OMB Control No. 0960-0526 Expiration Date: June 2012



CONSUMER SATISFACTION SURVEY

YOUR HELP IS VERY IMPORTANT! This survey has been mailed to Social Security Administration beneficiaries who have assigned their tickets to an Employment Network under the Ticket to Work program. The questions below will be used to provide information on Employment Networks. Your Employment Network is <INSERT FIELD>. The Employment Network's staff will not see your answers.

Please answer every question. If you are not sure of an exact answer, for example, how many hours you work per week, please give your best guess.

If you would prefer to complete the survey online, instead of on paper, please go to:

www.URLaddress.com

You will be asked for a PIN number. Your PIN number is <INSERT FIELD>

If you have any questions about this survey, you may contact (Insert Name of EurekaFacts account representative) of EurekaFacts at (Insert phone number).

Thank you very much for your help in improving the Ticket to Work program.

Paperwork Reduction Act Statement

Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **10 minutes** to complete this survey. You may send comments on our time estimate above: *SSA*, *6401 Security Blvd*., *Baltimore*, *MD 21235-6401*. **Send <u>only</u> comments relating to our time estimate to this address.**

Send the completed questionnaire to:
Ticket to Work Survey
451 Hungerford Drive (Rockville Pike), Suite 515
Rockville, Maryland, 20850

If you completed the survey online, you do not need to send the paper questionnaire.

OMB Control No. 0960-0526 Expiration Date: June 2012

ABOUT YOUR EMPLOYMENT NETWORK

<INSERT NAME OF EMPLOYMENT NETWORK>

1. Did the Employment Network provide the services you needed?
PLEASE CHECK ONE
Never
A few times
Sometimes
Usually
Always
2. Did these services help you meet your individual goals?
PLEASE CHECK ONE
Never
A few times
Sometimes
Usually
Always
3. Which of the following services have you received from your Employment Network?
PLEASE CHECK ALL OF THE TYPES OF SERVICES YOU HAVE RECEIVED
Job counseling
Job readiness
Job coaching
Job placement
Follow-up services after you were working
Work incentives counseling or referral for work incentive counseling
Help obtaining services from other organizations
Other (please specify

<INSERT FIELD - PIN NUMBER >

OMB Control No. 0960-0526 Expiration Date: June 2012

Please answer the questions below to rate your Employment Network.

	ed you understand the type of jobs available in your community		
	PLEASE CHECK ONE		
-	Poor		
-	Fair		
-	Good		
	Very Good		
-	Excellent		
5 Infor	med you of other agencies in your community that could help you.		
	PLEASE CHECK ONE		
-	Poor		
-	Fair		
-	Good		
	Very Good		
-	Excellent		
-	Does not apply		
-			
6. Had supportive staff members			
	PLEASE CHECK ONE		
_	Poor		
_	Fair		
_	Good		
_	Very Good		
-	Excellent		
	ded materials in the format you needed such as Braille, on-line, in print or in another language.		
	PLEASE CHECK ONE		
	Poor		
-	Fair		
-	Good		
-	Very Good		
-	Excellent		
-	Does not apply		
о пода	staff mambars who treated you with respect		
	staff members who treated you with respect PLEASE CHECK ONE.		
	Poor		
-	P001 Fair		
-	ran Good		
-			
-	Very Good Excellent		
_	LACCHCHL		

<INSERT FIELD - PIN NUMBER >

OMB Control No. 0960-0526 Expiration Date: June 2012

9. Had	I staff members who really knew their job
	PLEASE CHECK ONE
	Poor
	Fair
	Good
	Very Good
	Excellent
10. O	verall, how would you rate this Employment Network?
	PLEASE CHECK ONE
	Poor
	Fair
	Good
	Very Good
	Excellent
	you had a friend or family member in a similar situation, would you recommend your Employment work?
	PLEASE CHECK ONE
	Definitely would not recommend
	Probably would not recommend
	Not sure if I would recommend or not
	Probably would recommend
	Definitely would recommend
12. W	hat do you like best about your Employment Network?
	PLEASE CHECK ALL THAT APPLY
	The location is convenient
	The respect I received from staff members
	The quality of the services I received from them
	The help they gave me with my job search
	The information they provided about local jobs
	Information was in a format I could understand
	Services were available when I needed them
	Other (please specify)

<INSERT FIELD – PIN NUMBER >

OMB Control No. 0960-0526 Expiration Date: June 2012

<INSERT FIELD - PIN NUMBER > OMB Control No. 0960-0526
Expiration Date: June 2012

ANSWER THESE NEXT FOUR QUESTIONS ONLY IF YOU ARE WORKING NOW

17. If you are working, how many hours a week do you normally work at this job?		
18. If you are working, does your job offer any of these benefits?		
PLEASE CHECK ALL THAT APPLY Paid vacation Paid sick leave Medical insurance Dental insurance Retirement plan		
19. Is your job		
PLEASE CHECK ONEEntry-level skillSkilled workTechnicalManager_ProfessionalNot sure (If not sure list job title)		
20. How satisfied are you with your job?		
PLEASE CHECK ONEVery dissatisfiedSomewhat dissatisfiedSomewhat satisfiedVery satisfied		