

**National Family Caregiver Support Program
(NFCSP) Process Evaluation:
Data Collection Activities and Materials**

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NFCSP Survey Outreach Activities

State Unit on Aging (SUA) Survey

1. Activity 1: Initial Outreach Package to SUAs
 - a. Purpose: This advance mailing informs the SUA director about the evaluation and our request for their participation.
 - b. Method: Fed Ex
 - c. Completed by: Lewin to handle logistics. This will be sent once OMB approval is received.
 - d. Applicable Documents:
 - i. Document 1.1: SUA Advance Mailing to Director
 - ii. Document 1.2: SUA Letter of Endorsement from NASUAD (enclosed)
 - iii. Document 1.3: SUA NFCSP brochure (enclosed)
 - iv. Document 1.4: SUA Survey Preparation (enclosed)
2. Activity 2: SUA First Phone Follow-Up
 - a. Purpose: Lewin will answer any questions the SUA director has about the survey. We will verify the appropriate person to send the survey to, if not the SUA director (e.g., the NFCSP director). ACL will further endorse their completion of the survey. ACL will request that the SUAs endorse the AAA surveys.
 - b. Method: Phone. This will be completed 1 week after the fed ex was sent.
 - c. Completed by: Lewin and ACL
 - d. Applicable Documents:
 - i. Document 2.1: SUA First Phone Follow-up [LEWIN]
 - ii. Document 2.2: Script for ACL request of endorsement and an email SUAs can send to AAAs (make the request of them over the phone) [ACL]
3. Activity 3: Sending survey to SUAs
 - a. Purpose: This is the document with the actual survey (a link and an enclosed copy of survey instructions).
 - b. Method: Mail and Email. This will be done as soon as the correct individual is identified in Activity 2.
 - c. Completed by: Lewin to do the logistics of mailing. ACL to send emails.
 - d. Applicable Documents:
 - i. Document 3.1: SUA survey mailing to survey respondent
4. Activity 4: Sending SUA postcard reminder
 - a. Purpose: To remind the participant to complete the survey.
 - b. Method: Post card through mail
 - c. Completed by: Lewin
 - d. Applicable Documents:
 - i. Document 4.1: SUA postcard reminder to survey respondent
5. Activity 5: Sending a follow-up email
 - a. Purpose: To remind the participant to complete the survey.
 - b. Method: Email
 - c. Completed by: ACL
 - d. Applicable Documents:
 - i. Document 5.1: SUA Follow-up Email

Area Agency on Aging (AAA) Survey

1. Activity 1: Outreach email to AAAs
 - a. Purpose: Let the AAAs know the survey will be coming. This allows us to clean up our email lists through bounce backs and requests in the outreach email for the correct person to contact.
 - b. Method: Email
 - c. Completed by: ACL
 - d. Applicable Documents:
 - i. Document 1.1: AAA advance email
2. Activity 2: AAA Survey Invitation (e)Mailing
 - a. Purpose: Outreach to the AAAs with the survey link and information about the survey attached.
 - b. Method: Email
 - c. Completed by: Scripps
 - d. Applicable documents:
 - i. Document 2.1: AAA invitation email
 - ii. Document 2.2: AAA Letter of Endorsement from n4a
 - iii. Document 2.3: AAA NFCSP brochure
 - iv. Document 2.4: AAA Survey Preparation
3. Activity 3: Phone Follow-up with non-responders AAAs
 - a. Purpose: To ensure the email package made it to the correct person at the AAA. To verify who it should have been sent to instead, if the wrong person received it.
 - b. Method: Phone
 - c. Completed by: Scripps
 - d. Applicable documents:
 - i. Document 3.1: AAA phone call follow-up
4. Activity 4: LSP selection
 - a. Purpose: These documents describe the process for outreach to AAAs they have been selected to provide their LSP lists.
 - b. Method: Email and Phone
 - c. Completed by: Scripps and ACL
 - d. Applicable documents:
 - i. Document 4.1: AAA email to sample LSPs (ACL)
 - ii. Document 4.2: AAA call after LSP selection (Scripps)
 - iii. Document 4.3: AAA - LSP list format (Scripps)
 - iv. Document 4.4: AAA endorsement email to LSPs (Scripps)
5. Activity 5: Email Follow-up with AAAs
 - a. Purpose: To follow-up with AAAs who have not responded to the survey.
 - b. Method: Email
 - c. Completed by: ACL
 - d. Applicable documents:
 - i. Document 5.1: AAA Follow-up Email

Local Service Provider (LSP) Survey

1. Activity 1: Outreach to LSPs with the Survey
 - a. Purpose: To inform the LSPs about the survey and provide them with the survey link
 - b. Method: Email
 - c. Completed by: UConn
 - d. Applicable documents:
 - i. Document 1.1 LSP invitation email.
2. Activity 2: Phone follow-up with LSP non-responders
 - a. Purpose: To follow-up with LSPs about the survey. To remind them to complete the survey if they are the correct contact. To gather contact information on the correct contact if they are not.
 - b. Method: Phone
 - c. Completed by: UConn
 - d. Applicable documents:
 - i. Document 2.1 LSP phone call
3. Activity 3: Email reminder to LSPs
 - a. Purpose: To remind LSPs to complete the survey.
 - b. Method: Email
 - c. Completed by: UConn
 - d. Applicable documents:
 - i. Document 3.1 LSP reminder email

SUA Survey Outreach and Marketing Materials

Activity 1: Advance mailing to SUA director

Document 1.1: SUA survey advance letter

Format: ACL letterhead

Enclosures: SUA brochure, letter of endorsement

DATE

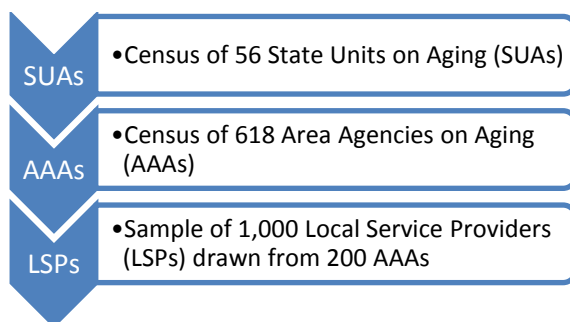
NAME
Business
Address 1
Address 2
City, ST Zip

Dear [SUA Director]:

The Administration for Community Living (ACL) is conducting an evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP). The purpose of the study is to examine how the NFCSP provides much-needed support services to family caregivers of older adults and people with disabilities. ACL has contracted with The Lewin Group (Lewin) to conduct this study.

