

Exceptional Family Member Program (EFMP)

Respite Care Provider Satisfaction Survey

The following information is intended to assist EFMP in improving services to respite care providers and the Families you serve. Your assistance in completing this survey will be greatly appreciated. Our goal is to maximize the efficiency and effectiveness of our services.

1. I am aware of the application process and procedures.

_____ Yes _____ No

Comments: _____

2. I was paid as scheduled for the respite services I provided.

_____ Yes _____ No

Comments: _____

3. During the month of _____ I provided respite care services for _____ (number) of Army Families.

Comments: _____

4. I provided respite care in:
_____ The Family member's home _____ The community
_____ A recreational or enrichment program (including camps)

If you indicated community or recreation/enrichment, please share the names of the programs.

Comments: _____

5. Were you granted a waiver from the Army EFMP Respite Care Program requirements? If so, explain.

Comments: _____

6. In terms of the hiring process and beginning work I was:

- _____ Highly satisfied with the process;
_____ Somewhat satisfied with the process;
_____ Satisfied with the process;
_____ Somewhat dissatisfied with the process;
_____ Very dissatisfied process.

Comments: _____

Thank you for your participation.

Fax Document: 1-866-565-9307 or 1-866-550-8278 or 1-866-565-6918