orting Period: #### to #### Instructions: In the shaded spaces below, enter the number of individuals who received respite through vouchers, direct payments, or other provisions facilitated by the Lifespan Respite grantee. Note the

mm/dd/yy   mm/dd/yy   distinctions between caregivers and care recipients.

Name of reporting organization:

Care Recipients

Recipients, Total Unduplicated Count ☐

Special Need of Care Recipients
Cognitive impairment and/or Dementia ☐
Intellectual/Developmental Disabilities (I/DD) ☐
tal Illness(MI) and or/Substance Use Disorder ☐
Physical Disabilities ☐
Traumatic Brain Injury (TBI) ☐
Other: ☐

Describe others: ☐
Special need missing ☐

Care Recipients' Age
Under 18 ☐
18-24 ☐
25-39 ☐
40-64 ☐
Over 65 ☐
Age missing ☐

Care Recipients' Military Status
Served in military (active or retired) ☐
Has not served in military ☐
Military status missing ☐

Care Recipients' Gender
Female ☐
Male ☐
Other ☐
Gender Missing ☐

Care Recipients' Race
American Indian or Alaska Native ☐
Asian or Asian American ☐
Black or African American ☐
Native Hawaiian or other Pacific Islander ☐
White ☐
Race missing ☐

Care Recipients' Ethnicity
Hispanic or Latino ☐
Not Hispanic or Latino ☐
Ethnicity missing ☐

Family Caregivers

Caregivers, Total Unduplicated Count ☐

Caregivers' Relationship to Care Recipient
Parent ☐
Spouse or partner ☐
Child ☐
Court appointed legal Guardian ☐
Siblings ☐
Grandparent ☐
Other ☐

Describe others: ☐
Relationship missing ☐

Caregivers' Age
Under 18 ☐
18-24 ☐
25-39 ☐
40-64 ☐
Over 65 ☐
Age missing ☐

Caregivers' Military Status
Served in military (active or retired) ☐
Has not served in military ☐
Military status missing ☐

Caregivers' Gender
Female ☐
Male ☐
Other ☐
Gender missing ☐

Caregivers' Race
American Indian or Alaska Native ☐
Asian or Asian American ☐
Black or African American ☐
Native Hawaiian or other Pacific Islander ☐
White ☐
Race missing ☐

Care Recipients' Ethnicity
Hispanic or Latino ☐
Not Hispanic or Latino ☐
Ethnicity missing ☐

Training/Workshop/classes provided by contractor or partner on their behalf.
* Training must be **related to respite (Powerful Tools for Caregivers allowable).**
* Training may have been held in partnership with others.
* Training may have been held in partnership with others.
* Counts of attendees may be duplicated. (An attendee might attend multiple events.)
* A keynote presentation at a conference would not count as a training. A workshop on a topic related to respite, such as, "how to choose a respite provider", or "identifying funding sources for respite" or ongoing classes would count as trainings.

Number of remote (web-based or conference call) trainings, classes or workshops: ☐

Number of face-to-face trainings, classes or workshops: ☐

Attendee count at face-to-face or remote trainings, classes, or workshops.
Caregivers ☐
Providers ☐
Volunteers ☐
Other stakeholders ☐
Role of attendee missing ☐