

**Disability Service Improvement (DSI) Satisfaction Survey
Cover Letter - Front**

[NAME]
[ADDR1]
[ADDR2]
[ADDR3]

Dear [NAME]:

The Social Security Administration believes that conducting surveys is one of the best ways to find out how well we are serving you. We'd like to ask you to take 5 minutes to fill out the brief survey form enclosed concerning your experience filing for Social Security disability benefits.

Please be assured that [*contractor*], who is conducting the survey for Social Security, is bound by law to keep your answers completely confidential. We will not give your information to anyone else or use it for any other purpose. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security. (See the back of this letter for information about the privacy of survey information and the length of time it will take to complete the survey.)

Please return the completed survey as soon as possible in the postage paid envelope provided. While you are not required to respond, your opinions are very important to us and **we would like to hear from as many people as possible.**

If you prefer, you can complete the survey online by going to the following Internet address: [*insert url*]. Once there, you will need to enter this unique identifier, [*insert identifier*], in order to complete the survey. If you take the survey online, please do not return the paper form.

If you want information about the survey, you can call my staff toll-free at 1-888-772-2010. Please leave a message with your name and telephone number (including the area code) and your call will be returned promptly. If you have any questions about your application or benefits, please call Social Security's toll-free information line at 1-800-772-1213. Neither my staff nor [*contractor*] can answer questions about your benefits.

Thank you for sharing your opinions with us.

Sincerely,

Kelly Croft
Chief Quality Officer, SSA

Enclosure

**Disability Service Improvement (DSI) Satisfaction Survey
Cover Letter - Back**

PRIVACY ACT STATEMENT

The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, "Setting Customer Service Standards". Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless the survey form displays a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to complete this survey. This includes the time it will take to read the instructions, gather the facts and answer the questions. *You may send comments on our time estimate above to: Social Security Administration, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.***