

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	