

4. **What are some of the things your Family enjoys doing? What are some of the activities in which your Family participates? Do you have local and accessible support systems? Please provide some examples.**

5. **What are some of your concerns regarding the care of your EFM? What skills are needed by those involved in providing respite care for your Family member?**

6. **What activities does your EFM enjoy doing? What activities is he or she involved in? What are his or her strengths?**

7. **What type of skills are you looking for in a respite care provider? Are there skills you could teach the potential EFMP respite care provider?**

8. **How does your EFM communicate his or her likes and dislikes or needs and desires?**

9. Are there behavioral concerns the EFM respite care provider needs to know about and for which training is necessary? Please describe in detail.

10. Do you have other Family members enrolled in the EFMP? If yes, please provide detailed information.

11. Do you have a preferred EFM respite care provider(s)? If yes, please list.

12. Agencies you are currently receiving services from:

TRICARE ECHO _____ Vocational Rehabilitation _____

Mental Health _____ The ARC _____ Easter Seals _____

Other (Please List) _____

13. Additional comments/information: