

PROGRAM EFFECTIVENESS AND RECOVERY SURVEY

OMB Control

No. 1660-0036

(May 24, 2007)

Hello, I'm calling on behalf of FEMA, the Federal Emergency Management Agency. My name is _____. May I please speak with _____ (*applicant name*)?

If no: Is there a better time tonight when I may call back? *If no, document the Attempt Field as "Call Back", add a Comment with a time to call tonight:* Thank you for your time and have a nice evening.

If yes: You recently had an application for disaster assistance processed by FEMA related to _____ (*name of disaster*). Are you the one who handled your case?

If no, ask: Is that person available? And may I ask their name?

If no: Is there a better time tonight when I may call back? *If yes, document the Attempt Field as "Call Back", add a Comment with a time to call tonight:* Thank you for your time and have a nice evening.

If yes: (*Applicant name*), we're looking for ways to improve the quality of our service based on your opinions. Would you volunteer to take 10-15 minutes to answer some questions right now?

If yes: Good. The following questions have been approved by the Office of Management and Budget under number 1660-0036. Please be assured your responses will in no way affect the outcome of your application for FEMA assistance.

If no, document the Attempt Field as "Decline": Okay. Thank you for your time and have a nice evening.

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KEY RATING QUESTION	
All right, (Applicant's name), we'll start with a very general question about the assistance you received.	
<i>Question</i>	<i>Response Options</i>
<p>1. Overall, how would you rate the information and support you received from FEMA since the disaster occurred? Would you say it's been.....</p> <p>(READ list)</p> <p style="padding-left: 40px;">(If "Below average" or "Poor", go to Q.1a, otherwise skip to Q.2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
<p>1a. In what way was the information and support [Below average / poor]?</p> <p>(DO NOT read list)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Did not receive enough / financial assistance <input type="checkbox"/> Application process too complicated <input type="checkbox"/> Information inconsistent or wrong programs not explained clearly <input type="checkbox"/> Dissatisfaction with Inspection <input type="checkbox"/> Took too long to get assistance <input type="checkbox"/> Poor customer service <input type="checkbox"/> Other (Put specific response in comments box)

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Housing Assistance or Other Needs Assistance questions will auto-populate if NEMIS indicates respondent has received assistance for either program. Respondents who did not receive assistance for either program will skip to Q14.

Other Needs Assistance Program Skip to Q.3	Housing Assistance Program Go to Q.2	Non-eligible for HL or ONA Skip to Q.14
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HOUSING ASSISTANCE PROGRAM

<i>Question</i>	<i>Response Options</i>
This next series of questions refers to FEMA's Housing Assistance Program.	
2. Following the disaster, was FEMA able to assist you with the repairs to your home or provide rental assistance? (DO NOT read list) (If "No", go to Q.2a, otherwise skip to Q.2b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know / No Opinion
2a. Why was FEMA unable to provide assistance? (DO NOT read list. Mark all that apply.) (If ONA, skip to Q3, otherwise skip to Q4)	<input type="checkbox"/> Insurance covered loses <input type="checkbox"/> Inspection did not consider everything <input type="checkbox"/> Case still pending <input type="checkbox"/> Didn't qualify for FEMA assistance <input type="checkbox"/> Do not know why <input type="checkbox"/> Other (Put specific response in comments box)
2b. Considering your losses, how would you rate the assistance you received from FEMA to meet your housing needs? Would you say it was (READ list) (If "Below average" or "Poor" go to Q.2c; if ONA skip to Q.3, otherwise skip to Q.4)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
2c. How was the assistance you received Below Average / Poor)? (DO NOT read list)	<input type="checkbox"/> Dissatisfaction with Inspection <input type="checkbox"/> Not enough money awarded <input type="checkbox"/> Didn't qualify for FEMA assistance <input type="checkbox"/> Took too long <input type="checkbox"/> Guidelines unfair <input type="checkbox"/> Other (Put specific response in comments box)

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TIMELINESS OF HA ASSISTANCE	
<p>2d. From the time you applied for disaster assistance until you actually received assistance from FEMA, how would you rate the length of time it took? Would you say it was.... (READ list)</p> <p>(If "Below average" / "poor", go to Q4a, otherwise skip to Q. 5.)</p>	<p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion</p>
<p>2e. Why do you feel the length of time to was not appropriate? (DO NOT read list. Mark all that apply.)</p>	<p><input type="checkbox"/> Delayed due to Appeal process <input checked="" type="checkbox"/> Process took too long <input type="checkbox"/> Incorrect information on application <input type="checkbox"/> More than one inspection <input type="checkbox"/> Delayed by insurance company <input type="checkbox"/> Other (Put specific response in comments box)</p>

OTHER NEEDS ASSISTANCE PROGRAM	
Question	Response Options
<p>This next series of questions refers to the "Other Needs Assistance Program" funded by the State of _____. This program may have assisted you with damages to your vehicle, clothing household items, with a generator or other <u>uninsured</u> expenses.</p>	
<p>3. After the disaster, was this Program able to help you with any of the losses I just mentioned ? (DO NOT read list) (If "No", go to Q.3a, otherwise skip to Q.3b)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know / No Opinion</p>
<p>3a. Why not? (DO NOT read list) (Skip to Q4)</p>	<p><input checked="" type="checkbox"/> Do not know why <input type="checkbox"/> Inspection didn't consider everything <input type="checkbox"/> Insurance covered loses <input type="checkbox"/> Didn't qualify for ONA assistance <input type="checkbox"/> Case still pending <input type="checkbox"/> Other (Put specific response in comments box)</p>