I am writing to provide some general information about the study and to encourage your participation. This important study will provide critical information to policy makers and program managers to support program planning. This evaluation will also help us to understand the way the NFCSP operates across the states, including yours. A later outcomes evaluation will examine the NFCSP's effects on client outcomes, including family caregiver well-being.

The figure below shows how data for this study will be collected.



Below is an approximate timeline of study activities:
[Placeholder for study timeline]

The participation of organizations at each stage of the evaluation is essential to the success of this study. A representative from Lewin will contact you shortly to discuss the study in more detail. Enclosed is a list of the topics included in the online SUA survey (a paper survey is available upon request) and a brochure with details on the evaluation.

Thank you in advance for your assistance with this important study. Should you have further questions or require additional information, please contact [INSERT NAME AND CONTACT INFORMATION].

Sincerely,

[ACL Representative]

Topics covered in the SUA NFCSP survey include:

- Staff/Volunteer Training
- Funding Sources
- Targeting
- Community Needs Assessment
- Caregiver Intake, Screening, and Assessment
- Program Integration
- State and Area Plans
- Waiting Lists
- Prioritization of Services
- Caregiver Service Operation and Quality Assurance
- Monitoring and Evaluation
- Systems Development
- Supplemental Services
- Self-directed Care/Consumer Direction
- Program Administration
- Program Funding and Resources
- Non-OAA Caregiver Program
- Integration with Non-Caregiver Programs
- Priority Changes

Document 1.2: Letter of endorsement

Format: Agency letterhead

DATE

NAME

Business

Address 1

Address 2

City, ST Zip

Dear [Insert Name]:

I am writing to encourage you to participate in the evaluation of the Older Americans Act Title III-E National Family Caregiver Support Services Program (NFCSP). This process evaluation will examine how effectively and efficiently the NFCSP helps to deliver important services to family caregivers. This study will provide critical information to policy makers and program managers to support program planning. The success of the evaluation is dependent on the cooperation and participation of staff at all levels of the Aging Network.

The Lewin Group (Lewin) is conducting the process evaluation for the U.S. Department of Health and Human Services Administration for Community Living (ACL). The process study will examine program processes and provide information about program efficiency and costs. A future outcomes evaluation will assess program effectiveness, through measuring effects on outcomes like family caregiver well-being.

We appreciate your willingness to participate in this important study. I hope that you agree that the information collected and analyzed through this evaluation will provide critical information in setting policies and program practices that can support the goal of helping older adults and people with disabilities maintain their health and independence at home through providing support services to family caregivers.

Sincerely,

[NASUAD Representative]

Document 1.3: SUA NFCSP Study Brochure

Format: Brochure

National Evaluation of the Title III-E National Family Caregiver Support Program

The evaluation of the NFCSP will assist policy makers and program staff by:

- 1) Providing information to support program planning, including an analysis of program operations;
- 2) Developing information about program efficiency and costs; and,
- 3) Assessing program effectiveness, through measuring effects on outcomes like family caregiver well-being.

This evaluation is sponsored by the Administration for Community Living (ACL) and conducted by The Lewin Group (Lewin).



For additional information

Contact Name
Phone Number
Email Address

 LEWIN GROUP®

National Process Evaluation of the Title III-E Family Caregiver Support Program (NFCSP)



National Evaluation of the Title III-E National Family Caregiver Support Program

What is the purpose of the evaluation?

The evaluation is designed to understand how well the NFCSP is meeting its goals and mission. The information collected will enable ACL to more effectively report its results to the President, to Congress, to the Department of Health and Human Services, and to the public. The information from this evaluation will also aid in program refinement and continuous improvement. Results of the evaluation will be reported publicly.

How were participants selected for the study?

All State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) are being asked to participate in this evaluation. An additional 1000 Local Service Providers (LSPs) will be selected from 200 of the participating AAAs.

What kinds of data are being collected?

Process Study: The process study, which includes data collection from SUAs, AAAs, and LSPs, collects information on decision making processes, staffing models, training and education for staff, and integration with other home and community-based services systems.

Outcomes Study: The methodology for a caregiver outcomes study is under development.



Will my information provided for this study be kept confidential?

Yes. The Lewin Group will report the results in summary form; individual responses of SUAs, AAAs, and LSPs will not be reported. The responses of a particular agency or individual will not be identified in the process of reporting on this study.

Do I have to participate in this evaluation?

No. Your participation in this evaluation is voluntary; however, it is critical that you do participate to ensure the success of the study.

What is the timeline for the evaluation?

TBD

Document 1.4: SUA Survey Preparation

Format: Enclosed document

SUA Survey Preparation

Thank you for taking the time to complete this very important survey on caregiving. The information you provide is an essential part of the Administration for Community Living's (ACLs) first national evaluation of the Title III-E National Family Caregiver Support Program (NFCSP). State Units on Aging (SUAs) play a vital role in overseeing programs and services provided to caregivers in their local areas. It is the goal of this survey to:

- Obtain a broad understanding of the services SUAs provide to caregivers
- Understand the variety of ways caregiver programs are implemented and monitored by SUAs nationwide
- Examine the features of caregiver programs such as consumer direction, caregiver assessments and case/care management

Your responses to this survey will provide important information to document the scope, effectiveness and impact of caregiver programs in your state and community.

The survey asks a few questions about the characteristics of your caregiver programs and your SUA. Before you begin it may be helpful to gather the following information:

- 1) Estimated number of unduplicated consumers who received caregiver services from your SUA in your most recent fiscal year.
- 2) Estimated number of unduplicated grandparents 55+ caring for grandchildren and receiving caregiver services in your most recent fiscal year.
- 3) Total amount of expenditures in your SUA in the most recent fiscal year.
- 4) Amount of expenditures on Title III-E (National Family Caregiver Support Program) in the most recent fiscal year.
- 5) NFCSP Waiting List information (number of people on the waiting list for each NFCSP service, as applicable).
- 6) NFCSP Services cap information.
- 7) Top three supplemental services for caregivers of older adults and grandparent caregivers who care for grandchildren.

If you are using HIPAA-compliant internet access, your server may log you off after a period of inactivity. Save your work periodically, especially if you step away from your computer, by clicking "next" to get to the next page. Otherwise, your work may be lost.

If you have questions about completing the survey, please contact Cindy Gruman (703-269-5506 or cindy.gruman@lewin.com) or Ashley Tomisek (703-269-5632 or ashley.tomisek@lewin.com).

