

Respite Care Survey: Friday Night Friends

Dear Parents,

Hi! My name is Elizabeth Gersuk. I am a resident physician in the UNC Department of Physical Medicine and Rehabilitation who is interested in pursuing a career in Pediatric Rehabilitation. I have an older brother, Stephen, who has a developmental disability, so I know first-hand how difficult it can be for parents to find periods of respite, or relief, from their responsibilities as caregivers. My family was lucky, because a local church sponsored a program to provide us with much-needed periods of respite. Now I am working to spread this program to other locations.

The original Friday NITE (Nursing Interventions in a Tender Environment) Friends was started at Custer Road United Methodist Church in Plano, Texas by Linda Guerrero. My older brother, who has Cornelia de Lange Syndrome, attended this program. I also attended this program as a sibling for many years, and then served as a volunteer there for four years before leaving for college. Stephen and I looked forward to our night out, while my parents looked forward to their night off.

I moved to Virginia in 2003 to attend Virginia College of Osteopathic Medicine (VCOM), where Dr. Ava Stanczak had joined the faculty and became my mentor. I knew Dr. Stanczak from Texas - she was Stephen's doctor - and her practice consisted mostly of people with special needs. We both soon realized there was a huge need for a similar program in Virginia, so we decided to model a program after Friday NITE Friends. In 2005, we started Friday Night Friends (FNF) in Blacksburg, VA. The following year, we started another FNF program in Roanoke, VA.

Now I would like to bring FNF to the Chapel Hill area. In order to best meet your needs, and to help us obtain funding, please fill out this survey and return it as an attachment via email to egersuk@unch.unc.edu or by mail to the UNC PM&R clinic, Campus Box 7200, Chapel Hill, NC, 27599-7200. I would greatly appreciate your responses and any suggestions you have to offer.

Thank you, and I look forward to meeting you and your children!

Elizabeth Gersuk, DO

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1. What city do you live in?

2. This program will likely be held in Chapel Hill. Would you be willing to travel to Chapel Hill for this? **Yes** **No** What is the farthest you would be willing to travel?

10 miles **40 miles**

20 miles **50 miles**

30 miles **60 miles**

3. In the past, this program has been held once a month on Fridays from 6pm to 10pm. What is **your** preferred day of the week and evening time for respite care (top 3 choices)?

4. Would your child require special care (e.g., tube feeding, administration of medications)? If so, please describe.

5. Do you have a regular babysitter? If not, please explain why. (e.g., lack of trusted caregivers, insufficient funds).

6. List any concerns you might have about leaving your special-needs child and their siblings in a respite care program such as FNF.

7. In the past, programs have been hosted at churches as part of their community mission. Ideally the host location would be either very inexpensive or free. Could you recommend a location to host a respite care program? If so, please provide the facility name and address, and, if available, a contact name.

8. Do you know any other families that would be interested in this program? If so, and with their permission, please provide their contact information.

9. If you would like to be contacted to participate in this program once it is started, **please provide your name and contact information.**

10. Please provide any other comments or suggestions.