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<p>3b. Considering your losses, how would you rate the assistance you received from this Program to meet those needs? Would you say it was (READ list) (If "Below average" or "Poor", go to Q.3c, otherwise skip to Q.4)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
<p>3c. In what way was the assistance you received (Below Average / Poor)? (DO NOT read list)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Didn't receive enough assistance/money <input checked="" type="checkbox"/> Inspector didn't consider everything <input type="checkbox"/> Didn't qualify for ONA assistance <input type="checkbox"/> Took too long to receive assistance <input type="checkbox"/> Guidelines unfair <input type="checkbox"/> Other (Put specific response in comments box)

TIMELINESS OF ONA ASSISTANCE	
<p>4. From the time you applied until you actually received assistance from the Other Needs Program, how would you rate the length of time it took? Would you say it was.... (READ list) (If "Below average" / "poor", go to Q4a, otherwise skip to Q. 5.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
<p>4a. Why do you feel the length of time to receive assistance was not appropriate? (DO NOT read list. Mark all that apply.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Delayed due to appeal process <input checked="" type="checkbox"/> Process took too long <input type="checkbox"/> Incorrect information on application <input type="checkbox"/> More than one inspection <input type="checkbox"/> Delayed by insurance company <input type="checkbox"/> Other (Put specific response in comments box)

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INSPECTION SERIES	
AUTO-POPULATE THIS QUESTION ONLY IF RESPONDENT RECEIVED AN INSPECTION.	
Question	Response Options
Now, I'd like you to think about the initial inspection FEMA conducted to assess your damages.	
I see you had multiple inspections. Which one would you like to be surveyed about?	<input type="checkbox"/> [] Initial inspection <input type="checkbox"/> [] Second inspection
5a. How many days after your initial call did FEMA conduct the inspection? (If needed, probe with "What's your closest estimate?")	<input type="checkbox"/> []
5b. How would you rate the amount of time between your registration and the actual inspection? Would you say it was (READ list)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
5c. Overall, how satisfied are you with the inspection FEMA conducted? Would you say you are.. (READ list) (If "Less than" or "Not at all satisfied", go to 5d, otherwise, skip to Q.6..)	<input type="checkbox"/> Extremely satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Less than satisfied <input type="checkbox"/> Not at all satisfied <input type="checkbox"/> (DO NOT read) Don't know / No opinion
5d. Why were you dissatisfied with the inspection FEMA conducted? (DO NOT read list)	<input type="checkbox"/> Did not explain anything to me or answer my questions <input type="checkbox"/> Did not get my input <input type="checkbox"/> Did not look at all my damages <input type="checkbox"/> Not qualified, no financial assistance or not enough <input type="checkbox"/> Poor Customer Service <input type="checkbox"/> Did not come at scheduled time <input type="checkbox"/> Did not take enough time <input type="checkbox"/> Other (Put specific response in comments box)

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LEVEL OF RECOVERY	
Question	Response Options
And now I'd like to get your feelings about the level of recovery you've experienced since the disaster.	
6. Would you say you have..... (READ list)	<input type="checkbox"/> Completely recovered <input type="checkbox"/> Somewhat recovered, or <input type="checkbox"/> Have not begun to recover <input type="checkbox"/> (DO NOT read) Don't know / No opinion
FEMA ROLE IN RECOVERY	
6a. Thinking about FEMA's role in your recovery, would you say FEMA's been (READ list) (If "Not very helpful" / "Not at all helpful", go to 5b, otherwise go to Q.6)	<input type="checkbox"/> Extremely helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not very helpful, or <input type="checkbox"/> Not at all helpful <input type="checkbox"/> (DO NOT read) Don't know / No opinion
6b. Why do you feel that way? (DO NOT read list. Mark all that apply.)	<input type="checkbox"/> Didn't receive any assistance / money <input type="checkbox"/> Didn't receive enough assistance / money <input type="checkbox"/> Process took too long <input type="checkbox"/> Guidelines Unfair <input type="checkbox"/> Other (Put specific response in comments box)

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REPUTATION IN COMMUNITY	
<i>Question</i>	<i>Response Options</i>
Next, I'd like you to think about the image FEMA has in your community.	
7. Based on what you've seen, read, and heard, as well as your personal opinion, how would you rate FEMA's overall reputation in your community? Would you say it is (READ list) (If "Below average" or "Poor", go to Q7a, otherwise skip to Q.8.)	Excellent Good Satisfactory Below average, or Poor (DO NOT read) Don't know / No opinion
7a. What do you think the reason would be? (DO NOT read list. Mark all that apply.)	<input type="radio"/> Application process too complicated <input type="radio"/> No consistency in amount awarded <input type="radio"/> Not enough money awarded <input type="radio"/> Disaster assistance information mis-communicated <input type="radio"/> Did not qualify for assistance <input type="radio"/> Poor Customer Service <input type="radio"/> Took too long to get assistance <input type="radio"/> Other (Put specific response in comments box)

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AMERICAN RED CROSS REFERRAL	
<i>Question</i>	<i>Response Options</i>
(DO NOT read) American Red Cross Series — only to be asked if the applicant was referred to the American Red Cross.	
8. After you registered with FEMA, we may have advised you to contact the American Red Cross. Were you able to contact that agency? (DO NOT read list) (If “No”, go to Q.7a, otherwise skip to Q.7b.)	Yes No
8a. Why were you unable to contact the Red Cross? (DO NOT read list. Mark all that apply.) (Skip to Q8.)	<input type="radio"/> Decided not to <input type="radio"/> Do not remember, do not know why, I forgot <input type="radio"/> Didn't know how to <input type="radio"/> Didn't know I was supposed to <input type="radio"/> No longer had a need to <input type="radio"/> Tried, but was unable to reach them <input type="radio"/> Other (Put specific response in comments box)
8b. How would you rate the overall assistance provided by the Red Cross? Would you say it was..... (READ list) (If “Below average” or “Poor”, go to Q.7c, otherwise skip to Q.8.)	Excellent Good Satisfactory Below average, or Poor (DO NOT read) Don't know / No opinion
8c. In what way was the assistance [below average or poor]? (DO NOT read list. Mark all that apply.)	<input type="radio"/> Not enough assistance to meet my needs <input type="radio"/> Agency did not Follow Through <input type="radio"/> Had no programs / funds to assist me <input type="radio"/> Didn't qualify for assistance <input type="radio"/> Poor customer service <input type="radio"/> Took too long / too confusing <input type="radio"/> Other (Put specific response in comments box)

