

Designated Agency: _____ Month & Year _____

Please complete and return to Alice Maynard (amaynard@vdh.state.vt.us) by the 15th of each month.

Family Specific Request Respite

	MSR Clients	Non-MSR Clients
# of families served		
\$ spent		

Wait List for All Types of Respite

	MSR Clients	Non-MSR Clients
# on list for lack of worker		
# on list for lack of funding		
Total # on list		
Average length of time on list for those currently waiting (# of weeks)		