

Give Social Security a Report Card...

Please answer the following questions to give us your opinion of the online application you recently completed Social Security's website.

MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

1. How did you hear about Social Security's online application?

Mark **all** that apply.

- From Social Security (an employee, their website, written material, etc.)
- From a family member or friend
- From an Internet search engine or website other than Social Security's
- From online social media (Facebook, Twitter, etc.)
- From traditional media (newspaper, magazine, TV or radio, etc.)
- From a doctor or other health care professional, social worker
- From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, ARC, etc.)
- From an attorney or a paid professional consulting service (Allsup, Binder & Binder, etc.)
- Somewhere else (employer, union, school, church, etc.)

2. Did you fill out the online application by yourself or was someone else there to help you with it?

Mark **only ONE** answer.

- Filled it out by myself → Please skip to **question 4.**
- Someone else helped me → Please continue with **question 3.**

3. Who helped you?

Mark **only ONE** answer.

- Non-professional (family member, friend, etc.)
- Professional (attorney, social worker, doctor, etc.)

Please use the scale shown to rate the following aspects of your experience using Social Security's online application. If a question **does not** apply to you, please mark **Not Applicable.**

| | | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mark [X] <u>ONE</u> answer for every item. | | | | | | | | |
| <i>When You Decided to File Online...</i> | | | | | | | | |
| 4. <u>Ease of finding</u> the online application on Social Security's website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Number of pages</u> you went through <u>before</u> you could start the online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Appearance</u> of the online application <u>pages</u> (amount of information, how the information is arranged, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How well Social Security's website explained <u>what</u> information and documents <u>you needed</u> to complete your online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Completing the Online Application...</i> | | | | | | | | |
| 8. <u>Ease of answering</u> the questions on the online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Helpfulness</u> of the explanations in the " <u>More Info</u> " links on the online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please continue to the next page



Mark [X] **ONE** answer for every item.

| | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. <u>Availability of help</u> from Social Security to complete the online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Length of time</u> it took to complete the online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. About how long did it take you complete the online application? Mark <u>only ONE</u> answer. | | | | | | | |
| <input type="checkbox"/> 15 minutes or less | | | | | | | |
| <input type="checkbox"/> Over 15 and up to 30 minutes | | | | | | | |
| <input type="checkbox"/> Over 30 and up to 45 minutes | | | | | | | |
| <input type="checkbox"/> Over 45 and up to 1 hour | | | | | | | |
| <input type="checkbox"/> Over 1 hour and up to 2 hours | | | | | | | |
| <input type="checkbox"/> More than 2 hours | | | | | | | |

Explanations on Social Security's Website about...

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. What would happen <u>after you submitted</u> your online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <u>Other information</u> you needed to know about your <u>benefits</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The <u>security</u> and <u>privacy</u> features of the website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Overall Rating...

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. <u>Overall opinion</u> of Social Security's online application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Mark [X] **ONE** answer for every item.

| | Very Likely | Somewhat Likely | Not very Likely | Not at all Likely | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Your Likelihood to...</i> | | | | | |
| 17. <u>Recommend</u> Social Security's online application to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Use Social Security's website for your <u>future business</u> (request information, change your address, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Need for Special Accommodations...

| | |
|--|--|
| 19. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition? Mark [X] <u>only ONE</u> answer. | |
| <input type="checkbox"/> Yes (Answer <u>question 20</u> and tell us what special accommodations you need in question 21.) | |
| <input type="checkbox"/> No (Skip to <u>question 21</u> .) | |

Mark [X] **only ONE** answer.

| | Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. How satisfied are you with how well Social Security meets your need for special accommodations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Please use this space to provide any comments you may have about Social Security's online application or to explain any of your answers. | | | | | |

OMB Control Number 0960-0526, Expiration Date: August 2012

Thank you for taking the time to rate Social Security!
Please send us your "Report Card" in the enclosed postage-paid envelope as soon as possible.

Give Social Security a Report Card...

Please answer the following questions to give us your opinion of the change of address or direct deposit service you recently used on Social Security's website.

MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

1. How did you hear about the change of address or direct deposit service on Social Security's website?

Mark **[X]** all that apply.

- From Social Security (an employee, their website, written material, etc.)
- From a family member or friend
- From an Internet search engine or website other than Social Security's
- From online social media (Facebook, Twitter, etc.)
- From traditional media (newspaper, magazine, TV or radio, etc.)
- From a bank or financial institution
- Somewhere else (employer, school, church, etc.)

2. Did you complete the online request for a change of address or direct deposit by yourself or was someone else there to help you?

Mark **[X]** only ONE answer.

- Completed it by myself → Please skip to **question 4**.
- Someone else helped me → Please continue with **question 3**.

3. Who helped you?

Mark **[X]** only ONE answer.

- Non-professional (family member, friend, etc.)
- Professional (bank employee, attorney, social worker, etc.)

4. To protect your personal information Social Security requires you to confirm your identity when you use the online change of address or direct deposit service. How did you confirm your identity?

Mark **[X]** only ONE answer.

- I requested a numeric password to report my change → Please continue with **question 5**.
- I used a numeric password I already had → Please skip to **question 6**.
- I did not use a numeric password; I answered personal information questions (date and place of birth, etc.) → Please skip to **question 6**.