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FARM SERVICES ADMIN REFERRAL	
<i>Question</i>	<i>Response Options</i>
(DO NOT read) FARM SERVICES ADMINISTRATION Series – only to be asked if the applicant was referred to Farm Services.	
9. After you registered with FEMA, we may have advised you to contact the Farm Services Administration. Were you able to contact that agency? (DO NOT read list) (If “No”, go to Q.8a, otherwise skip to Q.8b.)	Yes No Don't know / Don't remember
9a. Why were you unable to contact the Farm Services Administration? (DO NOT read list. Mark all that apply.) (Skip to Q10.)	<input type="radio"/> Decided not to <input type="radio"/> Do not remember, do not know why, I forgot <input type="radio"/> Didn't know how to <input type="radio"/> Didn't know I was supposed to <input type="radio"/> No longer had a need to <input type="radio"/> Tried, but was unable to reach them. <input type="radio"/> Other (Put specific response in comments box)
9b. How would you rate the overall assistance provided by Farm Services? Would you say it's been..... (READ list) (If “Below Average” / “Poor”, go to Q.8c, otherwise skip to Q.9.)	Excellent Good Satisfactory Below average, or Poor (DO NOT read) Don't know/ No opinion

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<p>9c. In what way was it [below average or poor]? (DO NOT read list. Mark all that apply.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Agency had no funds <input type="radio"/> Agency did not follow through <input type="radio"/> Case still pending <input type="radio"/> Took too long / too confusing <input type="radio"/> Agency had no program <input type="radio"/> Didn't qualify for assistance <input type="radio"/> Poor customer service <input type="radio"/> Other (Put specific response in comments box)
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DISASTER UNEMPLOYMENT REFERRAL	
<i>Question</i>	<i>Response Options</i>
<i>(DO NOT read) DISASTER UNEMPLOYMENT Series</i> – only asked if applicant was referred to Disaster Unemployment.	
<p>10. After you registered with FEMA, we may have advised you to contact the Unemployment Agency. Were you able to contact that agency? (DO NOT read list) (If “No”, go to Q.9a, otherwise skip to Q.9b.)</p>	<p>Yes No</p>
<p>10a. Why were you unable to contact the Unemployment agency? (DO NOT read list. Mark all that apply.) (Skip to Q10.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Decided not to <input type="radio"/> Do not remember, do not know why, I forgot <input type="radio"/> Not unemployed, not qualified, self-employed <input type="radio"/> Didn't know I was supposed to <input type="radio"/> No longer had a need to <input type="radio"/> Tried, but unable to reach them. <input type="radio"/> Other (Put specific response in comments box)
<p>10b. Was the Unemployment Agency able to assist? (DO NOT read list) (If “No”, go to Q.9c, otherwise skip to Q.10.)</p>	<p>Yes No Case still pending</p>

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<p>10c. Why was the Unemployment Agency unable to provide you with assistance? (DO NOT read list. Mark all that apply.)</p>	<ul style="list-style-type: none"><input type="radio"/> Not enough help to meet needs<input type="radio"/> Didn't submit the paperwork<input type="radio"/> Agency had no program / funds to assist<input type="radio"/> Didn't qualify for assistance<input type="radio"/> Other (Put specific response in comments box)
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INTERNAL REVENUE SERVICE REFERRAL

<i>Question</i>	<i>Response Options</i>
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(DO NOT read) INTERNAL REVENUE SERVICE Series – only to be asked if the applicant was referred to the Internal Revenue.

<p>11. After you registered with FEMA, we may have advised you to contact the Internal Revenue Service. Were you able to contact that agency? (DO NOT read list) (If “No”, go to Q.10a, otherwise skip to Q.10b.)</p>	<p>Yes No</p>
<p>11a. Why not? (DO NOT read list. Mark all that apply.) (Skip to Q11.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Decided not to <input type="radio"/> Do not remember, do not know why, I forgot <input type="radio"/> Didn't know how to contact agency or Tried but unable <input type="radio"/> Didn't know I was supposed to <input type="radio"/> No longer had a need to <input type="radio"/> Too soon, will later or have accountant contact the IRS <input type="radio"/> Other (Put specific response in comments box)
<p>11b. Was the Internal Revenue Service able to offer any assistance? (DO NOT read list) (If “No”, go to Q.10c, otherwise skip to Q.11.)</p>	<p>Yes No Case is still pending</p>
<p>11c. Why was the Internal Revenue Service unable to assist you? (DO NOT read list. Mark all that apply.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Too complicated <input type="radio"/> Insufficient losses to claim <input type="radio"/> Didn't submit the paperwork <input type="radio"/> Don't know why or do not remember <input type="radio"/> Other (Put specific response in comments box)

SMALL BUSINESS ADMIN REFERRAL

Question	Response Options
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(DO NOT read) SMALL BUSINESS ADMINISTRATION Series— only to be asked if the applicant was referred to SBA.