Activity 2: Telephone follow-up with SUA director

Document 2.1: First phone follow-up with SUA director protocol

Format: Telephone

Lewin Phone Follow-Up

A. Introduction

PLEASE HAVE SUA PACKET AVAILABLE IN CASE RESPONDENT HAS QUESTIONS.

1. Identify SUA director or designee to discuss study

Hello, my name is [NAME] from The Lewin Group (Lewin). I am calling on behalf of the U.S.

Department of Health and Human Services, Administration for Community Living (ACL) concerning the evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP).

May I please speak with [RESPONDENT NAME]?

I am calling to follow up on a fedex packet of information that was sent to [SUA DIRECTOR] last week from ACL and Lewin. The packet contained information on the evaluation.

I would like to tell you a little more about the study and collect a few key pieces of information from you.

Do you have a few minutes to speak with me now?

2. Explain study purpose

The purpose of the study is to examine how effectively and efficiently the NFCSP helps to provide support services to family caregivers of older adults and people with disabilities. The process study will provide information to policy makers and program managers to support program planning by identifying program efficiency and cost issues and assessing program effectiveness. A future outcomes study, which will survey family caregivers, will examine the impact services have on outcomes like family caregiver well-being.

To accomplish this purpose, Lewin will be collecting information from all areas of the Aging Network. The process study includes a census of all State Units on Aging (SUAs) and Area Agencies on Aging (AAAs), as well as a sample of Local Service Providers (LSPs).

B. CONFIRMING BEST RESPONDENT INFORMATION

PLEASE HAVE SUA PACKET, INCLUDING LIST OF SUA SURVEY TOPICS AVAILABLE IN CASE THE RESPONDENT HAS QUESTIONS.

First, I would like to confirm the name of the person at your SUA who is most knowledgeable about the topics covered in this survey. The packet of information you received included a list of topics covered in the SUA survey. The person at your SUA who is most knowledgeable about these topics should complete the survey, with assistance (as needed) from other SUA representatives. If you do not have the list handy, I can provide you with an overview of the topics now.

Are you the person best suited to complete this survey?

****IF NOT, COLLECT CONTACT INFORMATION FOR THE PERSON WHO THE SURVEY SHOULD BE SENT TO****

Name: _____

Title: _____

Email: _____

Address: _____

Telephone Number: |_|_|_| - |_|_|_| - |_|_|_|_|

C. Confirming Area Agency on Aging Information:

As part of this evaluation, all 618 Area Agencies on Aging will be asked to participate in this study. We would like to email you the list and ask you to confirm that it is an accurate reflection of all the AAAs in your state and their contact information.

[CONFIRM EMAIL ADDRESS FOR SUA DIRECTOR/DESIGNEE]

Thank you in advance for your participation. Do you have any questions that I can address at this time?

Document 2.2: Script for ACL discussion with SUA.

Request completion of survey and endorsement of AAA survey. Text that SUA director can send to AAAs to endorse study

Format: Emailed by SUA

ACL Phone Follow-Up

Hello, my name is [NAME] from the Administration for Community Living (ACL). I'm calling concerning the evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP). May I please speak with [RESPONDENT NAME]?

I am calling to follow up on our evaluation activities. ACL would like to encourage your participation in this survey. Additionally, we would like to request your assistance in encouraging your AAAs to participate in the evaluation, as well. To facilitate the process, I will send you text that you can email to your AAA(s) regarding the importance of completing the survey that will be sent to them.

[Verify email address]

We greatly appreciate your participation in this important evaluation! Do you have any questions I can answer? Thank you.

RE: Important evaluation of the National Family Caregiver Support Program

Dear [Insert Name]:

The Administration for Community Living (ACL) is conducting an evaluation of the Older Americans Act Title III-E National Family Caregiver Support Services Program (NFCSP). The purpose of this study is to examine how effectively and efficiently the NFCSP helps to deliver important services to family caregivers. This study will provide critical information to policy makers and program managers to support program planning. Data for this study will be collected at all levels of the Aging Network.

ACL has contracted with The Lewin Group (Lewin) and their subcontractor Scripps Gerontology Center (Scripps) to conduct this study. Scripps will be contacting you soon to invite you to complete a web survey about your agency's characteristics and objectives, staffing, training, program decision processes, and integration with other programs. Some AAAs will also be asked to provide a list of their local service providers for family caregiver support services for sampling purposes. For these lists, about 1,000 local service providers will be selected to participate in this study.

I am grateful that your AAA will contribute to the success of this study through your full participation.

Sincerely,

[SUA Director]

Activity 3: SUA survey mailing to survey respondent

Document 3.1: SUA survey cover letter

Format: ACL letterhead

Enclosures: SUA brochure, SUA survey, business reply envelope

DATE

NAME

Business

Address 1

Address 2

City, ST Zip

Dear [SUA Director]:

I am writing to ask for your support for providing information about your State Unit on Aging (SUA) and the important work you do for older adults and those who care for them. As part of the Administration for Community Living's (ACL) continuing commitment to evaluate the effectiveness of programs and services in the Aging Network, we are asking all SUAs to complete a survey as part of a comprehensive program evaluation of the National Family Caregiver Support Program (NFCSP). This survey will assist ACL in promoting an understanding of how SUAs administer the wide range of services to caregivers in general and through the NFCSP in particular.

ACL has partnered with The Lewin Group (Lewin) to gather and analyze information about the efforts of the Aging Network to support caregivers who have a significant impact on older adults, their families, employers, and entire communities. Supporting caregivers is essential to maintaining older adults' independence in their own homes. Demonstrating the effectiveness of these programs provides necessary evidence for advocacy efforts and funding at the federal, state, and local levels.

Completing the survey should take about 90 minutes. Your responses will remain confidential among ACL and the Lewin research team and your answers will not be reported in a way that can identify your agency. We highly encourage all SUAs to join us in this important effort. Please forward this email survey invitation to the person(s) in your organization most familiar with your caregiving programs and services.

The deadline for completion of the surveys is [DATE]. A series of reminders will be sent if you have not completed the survey. If you have questions about completing the survey please contact Dr. Cindy Gruman (703-269-5506 or cindy.gruman@lewin.com) or Ashley Tomisek (703-269-5632 or ashley.tomisek@lewin.com).

We recognize that all of you are very busy. Thank you for taking the time to complete this very important survey.

Insert Unique SUA survey link.

You can stop and restart this survey at any time. Use of your unique SUA survey link will keep track of where you last filled out the survey. Just make sure to click "Next" at the bottom of each page to save your answers on that page. If you have any trouble connecting to the survey please copy and paste the link directly into your browser. A paper copy is available upon request.

