |
| Asian or Asian American | |
| Black or African American | |
| Native Hawaiian or other Pacific Islander | |
| White | |
| Race missing | |

Section D: Federal Lifespan Respite Program - Respite Training

Item 1 – Hours of Respite Training Provided through the Federal Lifespan Respite Program grant

Indicate the cumulative number of training hours over the course of the project period. Enter “0” for none.

| | Cumulative total |
|---|-------------------------|
| Hours of respite training provided to paid and volunteer respite providers, in increments of 0.25 | |
| Hours of respite training provided to caregivers, in increments of 0.25 | |

Section E: Awareness

Item 1 – Respite Program Website and Registry for your State

Enter “yes” or “no” to indicate the current existence of a website or registry.

| | Yes/No |
|---|---------------|
| Does your state have a respite program website or webpage? | |
| If yes – does the website or webpage use the title or description “Lifespan Respite”? | |
| Does your state have a registry of respite providers? | |
| If yes – is your respite registry available online? | |

Item 2 – Access to/Awareness of Respite Program Website and Registry for Your State

Indicate the cumulative number of unique visitors over the course of the project period. Enter “0” for none or “n/a” if your state does not have a website or registry available to caregivers.

| | Cumulative, unduplicated total |
|---|---------------------------------------|
| Total respite program website visitors | |
| Total respite registry webpage visitors | |

Item 3 – Outreach Activities to Build Respite Program Awareness Across the Lifespan

Indicate the outreach activities your project has engaged in over the course of the project period.

| | Yes/No |
|------------------------------|---------------|
| Hosted respite conference(s) | |
| Community presentations | |
| Social media posts | |
| Radio advertisements | |
| TV advertisements | |
| Newspaper advertisements | |
| PSAs | |
| e-Newsletters | |

Item 4 – Number of e-newsletter subscribers

Indicate the total number of e-newsletter subscribers as of the final date of the project period. If your project does not distribute an e-newsletter enter “n/a.”

| | Current number |
|-------------|-----------------------|
| Subscribers | |

Section F: Lifespan Respite Program System and Providers

Item 1 – Lifespan Respite Program Coalition Meetings

Indicate the cumulative number of meetings over the course of the project period.

| | Cumulative Number |
|---|--------------------------|
| How many meetings has your state Lifespan Respite Program coalition or organization convened over the course of the project period? | |

Item 2 – Lifespan Respite Program Coalition Members

Indicate the current number as of the final date of the reporting period.

| | Current Number |
|--|-----------------------|
| How many individuals are currently members of your Lifespan Respite coalition? | |
| How many organizations are currently members of your Lifespan Respite coalition? | |

Item 3 – Lifespan Respite Providers

Indicate the current number of respite providers as of the final date of the reporting period.

| | Current number |
|--|-----------------------|
| Number of respite provider organizations | |