<p>12. After you registered with FEMA, we may have advised you to contact the Small Business Administration. This agency might have been able to assist you with a low interest rate loan. Were you able to contact that agency? (DO NOT read list) (If “No”, go to Q.11a, otherwise skip to Q.11b.)</p>	<p>Yes No</p>
<p>12. Why were you unable to contact the Small Business Administration? (DO NOT read list. Mark all that apply.) (Skip to Q12.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Decided not to <input type="radio"/> Do not remember, do not know why, I forgot <input type="radio"/> Didn't know how to contact the agency or tried but was unable <input type="radio"/> Didn't know I was supposed to <input type="radio"/> No longer had a need to <input type="radio"/> Too soon, will later <input type="radio"/> Other (Put specific response in comments box)
<p>12b. How would you rate the overall assistance provided by the Small Business Administration? Would you say it's been..... (READ list) (If “Below average” or “Poor”, go to Q.11c, otherwise skip to Q.12.)</p>	<p>Excellent Good Satisfactory Below average, or Poor (DO NOT read) Don't know / No opinion</p>
<p>12c. In what way was the overall assistance [below average or poor]? (DO NOT read list. Mark all that apply.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Not enough assistance to meet my needs <input type="radio"/> Did not submit paperwork <input type="radio"/> Case still pending <input type="radio"/> Did not want the loan or the terms; too much debt <input type="radio"/> Didn't qualify for assistance or Agency had not funds <input type="radio"/> Poor customer service <input type="radio"/> Took too long / too complicated <input type="radio"/> Other (Put specific response in comments box)

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INSURANCE REFERRAL		
Question	Response Options	
(DO NOT read) INSURANCE Series – only to be asked if the applicant was referred to their own Insurance Company.		
13. After you registered with FEMA, we may have advised you to contact your Insurance Company. Were you able to contact them? (DO NOT read list.) (If “No”, go to Q.12a; if “yes”, skip to 12b.)	Yes No	
13a. Why were you unable to contact your insurance company? (DO NOT read list. Mark all that apply.) (Skip to Q12d.)	<input type="radio"/> Didn't know I was supposed to, didn't know how or tried but unable <input type="radio"/> Decided not to <input type="radio"/> No longer had a need to <input type="radio"/> Did not have coverage <input type="radio"/> Deductible too high <input type="radio"/> Forgot to <input type="radio"/> Other (Put specific response in comments box)	
13b. Were they able to assist you with your needs? (DO NOT read list.) (If “No”, go to Q.12c, otherwise skip to Q.12d.)	Yes No Case is still pending	
13c. Why couldn't your insurance company help you? (DO NOT read list. Mark all that apply.)	<input type="radio"/> Didn't submit the paperwork <input type="radio"/> Didn't qualify for assistance, No coverage, deductible too high <input type="radio"/> Not enough assistance to help with my needs <input type="radio"/> Other (Put specific response in comments box)	

AT END OF REFERRALS: OFFER TO PROVIDE REFERRAL CONTACT INFORMATION FOR ANY AGENCY THAT RESPONDENT WAS INITALLY REFERRED TO BUT DID NOT CONTACT.

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LEVEL OF UNDERSTANDING FOR INELIGIBLE	
(DO NOT read) These questions are asked only if respondent was not eligible for assistance.	
14. How well did you understand the explanation you were given about why you didn't qualify for assistance from FEMA? Would you say you..... (READ list) (If "Somewhat understood" or "Did not understand", go to 14a, otherwise, skip to Q.15.)	Fully understood Somewhat understood, or Did not understand the explanation given Did not agree with the answer (DO NOT read) Don't know / No opinion
14a. How well did you understand the explanation you were given about why you didn't qualify for assistance from the State? Would you say you..... (READ list) (If "Somewhat understood" or "Did not understand", go to 14a, otherwise, skip to Q.15.)	Fully understood Somewhat understood, or Did not understand the explanation given Did not agree with the answer (DO NOT read) Don't know / No opinion
14b. Refer applicant to Helpline to provide explanation regarding why they did not quality for assistance.	

SUGGESTIONS TO IMPROVE	
<i>Question</i>	<i>Response Options</i>
(READ) For this next question, FEMA's interested in getting your opinion on what we could do to improve our service.	
15. What suggestions would you like to pass on to FEMA?	Open-ended: Type response in designated area. - <hr/> <hr/> <hr/> <hr/>

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CUSTOM QUESTIONS: for special usage to benefit planning, program changes, future enhancements, etc.

CUSTOM QUESTIONS – Registration Intake Phone Survey or Helpline Phone Survey Re: On-Line Registration Attempt

Question	Response Options
<p>This question is about the On-Line Internet Registration available at the FEMA.gov website. This allows you to enter your Registration over the internet and is available 24 hours a day 7 days a week.</p>	
<p>CQ IAC-Reg#1. Did you personally, attempt to do your Registration over the Internet? If no go to Question CQ IAC-Reg#1a. If yes go to Question CQ IAC-Reg#1b. If Don't remember, go to Next Question</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (DO NOT read) Don't remember
<p>CQ IAC-Reg#1a. What were your reasons for not using the internet? (DO NOT Read List, listen and mark all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Don't have a COMPUTER <input type="checkbox"/> Don't have Internet ACCESS <input type="checkbox"/> Computer DAMAGED <input type="checkbox"/> Limited computer SKILLS <input type="checkbox"/> SECURITY Concerns <input type="checkbox"/> WEBSITE was not accessible <input type="checkbox"/> Wanted to TALK to FEMA <input type="checkbox"/> DIDN'T KNOW I could register on-line <input type="checkbox"/> UTILITIES were out could not use computer <input type="checkbox"/> Other (Specify)
<p>CQ IAC-Reg#1b. Why were you unable to complete your registration over the Internet? (Do not read list; listen and mark all that apply.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Did not have compatible BROWSER <input type="checkbox"/> Unable to NAVIGATE FEMA.gov <input type="checkbox"/> GENERAL instructions not clear <input type="checkbox"/> SPECIFIC instructions for entering data not clear <input type="checkbox"/> Too COMPLICATED / difficult to use <input type="checkbox"/> Not confident so ALSO registered over the phone <input type="checkbox"/> Unable to ACCESS the site of page

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|--|---|
| | <ul style="list-style-type: none"><input type="checkbox"/> Difficulty with characters on SECURITY SCREEN<input type="checkbox"/> Response time too slow<input type="checkbox"/> Could not complete due to TECHNICAL problems<input type="checkbox"/> HELP DESK could not answer to technical questions<input type="checkbox"/> Took TOO LONG<input type="checkbox"/> Other (Specify) |
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CUSTOM QUESTIONS – Registration Intake Phone Survey or Helpline Phone Survey Re: Internet Inquiry or Update	
Question	Response Options
This question is about the Internet Individual Assistance Center on the FEMA.gov website where you may view your account 24 hours a day 7 days a week. This includes checking your eligibility and inspection status, correspondence or making minor changes to insurance or contact information.	
CQ IAC-Inq # 1. Did you try to use the FEMA.gov website to check on your application? If no, go to CQ IAC-Inq#1a If yes go to Question CQ IAC-Inq #1b If don't remember, Go to Next Question	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (DO NOT read) Don't remember
CQ IAC-Inq#1a What were your reasons for not using the internet?	<input type="checkbox"/> Don't have a computer <input type="checkbox"/> Don't have internet access <input type="checkbox"/> Computer damaged <input type="checkbox"/> Limited computer skills <input type="checkbox"/> Security concerns <input type="checkbox"/> Website was not accessible <input type="checkbox"/> Wanted to talk to FEMA <input type="checkbox"/> Didn't know about the on-line service <input type="checkbox"/> Utilities were out; could not use computer
CQ IAC-Inq #1b. Why were you unable to use the Individual Assistance Center Website to inquire into your case?	<input type="checkbox"/> Did not have compatible browser <input type="checkbox"/> Unable to navigate FEMA.gov <input type="checkbox"/> Instructions were not clear <input type="checkbox"/> Could not complete due to technical problems <input type="checkbox"/> Helpdesk could not answer technical questions <input type="checkbox"/> Not confident changes were made / called Helpline to verify <input type="checkbox"/> Unable to access the site or page <input type="checkbox"/> Difficulty with logon, pin, password <input type="checkbox"/> Response time too slow <input type="checkbox"/> Too complicated / difficult to use <input type="checkbox"/> Information I wanted was not available <input type="checkbox"/> Took too long to view / edit my information

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	<input type="checkbox"/> Other (Specify)
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CUSTOM QUESTIONS – Auto Dialer Feature

Another feature FEMA uses to keep you informed is an auto dialer which calls you to let you know that FEMA has received your fax, your letter or your mail was returned. (It may also used to let you know when we have sent a letter so that you can be expecting it in the mail.)

Question	Response Options
<p>(Ask CQAD#1 only if the information is not available electronically). CQAD#1. Did you receive a recorded message from FEMA stating your correspondence or fax was received or mail was returned? (Or a message explaining you will be receiving a letter from FEMA in the mail?) If No or Do Not Remember, go to "Next Question" at the bottom of the screen. If yes, go to CQAD#1a</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember (DO NOT read list) </p>
<p>(Ask CQAD#1a only if the information is not available electronically). CQAD#1a. What document did the recording refer to?</p> <p>(DO NOT read list. Mark all that apply.)</p> <p>Continue to CQAD#1b if 4-6 selected; Otherwise, continue to CQAD#1c:</p>	<p> <input type="checkbox"/> 1) Fax or Correspondence received at FEMA <input type="checkbox"/> 2) App's Mail Returned to FEMA <input type="checkbox"/> 3) FEMA Letter to App - X <input type="checkbox"/> 4) FEMA Letter to App - Y <input type="checkbox"/> 5) FEMA Letter to App – Z <input type="checkbox"/> 6) EFT <input type="checkbox"/> 7) Registration received <input type="checkbox"/> 8) Inspection Scheduled <input type="checkbox"/> 6) Do not Remember <input type="checkbox"/> 7) Other (specify) </p>
<p>If 3) or 4) or 5) from CQAD#1a, ask CQAD#1b. Did you receive the automated message before you received your letter in the mail?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> On the same Day <input type="checkbox"/> No <input type="checkbox"/> Do not remember </p>
<p>CQAD#1c. How many times did you receive the same message?</p>	<p> <input type="checkbox"/> 0 number of times <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than 5 </p>

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CQAD#1ca. Was that ____ (number) just right, okay or too many?	<input type="checkbox"/> Just right <input type="checkbox"/> Okay <input type="checkbox"/> Too many
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CUSTOM QUESTIONS – Auto Dialer Feature	continued
CQAD#1d How did you feel about the time of day you received the recording. Was it convenient for you? If no, go to CQAD #1da , if Yes or Don't Know, go to CQAD#1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/No opinion
CQAD#1da What time of day did you receive the recording?	<input type="checkbox"/> _____ cst <input type="checkbox"/> on a _____ day
CQAD#1e. How helpful was that recording? (Read list.) <i>(If Somewhat helpful, Not very helpful or Not at all helpful, go to CQAD#1ea)</i>	<input type="checkbox"/> Extremely helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Not at all helpful <input type="checkbox"/> (do not read) Don't know/No opinion
CQAD#1ea. In what way? (DO NOT read list. Mark all that apply.)	<input type="checkbox"/> Confusing <input type="checkbox"/> Not sure which document the recording referred to <input type="checkbox"/> Did not understand what I was to do next <input type="checkbox"/> Sound was not clear <input type="checkbox"/> Received the same message over and over again <input type="checkbox"/> Message came too late, I already knew about the information <input type="checkbox"/> Had already called the HL <input type="checkbox"/> Had to call the HL (record Yes in CQAD#1f) <input type="checkbox"/> Other (specify)
For all responses from CQAD#1e CQAD#1f. Did you need to call the FEMA Helpline after you heard the recording? If yes, go to CQAD#1fa	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember
CQAD#1fa. What help did you need? (DO NOT read list. Mark all that apply.)	<input type="checkbox"/> Clarification of the auto dialer message <input type="checkbox"/> To hear the auto dialer message repeated <input type="checkbox"/> To change my address, phone number, etc. <input type="checkbox"/> To ask what to do next <input type="checkbox"/> To appeal (or ask how to appeal) <input type="checkbox"/> To ask what my funds covered <input type="checkbox"/> To ask what the letter I received referred to

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	<input type="checkbox"/> Other (specify)
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CUSTOM QUESTIONS – Auto Dialer Feature	continued
If CQAD#1f is Yes: CQAD#1g. Was the HL representative knowledgeable about the recorded message you received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember
CQAD#1h. What suggestions do you have to improve this recorded message feature? [If any, enter the suggestion]	<input type="checkbox"/>

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CUSTOM QUESTIONS – Automated Information System (IVR) 5-24-07	
Question	Response Options
Another service FEMA has is an automated information system to let applicants check the status of their application over their phone.	
<p>(Ask CQIVR#1 only if the information is not available electronically). CQIVR#1. Have you used this automated method to check the status of your case?</p> <p>(Do not READ list) If No or Do not Remember, go to Next Question. If yes to CQIVR#2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember</p>
<p>CQIVR#2. Were the instructions on the automated system easy to understand?</p> <p>(Do not READ list) If No, go to CQIVR#2a. If Yes or Do not Remember, go to CQIVR#3.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember</p>
<p>CQIVR#2a. What made it difficult?</p> <p>(Do not READ list. Check all that apply)</p>	<p><input type="checkbox"/> Terminology was confusing <input type="checkbox"/> Did not know what it meant <input type="checkbox"/> Did not know what to do next <input type="checkbox"/> Could not hear due to hearing issues <input type="checkbox"/> Could not hear due to phone issues <input type="checkbox"/> Could not hear due to recording not clear <input type="checkbox"/> Language or dialect issues <input type="checkbox"/> Other</p>
<p>CQIVR#3. How helpful was the automated system in providing you the information you needed?</p> <p>(READ list)</p> <p>If Somewhat, Not very, or Not at all Helpful, ask CQIVR#3a. Otherwise, go to CQIVR#5.</p>	<p><input type="checkbox"/> Extremely Helpful <input type="checkbox"/> Very Helpful <input type="checkbox"/> Somewhat Helpful <input type="checkbox"/> Not very Helpful <input type="checkbox"/> Not at all Helpful <input type="checkbox"/> (DO NOT read) Don't know / No opinion</p>

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CUSTOM QUESTIONS – Automated Information System (IVR)	continued
Question	Response Options
<p>CQIVR #3a. Tell me a little about that experience.</p> <p>(Do not Read the list. Check all that apply.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Confusing terminology <input type="checkbox"/> Could not navigate <input type="checkbox"/> Could not skip through <input type="checkbox"/> Did not understand the status <input type="checkbox"/> Instructions not clear <input type="checkbox"/> Instructions too long <input type="checkbox"/> Had to contact Helpline (record Yes in CQIVR#4) <input type="checkbox"/> Had to punch too many numbers <input type="checkbox"/> Had to start over <input type="checkbox"/> Needed additional information <input type="checkbox"/> No way to repeat the needed instruction <input type="checkbox"/> No way to go back to the beginning <input type="checkbox"/> Not confident the status was accurate <input type="checkbox"/> Poor sound quality Other (record specific reason)
<p>For all responses: CQIVR#4. After you used the automated system, did you need to speak to a FEMA Helpline Representative for additional information or clarification? If yes, go to CQIVR#4a If No or Do not Remember, go to CQIVR#5.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tried but was not able to Reach the HL <input type="checkbox"/> Do not Remember
<p>CQIVR#4a: At the beginning of the automated message, you were prompted to select specific numbers. After you made your menu selections, was your call transferred correctly and were you able to speak to a Helpline agent? If No, go to CQIVR#4b If Yes, go to CQIVR#4c</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember
<p>CQIVR#4b: What happened to your call?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Got the wrong selection <input type="checkbox"/> Had to start over <input type="checkbox"/> Could not skip through the prompts <input type="checkbox"/> Had to wait for the Spanish script to end <input type="checkbox"/> Spoke too fast

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	<input type="checkbox"/> Other
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CUSTOM QUESTIONS – Automated Information System (IVR)	continued
Question	Response Options
<p>CQIVR#4c. What additional information did you need?</p> <p>(Do not Read the list. Check all that apply.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To be sure the automated message was correct <input type="checkbox"/> To understand the status <input type="checkbox"/> To ask how to appeal <input type="checkbox"/> To ask what to do next <input type="checkbox"/> To ask what my funds covered <input type="checkbox"/> To ask when my funds would be received <input type="checkbox"/> To ask if the funds would come by check or EFT <input type="checkbox"/> To ask what the letter I received referred to <input type="checkbox"/> To ask which of my documents had been received <input type="checkbox"/> To ask if my documents had been received <input type="checkbox"/> Other (specify)
<p>CQIVR#4d. Was the HL representative knowledgeable about the message you heard on the automated information system?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember
<p>CQIVR#5: If you needed to, would you use the automated system again?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CQIVR#6. What suggestions do you have to improve the automated system? [If any, enter the suggestion]</p>	<ul style="list-style-type: none"> <input type="checkbox"/>