Sincerely,

[NAME]

Administration for Community Living

Activity 4: Reminder to survey respondent

Document 4.1: SUA reminder to survey respondent

Format: Postcard

RE: Important evaluation of the National Family Caregiver Support Program

Dear [SUA survey respondent]:

Your input is critical to the success of the National Evaluation of the Title III-E National Family Caregiver Support Program (NFCSP). I am writing to you because we have not heard from you. Please help us by completing and returning the State Unit on Aging (SUA) survey that you recently received from us. If you already mailed in the completed forms, thank you for doing so!

Please return completed questionnaire form by [INSERT DATE] to:
[NAME]
[ADDRESS]

If you have any questions about the study or need another survey packet, please contact Dr. Cindy Gruman (703-269-5506 or cindy.gruman@lewin.com) or Ashley Tomisek (703-269-5632 or ashley.tomisek@lewin.com). Thank you very much for your help with this important study.

Sincerely,

Administration for Community Living

Activity 5: SUA follow-up email to survey respondent

Document 5.1: SUA survey reminder email

Format: Email from Lewin on behalf of ACL

RE: Important evaluation of the National Family Caregiver Support Program

We are writing to remind you about the Administration for Community Living's (ACL) National Family Caregiver Support Program Survey (NFCSP) which is part of the first national NFCSP evaluation. Please see the link below. The survey is only available until [DATE] so we hope to hear from your organization as soon as possible.

ACL has partnered with The Lewin Group (Lewin) to gather and analyze information about the range of services State Units on Aging provide to caregivers in general and about the NFCSP in particular. The efforts of the Aging Network to support caregivers have a significant impact on older adults, their families, employers, and entire communities. Supporting caregivers is essential to maintaining older adults' independence in their own homes. Demonstrating the effectiveness of these programs provides necessary evidence for advocacy efforts and funding at the federal, state, and local levels.

Completing the survey should take about 90 minutes. We highly encourage all SUAs to join us in this important effort. Please feel free to forward this survey to the person(s) in your organization most familiar with your caregiving programs and services. The link is unique to your state.

The deadline for completion of the surveys is [DATE]. One more reminder will be sent out to your SUA if you have not completed the survey. If you have questions about completing the survey please contact Dr. Cindy Gruman (703-269-5506 or cindy.gruman@lewin.com) or Ashley Tomisek (703-269-5632 or ashley.tomisek@lewin.com).

We recognize that all of you are very busy. Thank you for taking the time to complete this very important survey.

Insert Unique SUA survey link.

You can stop and restart this survey at any time. Use of your unique SUA survey link will keep track of where you last filled out the survey. Just make sure to click "Next" at the bottom of each page to save your answers on that page. If you have any trouble connecting to the survey, please copy and paste the link directly into your browser.

Sincerely,

NAME
Administration for Community Living

AAA Survey Outreach and Marketing Materials

Activity 1: AAA advance email

Document 1.1: AAA advance email

Format: Email from ACL

Re: Announcement: Evaluation of the National Family Caregiver Support Program

Dear [AAA Director],

We are writing to notify you of an upcoming Area Agency on Aging (AAA) survey for the evaluation of the National Family Caregiver Support Program (NFCSP). As part of the Administration for Community Living's (ACL) continuing commitment to evaluate the effectiveness of programs and services in the Aging Network, we are asking all AAAs to complete an online survey as part of a comprehensive NFCSP evaluation. You can expect the survey in [INSERT TIME FRAME].

Please send this notification to the individual(s) most appropriate for completing a survey related to your NFCSP. You can also let us know who we should be contacting with this information if you are not the appropriate contact.

As part of this evaluation process, we will be requesting that AAAs complete the survey within [INSERT TIME FRAME] of receipt.

During a later phase of the NFCSP evaluation, a group of 200 AAAs will be asked for a list of their Local Service Providers (LSPs), so that they can be contacted and asked to participate in a short LSP survey about local service delivery to caregivers.

Thank you in advance for your participation. Please let us know if you have any questions.

Activity 2: AAA survey invitation emailing

Document 2.1: AAA survey cover letter

Format: Email

Attachments: AAA brochure, letter of endorsement from N4A

RE: Area Agency on Aging (AAA) Survey from the Administration for Community Living (ACL)

Dear [AAA Director],

I am writing to ask for your support in providing information about your Area Agency on Aging (AAA) and the important work you do for older adults and their caregivers. As part of the Administration for Community Living's (ACL) continuing commitment to evaluate the effectiveness of programs and services in the Aging Network, we are asking all AAAs to complete an online survey as part of a comprehensive National Family Caregiver Support Program (NFCSP) evaluation. The results of this survey will contribute to a better understanding of the efficient and effective services and supports that AAAs provide to caregivers through the NFCSP.

Supporting caregivers is essential to maintaining older adults' independence in their own homes. Demonstrating the effectiveness of our programs provides necessary evidence for advocacy efforts and funding at the federal, state, and local levels. To this end, ACL has partnered with The Lewin Group (Lewin) and the Scripps Gerontology Center (Scripps) to gather and analyze information about the efforts of the Aging Network to support family caregivers. During a later phase of the NFCSP evaluation, a group of 200 AAAs will be asked for a list of their Local Service Providers (LSPs), so that they can be contacted and asked to participate in a short LSP survey about local service delivery to caregivers.

Completing the NFCSP evaluation's AAA survey should take about 45 to 90 minutes. You can work on it in several sessions by saving your work and returning later using the link and login provided at the bottom of this e-mail.

Your responses will remain confidential among ACL, Lewin and Scripps research teams and your answers will not be reported in a way that can identify your agency. You may choose not to participate and you may skip any question you do not want to answer, but we highly encourage all AAAs to join us in this important effort. Please feel free to forward this survey to the person in your organization most familiar with your caregiving programs and services and the person who can provide the information requested on the list of information asked for in the survey.

The deadline for completion of the survey is [DATE]. If you have questions about completing the survey, please contact [Research Associate] at Scripps, toll free 1-855-359-3033 or the email the survey address at AAAsurvey@muohio.edu.

Before you begin, you may want to gather the following information that will be asked for in the survey. This information will be provided in the instructions. We recognize that all of you are very busy. Thank you for taking the time to complete this very important survey.

- Here is the password you will need to log in: [INSERT PASSWORD]
- Survey link: <http://survey.muohio.edu/snaponline/surveylogin.asp?k=125268374340>

If you have any trouble connecting to the survey please copy and paste the link directly into your browser.

