

**Alabama Lifespan Respite Resource Network ®**

**Voucher Respite Program**

**Demographic Form**

(You only have to complete once a year)

Today's Date: \_\_\_\_\_

As a Primary Caregiver, please tell us a little bit about yourself:

Age: \_\_\_\_\_

Sex: ( ) Male or ( ) Female

What is your ethnic background? Check one:

( ) Caucasian ( ) African-American ( ) Hispanic ( ) Asian-American ( ) Native American ( ) Bi-racial

( ) Other: \_\_\_\_\_

What is the **highest level of education** that you have? Check one:

( ) Do not have high school degree

( ) Completed high school or GED

( ) Some college

( ) 2-year college/Technical school degree

( ) 4-year college degree

( ) Post-college degree (e.g., Master's, Ph.D., M.D.)

What is your **total gross household income** before taxes in the current year? Check one:

( ) less than \$7,000 ( ) \$7,000-\$13,999 ( ) \$14,000-\$24,999

( ) \$25,000-\$39,999 ( ) \$40,000- \$74,999 ( ) \$75,000 or more

In what Alabama County do you live? \_\_\_\_\_

Tell us about the person you care for:

Age: \_\_\_\_\_

Sex: ( ) Male or ( ) Female

Diagnosis: \_\_\_\_\_

\_\_\_\_\_