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<p>SPECIAL NEEDS CUSTOM QUESTION – Through “yes” response to NEMIS RI question about Support Loss for Special Needs: "Did you, your spouse, or any dependents have help or support doing things like walking, seeing, hearing, or taking care of yourself before the disaster and have you lost that help or support because of the disaster?" A “yes” response indicates the applicant had help or support and have lost that help or support because of the disaster including the following: Mobility, Hearing/Speech, Cognitive/Mental Health, Vision an Other. OR Data provided by Special Needs Coordinator when disaster specific needs are identified; such as, over age 60 or Community Relations, DRC, ISC, EOC or another Agency identifies a need, or the Long Term Recovery Committee has exhausted all resources.</p>		<p>Rev 5-24-07</p>
<p>We are calling Applicants who indicated they have additional needs and who have been contacted by a FEMA Special Needs Caseworker (from the JFO) to see if assistance is available:</p>		
<p>QUESTION</p>		<p>RESPONSE</p>
<p>CQSN#1</p>	<p>Has a FEMA Special Needs Caseworker given you a courtesy call about your needs for support after the disaster?</p> <p>If Yes: What was the name of the FEMA person who contacted you? _____ (If not do remember, leave blank and skip CQSN#2)</p> <p>If Do Not Remember: Skip to the next Custom Question</p>	<p>Yes No Do not Remember</p> <p><i>(Use of JFO database will provide this answer. Skip to CQSN#1a)</i></p>
<p>CQSN#2</p>	<p>Overall, how would you rate the way the Special Needs Caseworker handled that call? Would you say ____/the disaster worker was...</p>	<p>Excellent Good Satisfactory Below Average Poor Do not know/no opinion</p>
<p>CQSN#2a</p>	<p>If Below Average or Poor: In what way was the contact [below average/poor]?</p> <p><i>(NOTE: Do not read the list, listen and mark all that appl.)</i></p>	<p>Didn't receive financial assistance Didn't receive enough financial assistance Process was too complicated Took too long to receive assistance Rep didn't seem interested in helping me Rep didn't take time to listen to me Rep didn't treat me with respect Rep had poor attitude Rep didn't explain programs clearly Could not contact the Rep to ask additional questions</p>

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		Other:
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SPECIAL NEEDS CUSTOM QUESTION		Page 2
QUESTION		RESPONSE
CQSN#3	How would you rate ____ / (the Special Needs Caseworker) on clearly explaining the disaster assistance programs and services available to you? Would you say...	Excellent Good Satisfactory Below Average Poor Do not know/no opinion
CQSN#3a	If Below Average or Poor: What programs and services were ___ / (the Special Needs Caseworker) not able to explain? <i>(NOTE: Do not read the list, listen and mark all that apply.)</i>	Medical Dental Funeral Housing Assistance, specify: ____ Other Needs Assistance, specify: ____ Other:
CQSN#4	During this contact, were you referred to another agency (or agencies) for assistance? If no (This concludes the SN questions, go to next Custom Question) If yes, go to CQSN#5	Yes Which one(s)? _____, _____, _____ (Use of JFO database will provide this answer. Skip to CQSN#5) No
CQSN#5	Did you contact that agency (those agencies)? If yes, go to CQSN#6 If any other response, go to next Custom Question	Yes No Tried but was not able Decided not to Do not Remember

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SPECIAL NEEDS CUSTOM QUESTION		Page 3
QUESTION		RESPONSE
CQSN#6	For the 1 st Agency: How would you rate the overall assistance provided by _____ (agency)?	Excellent Good Satisfactory Below Average Poor Do not know/no opinion
CQSN#6a	If Below Average or Poor: In what way was the assistance [below average or poor]?	Didn't receive any assistance Didn't receive enough assistance Process was too complicated Took too long to receive assistance Rep was not knowledgeable Rep had poor customer service Other:
CQSN#7	For the 2nd Agency you were referred to: How would you rate the overall assistance provided by _____ (agency)? <i>(Use multiple referral questions as needed.)</i>	Excellent Good Satisfactory Below Average Poor Do not know/no opinion
CQSN#7a	If Below Average or Poor: In what way was the assistance [below average or poor]?	Didn't receive any assistance Didn't receive enough assistance Process was too complicated Took too long to receive assistance Rep was not knowledgeable Rep had poor customer service Other:

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SPECIAL NEEDS CUSTOM QUESTION		Page 4
QUESTION		RESPONSE
CQSN#8	For the 3rd Agency: How would you rate the overall assistance provided by _____ (agency)?	Excellent Good Satisfactory Below Average Poor Do not know/no opinion
CQSN#8a	If Below Average or Poor: In what way was the assistance [below average or poor]?	Didn't receive any assistance Didn't receive enough assistance Process was too complicated Took too long to receive assistance Rep was not knowledgeable Rep had poor customer service Other:

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CUSTOM QUESTIONS- CENTRALIZED LOCATION	
Question	Response Options
CQCL-1 If FEMA were to provide internet access at a centralized location, how likely would you be to go to that location to use the internet and other services provided? (READ list)	<input type="checkbox"/> Extremely likely <input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not very likely, or <input type="checkbox"/> Not at all likely <input type="checkbox"/> (DO NOT read) Don't know / No opinion

CQCL-2. Next, I'd like to get your opinion on which types of services you feel would be helpful to you if you went to a centralized location. Using a rating scale of Not Important, Somewhat Important or Very Important, please tell me the level of importance you place on each of the following services: (READ list)				
	Type of service	Not important	Somewhat Important	Very Important
CQCLa.	access to disaster assistance program information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLb.	apply for disaster assistance over the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLc.	learn about documentation you'll need to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLd.	look up the status of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLE.	make minor corrections to your application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLf.	access a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLg.	have E-Mail capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLh.	have Faxing capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CGCLi.	make copies of needed documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLj.	access to a printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQCLk.	What else do you think FEMA should provide at that location?			