Sincerely,
NAME
Administration for Community Living

Document 2.2: Letter of endorsement from National Association

Format: Association letterhead or email

DATE

NAME

Business

Address 1

Address 2

City, ST Zip

Dear [Insert Name]:

I am writing to encourage you to participate in the evaluation of the Older Americans Act Title III-E National Family Caregiver Support Services Program (NFCSP). Your responses to the NFCSP evaluation survey will make an important contribution in the effort to examine how effectively and efficiently the Older Americans Act Title III-E NFCSP helps to deliver services to family caregivers. The study will provide critical information to policy makers and program managers to support program planning at both the state and local levels. The success of the evaluation is dependent on the cooperation and participation of staff in all areas of the Aging Network.

The Lewin Group (Lewin) and the Scripps Gerontology Center (Scripps) are conducting the process evaluation for the U.S. Department of Health and Human Services' Administration for Community Living (ACL). The evaluation study will examine program processes and provide information about program efficiency and costs. A future outcomes evaluation will assess program effectiveness by collecting information from caregivers to learn more about program outcomes like family caregiver well-being.

Data for this current evaluation study will be collected from all State Units on Aging, all Area Agencies on Aging, and a sample of 1,000 Local Service Providers.

We appreciate your willingness to participate in this important study. The data collected and analyzed through this evaluation will provide critical information in setting policies and program practices that can support the goal of helping older adults and people with disabilities maintain their health and independence at home through providing support services to family caregivers.

Sincerely,

[National Association representative]

Document 2.3: AAA NFCSP brochure

Format: Brochure

National Evaluation of the Title III-E National Family Caregiver Support Program

The evaluation of the NFCSP will assist policy makers and program staff by:

- 1) Providing information to support program planning, including an analysis of program operations;
- 2) Developing information about program efficiency and costs; and,
- 3) Assessing program effectiveness, through measuring effects on outcomes like family caregiver well-being.

This evaluation is sponsored by the Administration for Community Living (ACL) and conducted by The Lewin Group (Lewin) and Scripps Gerontology Center (Scripps).



For additional information

Contact Name
Phone Number
Email Address



National Process Evaluation of the Title III-E Family Caregiver Support Program (NFCSP)



Activity 2: Email to AAAs about the Survey
Document 2.3 AAA study brochure

What kinds of data are being collected?

Process Study: The process study, which includes data collection from SUAs, AAAs, and LSPs, collects information on decision making processes, staffing models, training and education for staff, and integration with other home and community-based services systems.

Outcomes Study: The methodology for a caregiver outcomes study is under development.



Will my information provided for this study be kept confidential?

Yes. The Lewin Group and Scripps Gerontology Center will report the results in summary form and the individual responses of SUAs, AAAs, and LSPs will not be reported. The responses of a particular agency or individual will not be identified in the process of reporting on this study.

Do I have to participate in this evaluation?

No. Your participation in this evaluation is voluntary; however, it is critical that you do participate to ensure the success of the study.

What is the timeline for the evaluation?

TBD

National Evaluation of the Title III-E National Family Caregiver Support Program

What is the purpose of the evaluation?

The evaluation is designed to understand how well the NFCSP is meeting its goals and mission. The information collected will enable ACL to more effectively report its results to the President, to Congress, to the Department of Health and Human Services, and to the public. The information from this evaluation will also aid in program refinement and continuous improvement. Results of the evaluation will be reported publicly.

How were participants selected for the study?

All State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) are being asked to participate in this evaluation. An additional 1000 Local Service Providers (LSPs) will be selected from 200 of the participating AAAs.

Document 2.4: AAA survey preparation worksheet

Format: Email attachment

Survey Preparation Worksheet

Thank you for taking the time to complete this very important survey on caregiving. The information you provide is an essential part of ACL's first national evaluation of the Title III-E National Family Caregiver Support Program (NFCSP). Area Agencies on Aging (AAAs) play a vital role in providing programs and services to caregivers in their local areas. It is the goal of this survey to:

- Obtain a broad understanding of the services AAAs provide to caregivers
- Understand the variety of ways caregiver programs are implemented by AAAs nationwide
- Examine the features of caregiver programs such as consumer direction, caregiver assessments and case/care management

You will also be asked for information about your service providers. That information will assist us in selecting AAAs from whom local service providers will also be surveyed.

Your responses to this survey will provide important information to document the scope, effectiveness and impact of caregiver programs in your community.

The survey asks a few questions about the characteristics of your caregiver programs and your AAA. Before you begin it may be helpful to gather the following information about your most recently completed fiscal year.

Before you begin, you may want to gather the following information that will be asked for in the survey.

- Number of contracted providers that provided NFCSP services in total
- Number of providers that provide each type of NFCSP service.
- Number of full-time equivalent employees working on the NFCSP
- Number of unduplicated caregivers served by the NFCSP (Title III-E) services
- Number of unduplicated caregivers that receive:
 - Training, counseling & support services
 - Respite services
 - Caregiver supplemental services
 - Caregiver access assistance services
 - Caregiver consumer-directed services
- Number of unduplicated grandparents or other relatives 55 and over caring for children
- Total number of unduplicated volunteers on the NFCSP
- Total number of volunteer hours on the NFCSP
- Your AAA's total operating budget for last completed fiscal year
- Total operating budget for OAA NFCSP
- Total budget for grandparent/relative portion of NFCSP
- Total budget for respite care services
- Total budget for caregiver supplemental services
- Total budget for access/assistance services
- Total budget for information services
- Total budget for counseling, support groups and caregiver training
- Total budget spent on caregiver services from your NFCSP from each of these sources:

- Total federal funds
 - Total OAA funds
 - Other federal funds (e.g. HUD, VA)
 - Total state funding
 - State general revenue funds
 - State-funded caregiver program
 - Other state funds spent on caregivers
 - Other funding sources providing caregiver funding
 - Sources of referrals, if you track referral sources
- If your agency has one, a copy — either in electronic form or hard copy — of the standardized caregiver assessment form. You will be provided with an email address to mail the electronic form or to send a scanned version of the form to.

You may save your partially completed survey and return to it another time by choosing “save” at the bottom of the page where you end your work. Return to your survey from the link in your e-mail invitation. Use the “back” and “next” buttons at the bottom of the page to move through the survey, not the buttons on your browser. If you are using HIPAA-compliant internet access, your server may log you off after a period of inactivity. Save your work periodically, especially if you step away from your computer. Otherwise, your work may be lost.

You can print a blank PDF version of the survey before you begin by clicking here: [link to PDF on website].

You can print your completed survey by choosing the “print” button on the final screen. Do not choose “submit” on the final screen until you have completed all work on your survey, printed a copy (if desired) and are ready to leave the survey. If you submit before you are finished we will have to reset your survey and your work will be lost.

If you have questions, please contact our survey email address at AAAsurvey@muohio.edu or by calling [Research Associate] at 1-855-359-3033.

Activity 3: Phone follow-up to non-responders

Document 3.1: Phone follow-up to non-responders

Format: Telephone

Phone Follow-Up with Non-Responders

A. Introduction

PLEASE HAVE AAA PACKET AVAILABLE IN CASE RESPONDENT HAS QUESTIONS.

3. Identify Area Agency on Aging (AAA) director or designee to discuss study

Hello, my name is [NAME] from Scripps Gerontology Center (Scripps). I am calling on behalf of the U.S. Department of Health and Human Services, Administration for Community Living (ACL) concerning the Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP). May I please speak with [RESPONDENT NAME]?

I am calling to follow up on a packet of information that was emailed to [AAA DIRECTOR] from ACL. The packet contained information on the evaluation.

I would like to tell you a little more about the study and collect a few key pieces of information from you. Do you have a few minutes to speak with me now?

4. Explain study purpose

The purpose of the study is to examine how effectively and efficiently the NFCSP helps to provide support services to family caregivers of older adults and people with disabilities. The process study will provide information to policy makers and program managers to support program planning by identifying program efficiency and cost issues and assessing program effectiveness. A future outcomes study, which will survey family caregivers, will examine the impact services have on outcomes like family caregiver well-being.

To accomplish this purpose, we will be collecting information from all levels of the Aging Network.

The process study includes a census of all State Units on Aging (SUAs) and Area Agencies on Aging (AAAs), as well as a sample of Local Service Providers (LSPs).

B. CONFIRMING BEST RESPONDENT INFORMATION

PLEASE HAVE LIST OF AAA SURVEY TOPICS AVAILABLE IN CASE THE RESPONDENT HAS QUESTIONS.

First, I would like to confirm the name of the person at your AAA who is most knowledgeable about the topics covered in this survey. The survey includes questions about your AAA’s characteristics and objectives, staffing, training, and program operations. The person at your AAA who is most knowledgeable about these topics should complete the survey, with assistance (as needed) from other AAA representatives. If you do not have the list handy, I can provide you with an overview of the topics now.

Are you the person best suited to complete this survey?

****IF NOT, COLLECT CONTACT INFORMATION FOR THE PERSON WHO THE SURVEY SHOULD BE SENT TO****

Name: _____

Title: _____

Email: _____

Address: _____

Telephone Number: |_|_|_| - |_|_|_| - |_|_|_|_|

C. Confirming Local Service Provider Information

As part of this evaluation, about 1,000 LSPs will be randomly selected to participate in the study from 200 selected AAAs. In order to select these providers, we may need to ask you for contact information for a select set of caregiver LSPs you contract with. Once we select our sample, we will contact you again to obtain contact information for the selected providers.

I will email you a file that you can use to input the information we are requesting.

[CONFIRM EMAIL ADDRESS FOR AAA DIRECTOR/DESIGNEE]

Thank you in advance for your time and participation. Do you have any questions that I can address at this time?

Activity 4: Follow-up with AAAs for LSP survey

Document 4.1: AAA email requesting LSP info

Format: Email

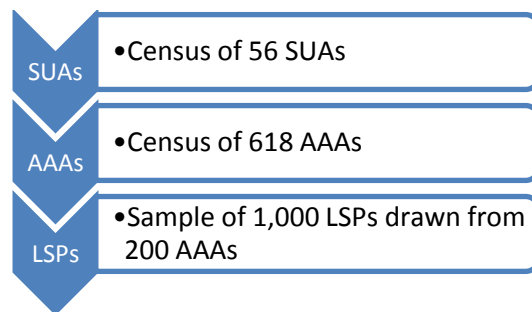
RE: Request for Local Service Provider contact lists from the Administration for Community Living

Dear [Insert Name]:

Your Area Agency on Aging (AAA) is one of 200 AAAs selected to participate in the next phase of the national evaluation of the Title III-E National Family Caregiver Support Program (NFCSP). Your support and assistance during this next phase of the study is greatly appreciated. Each of the 200 AAAs selected are being asked to provide a list of the caregiver services Local Service Providers (LSPs) they contract with in their planning and service area. We will use this list to select a sample of caregiver services LSPs to participate in this study.

As you may know, the Administration for Community Living has contracted with The Lewin Group (Lewin) and Scripps Gerontology Center (Scripps) to conduct this evaluation. A representative from Scripps will contact you shortly with more details about the specific information needed for each of the LSPs.

The figure below shows how data for this study will be collected. The study includes a census of all State Units on Aging (SUAs) and AAAs, as well as a sample of LSPs.



Below is an approximate timeline of study activities:

[Placeholder for study timeline]

Thank you in advance for your assistance with this important study. Should you have further questions or require additional information, please contact [INSERT NAME AND CONTACT INFORMATION].

We look forward to your continued participation in this important study.

Sincerely,

[ACL Representative]

Activity 4: Follow-up with AAAs for LSP survey

Document 4.2: Phone follow-up to AAAs with LSPs after LSP selection protocol

Format: Telephone

A. CONFIRMING LOCAL SERVICE PROVIDER CONTACT INFORMATION:

Hello, my name is [NAME] from Scripps Gerontology Center (Scripps). May I please speak with [RESPONDENT NAME]?

Thank you for your ongoing participation in the Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP). In earlier correspondences with your AAA, the Administration for Community Living (ACL) mentioned that we would be reaching out to a select group of AAAs to gather contact information for the caregiver services Local Service Providers (LSPs). These are LSPs that you contract with in your planning and service area. You recently received an email from ACL further explaining that process.

We will be emailing you a spreadsheet to fill in the contact information of LSPs you contract with to provide NFCSP services and the number of caregivers that each LSP serves through this contract. . We would greatly appreciate it if you would provide the requested information.

We will also be sending you a draft email that you can send to the selected LSPs to endorse the study and encourage their participation. We greatly appreciate your support in making this evaluation a success.

To verify, are you the most appropriate person to be sending this request to?

****IF NOT, COLLECT CONTACT INFORMATION FOR THE PERSON WHO THE LIST**

SHOULD BE SENT TO**

Name: _____

Title: _____

Email: _____

Address: _____

Telephone Number: |_|_|_| - |_|_|_| - |_|_|_|_|

Thank you in advance for your continued participation. Do you have any questions that I can address at this time?

