



VETERAN FEEDBACK SURVEY

OMB Control Number: 2900-XXXX
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ABOUT YOU

1. **What is your highest level of education completed?**

- Some high school
- High school graduate or GED certificate
- Some college
- College graduate
- Post-graduate study or degree

2. **Are you... (mark all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other _____ | |

3. **Latino/Hispanic**

- Yes
- No

4. **What is your current marital status?**

- | | |
|---------------------------------|--|
| <input type="radio"/> Married | <input type="radio"/> Widowed |
| <input type="radio"/> Separated | <input type="radio"/> Not married |
| <input type="radio"/> Divorced | <input type="radio"/> Prefer not to answer |

5. **In which zip code do you currently reside?** _____

6. **How far do you live from the nearest military installation?**

- | | |
|--|--|
| <input type="radio"/> Less than 10 minutes | <input type="radio"/> 30 - 59 minutes |
| <input type="radio"/> 10 - 19 minutes | <input type="radio"/> 60 minutes or more |
| <input type="radio"/> 20 - 29 minutes | |

7. **Are you aware of the VA Home Loan Program?**

Yes

No

8. **Do you now, or have you ever had a VA loan?**

Yes

No

Not sure

Did you apply for VA disability compensation in the last five (5) years?

- Yes - continue to question # 9
- No - skip to question # 27

9. **How would you classify your living situation at the time of application for disability benefits?**

- Own a home outright (no mortgage)
- Have a mortgage on a home
- Renting
- Temporarily staying with friends/family with no rent
- Live in base housing
- Other _____

10. **At time of application for disability benefits, did the inside of your residence LACK any of the following? (Mark all that apply.)**

- Hot running water Cold running water
- Flush toilet Bathtub
- Shower Functional heating system
- Functional heating source Working electricity
- Functional outlets Functional fuses and circuit breaker
- Did not lack any of the above

11. **At time of application for disability benefits, did you experience any of the following? (Mark all that apply.)**

- Water leaking in from roof Water leaking in from window(s)
- Water leaking in from door(s) Water leaking in from basement
- Water leaking in from walls/floors Water leaking inside the unit from plumbing pipes or fixtures
- Holes in the floors Holes or cracks in the walls
- Holes or cracks in the ceilings Pest infestation(s) [i.e., rodents or insects]
- Did not experience any of the above

12. **At time of application for disability benefits, what was the total number of rooms in your home?(Do NOT count bathrooms,porches, balconies, foyers, halls, half-rooms or unfinished basements.)**

- 1 2 3
- 4 5 6
- 7 8 9 or more

13. **At time of application for disability benefits, how many people lived in your home (include yourself in this number)?**

- 1 2 3
- 4 5 6
- 7 8 9
- 10 or more

14. **If you receive disability compensation from VA, how did the time taken to process your claim impact the quality of your living situation?**
- Not much impact (continued same living situation)
 - Some impact (had difficulty in maintaining living situation)
 - Significant impact (had to seek other living situation)
 - Severe impact (forced to move to other living situation)
 - Do not receive disability compensation
 - Filed and waiting for a decision on my disability compensation status/rating

15. **How many times did you move between the time you applied for benefits and the point at which you received a decision on your claim for disability benefits?**
- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | <input type="radio"/> 7 | <input type="radio"/> 9 or more |
| <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 | <input type="radio"/> 8 | <input type="radio"/> None - never moved |

16. **During your wait period, what was your level of satisfaction with your living condition?**
- Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied
 - Very dissatisfied

While waiting for a decision from VA about your claim for disability compensation...

- | | Yes | No | Not sure | Not applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. Were you ever behind in your mortgage payments by 2 months or more? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Were you ever behind in your rental payments by 2 months or more? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Was your home ever referred for foreclosure? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Were you ever threatened with eviction from a rental property? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. **If you are waiting on a decision from VA about a claim for disability compensation, how is the time to process your claim impacting the quality of your living situation? (select only one)**

- Not much impact (continued same living situation)
- Some impact (had difficulty in maintaining living situation)
- Significant impact (had to seek other living situation)
- Severe impact (forced to move to other living situation)
- Not waiting on a claim decision from VA

22. **If you are waiting on a decision from VA about a claim for disability compensation, how many times have you moved since the time you applied for benefits?**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more
- Not waiting on a claim decision from VA

23. **While waiting for a decision on your claim, did the inside of your residence LACK any of the following? (Mark all that apply.)**

- Hot running water
- Cold running water
- Flush toilet
- Bathtub
- Shower
- Functional heating system
- Functional heating source
- Working electricity
- Functional outlets
- Functional fuses and circuit breaker
- Did not lack any of the above

24. **While waiting for a decision on your claim, did you experience any of the following? (Mark all that apply.)**

- Water leaking in from roof
- Water leaking in from window(s)
- Water leaking in from door(s)
- Water leaking in from basement
- Water leaking in from walls/floors
- Water leaking inside the unit from plumbing pipes or fixtures
- Holes in the floors
- Holes or cracks in the walls
- Holes or cracks in the ceilings
- Pest infestation(s) [i.e., rodents or insects]
- Did not experience any of the above

25. **While waiting for a decision on your claim, what was the total number of rooms in your home? (Do NOT count bathrooms, porches, balconies, foyers, halls, half-rooms or unfinished basements.)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

26. **While waiting for a decision on your claim, how many people lived in your home (include yourself in this number)?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

27. **What is your current living situation?**

- Own a home outright (no mortgage)
 - Have a mortgage on a home
 - Renting
 - Temporarily staying with friends/family with no rent
 - Live in base housing
 - Other _____
-

28. **What is your level of satisfaction with your current living situation?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Comments

Please feel free to comment in the space below about any issues you would like to address. (Max. 500 characters)