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CUSTOM QUESTIONS – Disaster Recovery Center		5-24-07 modification
Question	Response Options	
<p>CQDRC#1 (was CQ#3). Following the disaster, did you have an opportunity to visit FEMA’s Disaster Recovery Center?</p> <p>(If “YES”, go to CQDRC#2, otherwise skip to the next Custom Question.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would have gone but there were none located in my area <input type="checkbox"/> (DO NOT read) Do Not Remember	
<p>CQDRC#2 What was the reason you visited the Recovery Center?</p> <p>(Do not read list, check all that apply)</p>	<input type="checkbox"/> To Register <input type="checkbox"/> To get general information <input type="checkbox"/> Check on my FEMA Case <input type="checkbox"/> Check on my ONA Case <input type="checkbox"/> Deliver Paperwork for FEMA/ONA <input type="checkbox"/> Fix the Problems on my Case <input type="checkbox"/> Visit SBA <input type="checkbox"/> Get Hazard Mitigation Information <input type="checkbox"/> Visit other Agencies. Which ones? ____ (ARC, Unemployment, etc) <input type="checkbox"/> Other	
<p>CQDRC#3 Were your needs met during that visit?</p> <p>(If no or not completely, go to CQDRC#4)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Completely	
<p>CQDRC#4 Why not?</p>	<input type="checkbox"/> No phones to register <input type="checkbox"/> No internet to register <input type="checkbox"/> Computers were not set up <input type="checkbox"/> Needed to furnish additional information <ol style="list-style-type: none"> 1. Proof of Ownership 2. Proof of Identity 3. Receipts or Estimates <input type="checkbox"/> Agency I needed was not available that day: Which agency? ____ (ARC, Unemployment, Mitigation, etc.) <input type="checkbox"/> Center was too busy	

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	<ul style="list-style-type: none"><input type="checkbox"/> Center was too noisy<input type="checkbox"/> No privacy<input type="checkbox"/> FEMA Rep could not answer my questions<input type="checkbox"/> SBA Rep could not answer my questions<input type="checkbox"/> Other
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CUSTOM QUESTIONS – Disaster Recovery Center, continued	5-24-07 modification
<p>CQDRC #5 (was #3a). Overall, how would you rate the quality of service you received at that Center? Would you say it was... (READ list)</p> <p>(If Excellent, Good or Satisfactory, go to CQDRC#6) (If “Below average” / “Poor”, go to CQ#7)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion
<p>CQDRC#6 If Excellent, Good, Satisfactory: Could you tell me a little about that experience? (If any remarks, enter text)</p>	<ul style="list-style-type: none"> <input type="checkbox"/>
<p>CQDRC #7. Why do you feel that way?</p> <p>(DO NOT read list, Mark all that Apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Difficulty finding DRC <input type="checkbox"/> Hours of Operation were not convenient <input type="checkbox"/> Computer System was down <input type="checkbox"/> Staff had poor attitude <input type="checkbox"/> Staff didn't treat me with respect <input type="checkbox"/> Staff gave no explanation of programs <ul style="list-style-type: none"> <input type="checkbox"/> Probe for clarity and <input type="checkbox"/> Which Programs ? _____ <input type="checkbox"/> Staff tried but could not explain the programs <ul style="list-style-type: none"> <input type="checkbox"/> Probe for clarity and <input type="checkbox"/> Which Programs? _____ <input type="checkbox"/> Staff didn't take time to listen to me <input type="checkbox"/> Staff didn't seem interested in helping me <input type="checkbox"/> Took too long to get assistance at the DRC <input type="checkbox"/> Had to return numerous times to provide documentation <input type="checkbox"/> My documents were lost by the DRC <input type="checkbox"/> Other (Specify)
<p>CQDRC #8 What was the location of the Center?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> _____ (specify)
<p>CQDRC #9 What suggestions do you have to improve the service at the Recovery Center? If any, enter the text</p>	<ul style="list-style-type: none"> <input type="checkbox"/>

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CUSTOM QUESTIONS – FUTURE USE	
<i>Question</i>	<i>Response Options</i>
CQ1. (DO NOT read list)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know / No opinion

CUSTOM QUESTIONS – FUTURE USE	
<i>Question</i>	<i>Response Options</i>
CQ2. (DO NOT read list)	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't know / No opinion

CUSTOM QUESTIONS – FUTURE USE	
<i>Question</i>	<i>Response Options</i>
CQ3. (READ list)	<input type="checkbox"/> Extremely likely <input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not very likely, or <input type="checkbox"/> Not at all likely <input type="checkbox"/> (DO NOT read) Don't know / No opinion

CUSTOM QUESTIONS – FUTURE USE	
<i>Question</i>	<i>Response Options</i>
CQ4. (READ list)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average, or <input type="checkbox"/> Poor <input type="checkbox"/> (DO NOT read) Don't know / No opinion

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CLOSING

Well, _____ (*Respondents Name*), thank you very much for your patience and cooperation in answering our questions. Have a good evening.

Paperwork Reduction Act Notice: Public reporting burden for this survey is estimated to be an average of 15 minutes per response. The burden includes the total time for answering the questionnaire. Although voluntary, you are not required to respond to this collection of information unless a valid OMB control number is presented to you during the interview. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Paperwork Reduction Act Project (1660-0036), Information Collections Management, Federal Emergency Management Agency, Department of Homeland Security, 500 C St. SW, Washington, DC 20472.