Document 4.3. LSP Information List

Format: Excel Spreadsheet

Tab 1: AAA Information (example)

| | | |
|---|--|--------------------------|
| <p>Instructions: Please review the pre-filled information below. Correct any information necessary. If you corrected information, please note that in the column "Correction Needed". After reviewing this tab, please go to the "Local Service Providers" tab and fill in that information.</p> | | |
| Area Agency on Aging (AAA) Contact Information | | Correction Needed |
| AAA Name | (pre-filled) | |
| AAA Key Contact | (pre-filled) | |
| Email Address | (pre-filled) | |
| Phone Number | (pre-filled) | |
| AAA Address Line 1 | (pre-filled) | |
| Address Line 2 | (pre-filled) | |
| City, ST Zip Code | (pre-filled) | |
| AAA Survey Information | | |
| Geographic Area Served | (pre-filled from survey - predominately urban, suburban, etc...) | |
| Program Funding | (pre-filled amount from survey) | |
| Number of LSPs providing: | | |
| Support Groups | (pre-filled) | |
| Training/Education | (pre-filled) | |
| Information | (pre-filled) | |
| Caregiver Counseling | (pre-filled) | |
| Respite Services | (pre-filled) | |
| Access Assistance | (pre-filled) | |

Tab 2: Local Service Providers (example)

Instructions: Please fill in the information below. We are requesting information on the local service providers (LSPs) in your Planning and Service Area. In the recent survey, you indicated the number of LSPs that provided specific services, for which we pre-filled the service types. We will be surveying those LSPs and need their contact information.

NOTE: If you maintain your own database of LSP contacts, please export them from there. The information does not need to be in the exact format below; however, we do need the exact information points requested below. Thank you.

| Service Type | LSP Name | LSP Key Contact | Email | Phone | LSP Street Address |
|--------------------|----------|-----------------|-------|-------|--------------------|
| Training/Education | | | | | |
| Training/Education | | | | | |
| Training/Education | | | | | |
| Training/Education | | | | | |
| Respite Services | | | | | |
| Respite Services | | | | | |
| Respite Services | | | | | |
| Respite Services | | | | | |
| Respite Services | | | | | |
| Respite Services | | | | | |

Document 4.4: Text that AAA director can send to LSPs endorsing study

Format: Emailed by AAA

TO: LSP Director

FROM: AAA

SUBJECT: Important evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program.

The Administration for Community Living (ACL) is conducting an Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Services Program (NFCSP). ACL has contracted with The Lewin Group (Lewin), Scripps Gerontology Center (Scripps), and the University of Connecticut Health Center (UConn) to conduct this study. This process evaluation will examine how effectively and efficiently the NFCSP helps to deliver important services to family caregivers.

Data for this study will be conducted at all levels of the Aging Network. At the Local Service Provider (LSP) level, the UConn will contact you to complete a web survey about your agency's program decision processes and other characteristics. This should take you approximately 25 minutes to complete.

Thank you in advance for your assistance. It is my hope that you will contribute to the success of this study through your full participation.

Sincerely,

AAA director

Activity 5: AAA follow-up email to survey respondent

Document 5.1: AAA survey reminder email

Format: Email from Lewin on behalf of ACL

RE: Important evaluation of the National Family Caregiver Support Program

We are writing to remind you about the Administration for Community Living's (ACL) National Family Caregiver Support Program (NFCSP) survey. This survey is an important part of the first national evaluation of Title III-E NFCSP. Please see the link below. The survey is only available until [DATE] so we hope to hear from your organization as soon as possible.

The efforts of the Aging Network to support caregivers have a significant impact on older adults, their families, employers, and entire communities. Supporting caregivers is essential to maintaining older adults' independence in their own homes. Demonstrating the effectiveness of these programs provides necessary evidence for advocacy efforts and funding at the federal, state, and local levels.

Completing the survey should take about 90 minutes. We highly encourage all AAAs to join us in this important effort. Please feel free to forward this survey to the person(s) in your organization most familiar with your caregiving programs and services. The link is unique to your state.

The deadline for completion of the surveys is [DATE]. One more reminder will be sent out to your AAA if you have not completed the survey. If you have questions about completing the survey please contact Dr. Cindy Gruman (703-269-5506 or cindy.gruman@lewin.com) or Ashley Tomisek (703-269-5632 or ashley.tomisek@lewin.com).

We recognize that all of you are very busy. Thank you for taking the time to complete this very important survey.

Insert Unique AAA survey link.

If you have any trouble connecting to the survey, please copy and paste the link directly into your browser. A paper copy is available upon request.

Thank you in advance for your participation. Please let us know if you have any questions.

Sincerely,

NAME
Administration for Community Living

Local Service Provider (LSP) Survey Outreach Package

Activity 1: LSP email invitation

Document 1.1: LSP email invitation

Format: Email from ACL

RE: Important evaluation of the National Family Caregiver Support Program

Dear [NFCSP Provider],

We are inviting you to participate in an important new study of caregiver support funded by the US Administration for Community Living (ACL). Your organization was selected to participate in the study as part of our random sample, and we hope to hear from you. As part of ACL's continuing commitment to evaluate the effectiveness of programs and services in the Aging Network, we are seeking information to help us learn more about National Family Caregiver Support Program (NFCSP) providers and the important work they do for older adults and those who care for them. We are reaching out to you because we received your contact information through the _____ Area Agency on Aging (AAA). We would greatly appreciate your participation in this brief survey.

The efforts of the Aging Network to support caregivers have a significant impact on older adults, their families, employers, and entire communities. Supporting caregivers is essential to maintaining older adults' independence in their own homes. This evaluation is vital to documenting the effectiveness of the NFCSP. These results will be used to better understand what works, identify areas for improvement, and plan for the future. ACL has partnered with The Lewin Group and the University of Connecticut Health Center (UConn), Center on Aging to collect information about the range of services you provide to caregivers in general and about the NFCSP in particular.

The survey will take about twenty minutes to complete. Your responses will remain confidential among ACL, and the Lewin and UConn research teams; your answers will not be reported in a way that can identify your organization. Your participation is voluntary and you may skip any question you do not want to answer. We highly encourage all NFCSP providers to join us in this important effort. The principal investigator for this study is Dr. Julie Robison, and she can be reached at 860-679-4278 if you have any questions.

The survey will ask you to provide some specific information about your organization. Before you start the survey, you may want to collect the following information. You can also save the survey at any point and return to it if you need to look something up.

