

Lifespan Respite Care Participating Partner

Name _____ Phone _____ Email _____

Organization _____ Title _____

Address _____ County _____

Please check all areas you represent as a participant both personally and professionally:

Family/Caregiver	Respite Provider	Private Citizen
Civic Organization	Faith Community	Health Organization
Vocational Service	County Agency	Tribal
Social Service	Education Service	Private Business
Community Planning	Social Club	Other _____

Please check age groups you represent or serve (*if applicable*).

Children (0-17)	Adults (18-55)	Seniors (56+)
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Why are you or your organization involved with this project:

What can you or your organization offer the project as a participating partner? (*staff time, space, training, financial resources, volunteers, etc.*)

Contact Signature _____ Phone _____ County _____