



Clinical Assessment Factors for Identifying Participants for Respite Travel Program

- a. Financial Assessment Factors
 - i. Currently unable to financially provide respite on their own
 - 1. Inability to generate income due to illness;
 - 2. Currently of a lower socioeconomic status;
 - 3. Lack of financial support from extended family/support system;
 - 4. Ongoing medical bills pose long term financial instability;
 - 5. No disability coverage;
 - ii. Financially unable to pay because of prospective future financial instability
 - 1. Underinsured for life insurance and dependents;
 - 2. Fear of leaving family with no financial reserves;
 - 3. Fear of responsibility for leaving mounting medical bills;
 - 4. Ongoing medical bills are depleting all savings;
 - iii. Financially able to pay but unable to engage in any prospective future planning (ties into Emotional Assessment Factors below)
 - 1. Inability to plan due to lives in day to day mode;
 - 2. Paralyzed by cancer and unable to think about tomorrow;
 - 3. Trying to deal with the immediate present – future incomprehensible;
- b. Emotional Assessment Factors
 - i. Psychosocial and Spiritual Factors
 - 1. Patient/Caregiver/Children experience difficulty in dealing with reality of diagnosis and coping with daily impact of disease;
 - 2. Patient's treatment impacts emotional stamina as well as physical stamina;
 - 3. Patient is concerned about impact of diagnosis on caregiver and family members with concern for today and tomorrow;
 - 4. Patient/Caregiver/Children have fear of the future and what it may bring with respect to quality of life and patient survival;
 - 5. Patient/Caregiver/Children struggle to maintain positive attitude amidst continued setbacks;
 - 6. Patient/Caregiver/Children experience feelings of helplessness;
 - 7. Patient/Spouse or Significant Other are dealing with diminishment or loss of intimacy due to illness or treatment;
 - ii. Communication Factors
 - 1. Breakdown of communication among family unit has occurred;
 - 2. Patient poorly communicates own concerns to family and support staff;
 - 3. Caregiver has become main communicator to family and friends and is experiencing information overload;
 - 4. Caregiver afraid to discuss own fears while supporting the Patient;
 - 5. Child has a lack of understanding of what is happening to parent; fears death of parent but is unable to verbalize fears