Each of the items below is for the last fiscal year:

1. Your organization's approximate total operating budget
2. The number of full time *equivalent* employees at your organization
3. The number of part time employees at your organization

4. The number of volunteers who worked on respite services (& how many volunteer hours, if available)
5. The number of volunteers who worked on caregiver training and education (& how many volunteer hours, if available)
6. Unduplicated number of all clients served by your organization
7. Unduplicated number of NFCSP caregiver clients who received respite services
8. Unduplicated number of NFCSP caregiver clients who received education & training
9. An electronic copy of your caregiver assessment form, if applicable.

Simply click on the link provided at the bottom of this email and use the log in below to access the survey online. Further instructions for completing the survey will be provided after you log in. You can save your answers and return later using this same link. Feel free to forward this survey to the person in your organization most familiar with your caregiving programs and services.

Please complete this survey by [DATE]. If you have questions about completing the survey or would like to complete it by telephone, please contact a UConn Research Associate toll free at [insert UConn number] or send an email to: [insert UConn survey email address].

We recognize that all of you are very busy. Thank you for taking a few minutes to complete this very important survey.

Sincerely,

NAME

Administration for Community Living

Click here to begin the survey: [Insert UCHC survey link]

Your log in access code is: _____

If you have any trouble connecting to the survey please copy and paste the link directly into your browser.

Activity 2: Phone follow-up to LSP non-responders

Document 2.1: Phone follow-up to LSP non-responders

Format: Telephone

Phone Follow-Up to Non-Responders

A. Introduction

PLEASE HAVE LSP PACKET AVAILABLE IN CASE RESPONDENT HAS QUESTIONS.

5. Identify LSP director or designee to discuss study

Hello, my name is [NAME] from the University of Connecticut Health Center, or UConn. I am calling on behalf of the U.S. Department of Health and Human Services, Administration for Community Living concerning the Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program (NFCSP). May I please speak with [RESPONDENT NAME]?

I am calling to follow up on a packet of information that was emailed to [LSP DIRECTOR] from the Administration for Community Living and UConn. The packet contained information on the evaluation. I would like to tell you a little more about the study and collect a few key pieces of information from you. Do you have a few minutes to speak with me now?

6. Explain study purpose

The purpose of the study is to examine how effectively and efficiently the NFCSP helps to provide support services to family caregivers of older adults and people with disabilities. The process study will provide information to policy makers and program managers to support program planning by identifying program efficiency and cost issues and assessing program effectiveness. A future outcomes study, which will survey family caregivers, will examine the impact services have on outcomes like family caregiver well-being.

To accomplish this purpose, UConn and our partners will be collecting information from all levels of the Aging Network. The process study includes a census of all State Units on Aging (SUAs) and Area Agencies on Aging (AAAs), as well as a sample of Local Service Providers (LSPs).

B. CONFIRMING BEST RESPONDENT INFORMATION

PLEASE HAVE LIST OF LSP SURVEY TOPICS AVAILABLE IN CASE THE RESPONDENT HAS QUESTIONS.

First, I would like to confirm the name of the person at your LSP who is most knowledgeable about the topics covered in this survey. The survey includes questions about your LSP's characteristics and objectives, staffing, training, and program decision processes. The person at your LSP who is most knowledgeable about these topics should complete the survey, with assistance (as needed) from other LSP representatives. If you do not have the list handy, I can provide you with an overview of the topics now. Are you the person best suited to complete this survey?

****IF NOT, COLLECT CONTACT INFORMATION FOR THE PERSON WHO THE SURVEY SHOULD BE SENT TO****

Name: _____

Email: _____

Title: _____

Address: _____

Telephone Number: |_|_|_| - |_|_|_| - |_|_|_|_|

Activity 3: LSP follow-up email to survey respondent

Document 3.1: LSP survey reminder email

Format: Email from UConn on behalf of ACL

RE: Important evaluation of the National Family Caregiver Support Program

Dear [NFCSP Provider],

We are writing to remind you about the Administration for Community Living's (ACL) Family Caregiver Survey which is part of the first national evaluation of Title III-E family support programs (please see below for log-in information). The survey is designed to gather and analyze information about the range of services you provide to caregivers in general, and about the National Family Caregiver Support Program in particular. **The survey is only available until [DATE] so we hope to hear from your organization as soon as possible.**

The efforts of the Aging Network to support caregivers have a significant impact on older adults, their families, employers, and entire communities. Supporting caregivers is essential to maintaining older adults' independence in their own homes. This evaluation is vital to documenting the effectiveness of the NFCSP. These results will be used to better understand what works, identify areas for improvement, and plan for the future. ACL has partnered with The Lewin Group and the University of Connecticut Health Center (UConn), Center on Aging to gather and analyze information about the range of services you provide to caregivers in general, and about the National Family Caregiver Support Program in particular.

The survey will take about twenty minutes to complete. Your responses will remain confidential among ACL, and the Lewin and UConn research teams and your answers will not be reported in a way that can identify your organization. Your participation is voluntary and you may skip any question you do not want to answer. We highly encourage all NFCSP providers to join us in this important effort. The principal investigator for this study is Dr. Julie Robison, and she can be reached at 860-679-4278 if you have any questions.

The survey will ask you to provide some specific information about your organization. Before you start the survey, you may want to collect the following information. You can also save the survey at any point and return to it if you need to look something up.

Each of the items below is for the last fiscal year:

1. Your organization's approximate total operating budget
2. The number of full time *equivalent* employees at your organization
3. The number of part time employees at your organization
4. The number of volunteers who worked on respite services (& how many volunteer hours, if available)
5. The number of volunteers who worked on caregiver training and education (& how many volunteer hours, if available)
6. Unduplicated number of all clients served by your organization
7. Unduplicated number of NFCSP caregiver clients who received respite services
8. Unduplicated number of NFCSP caregiver clients who received education & training

9. An electronic copy of your caregiver assessment form, if applicable.

Simply click on the link provided at the bottom of this email and use the log in below to access the survey online. Further instructions for completing the survey will be provided after you log in. You can save your answers and return later using this same link. Feel free to forward this survey to the person in your organization most familiar with your caregiving programs and services.

Please complete this survey by [DATE]. If you have questions about completing the survey or would like to complete it by telephone, please contact a UConn Research Associate toll free at [insert UConn number] or send an email to: [insert UConn survey email address].

We recognize that all of you are very busy. Thank you for taking a few minutes to complete this very important survey.

Here is the password you will need to log in:

Click here to begin the survey: [Insert UCHC survey link]

Your log in access code is: _____

If you have any trouble connecting to the survey please copy and paste the link directly into your browser.

Sincerely,

NAME

Administration for Community Living