Please use the scale shown to rate the following aspects of your experience using Social Security's online change of address or direct deposit service. If a question does not apply to you, please mark **Not Applicable**.

| | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mark [X] ONE answer for every item. | | | | | | | |
| <i>When You Decided to Report Your Change Online...</i> | | | | | | | |
| 5. <u>Ease of obtaining a password</u> to use Social Security's change of address or direct deposit service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Ease of finding</u> the change of address or direct deposit service on Social Security's website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Number of pages</u> you went through before you could start the change of address or direct deposit report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Appearance</u> of the online <u>pages</u> (amount of information, how the information is arranged, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How well Social Security's website explained <u>what information you needed</u> to complete your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please continue to the next page →

Mark [X] ONE answer for every item.

| | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Completing the Online Report... | | | | | | | |
| 10. <u>Ease of answering</u> the questions for your change of address or direct deposit report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Helpfulness</u> of the <u>explanations</u> and <u>examples</u> about how to complete your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <u>Availability of help</u> from Social Security to complete your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <u>Length of time</u> it took to complete your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. About how long did it take you to complete your change of address or direct deposit report online? | | | | | | | |
| Mark [X] <u>only ONE</u> answer. | | | | | | | |
| <input type="checkbox"/> 10 minutes or less | | | | | | | |
| <input type="checkbox"/> Over 10 and up to 20 minutes | | | | | | | |
| <input type="checkbox"/> More than 20 minutes | | | | | | | |

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Information from Social Security ... | | | | | | | |
| 15. Confirming that they <u>received</u> your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Explaining how they will <u>process</u> your report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Explaining the <u>security</u> and <u>privacy</u> features of the website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your Overall Rating... | | | | | | | |
| 18. <u>Overall opinion</u> of Social Security's online change of address or direct deposit service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mark [X] ONE answer for every item.

| | Very Likely | Somewhat Likely | Not very Likely | Not at all Likely | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your Likelihood to... | | | | | |
| 19. <u>Recommend</u> Social Security's website to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Use Social Security's website for your <u>future business</u> (request information, report a change, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|---|
| Your Need for Special Accommodations... | |
| 21. When you do business with Social Security, in person, on the telephone or online, do you need them to provide any special accommodations because of a medical condition? | |
| Mark [X] <u>only ONE</u> answer. | |
| <input type="checkbox"/> Yes | (Answer <u>question 22</u> and tell us what special accommodations you need in question 23.) |
| <input type="checkbox"/> No | (Skip to <u>question 23</u>.) |

Mark [X] only ONE answer.

| | Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 22. How satisfied are you with how well Social Security meets your need for special accommodations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Please use this space to provide any comments you may have about Social Security's online change of address or direct deposit service or to explain any of your answers. | | | | | |
| <hr/> | | | | | |
| <hr/> | | | | | |
| <hr/> | | | | | |

OMB Control Number 0960-0526, Expiration Date: August 2012

*Thank you for taking the time to rate Social Security!
Please send us your "Report Card" in the enclosed postage-paid envelope as soon as possible.*

Give Social Security a Report Card...

Please answer the following questions to give us your opinion of the online Disability Report you recently completed on Social Security's website for an application for disability benefits or request for an appeal.

MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

1. How did you hear about completing the Disability Report online?

Mark all that apply.

- From Social Security (an employee, their website, written material, etc.)
- From a family member or friend
- From an Internet search engine or website other than Social Security's
- From online social media (Facebook, Twitter, etc.)
- From traditional media (newspaper, magazine, TV or radio, etc.)
- From a doctor or other health care professional, social worker
- From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, ARC, etc.)
- From an attorney or a paid professional consulting service (Allsup, Binder & Binder, etc.)
- Somewhere else (employer, union, school, church, etc.)

2. Did you fill out the online Disability Report by yourself or was someone else there to help you with it?

Mark only ONE answer.

- Filled it out by myself
- Someone else helped me

Please use the scale shown to rate the following aspects of your experience using Social Security's online Disability Report. If a question does not apply to you, please mark Not Applicable.

| | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mark [X] <u>ONE</u> answer for every item. | | | | | | | |
| <i>Starting the Online Disability Report...</i> | | | | | | | |
| 3. <u>Ease of finding</u> the online Disability Report on Social Security's website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Number of pages</u> you went through <u>before</u> you could start the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How well Social Security's website explained <u>how</u> the online Disability Report <u>works</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How well Social Security's website explained <u>what information you needed</u> to complete the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Appearance</u> of the online Disability Report <u>pages</u> (amount of information, how the information is arranged, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Completing the Online Disability Report...

8. Did you complete the online Disability Report in one or more than one sitting?

Mark only ONE answer.

- One sitting **Please skip to question 10.**
- More than one sitting **Please continue with question 9.**

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. <u>Ease of getting back</u> to the online Disability Report you started earlier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Length of time</u> it took to complete the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please continue to the next page



11. About how long did it take you complete the online Disability Report?

Mark **only ONE** answer.

- 1 hour or less
- Over 1 hour and up to 2 hours
- Over 2 hours and up to 3 hours
- Over 3 hours

| Mark [X] ONE answer for every item. | Excellent | Very Good | Good | Fair | Poor | Very Poor | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. <u>Ease of understanding</u> the questions on the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <u>Ease of providing</u> the information requested on the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <u>Helpfulness</u> of the examples and explanations in the links on the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <u>Availability of help</u> from Social Security to complete the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Explanations on Social Security's Website About...</i> | | | | | | | |
| 16. What would happen <u>after you submitted</u> the online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The <u>security</u> and <u>privacy</u> features of the website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Your Overall Rating...</i> | | | | | | | |
| 18. <u>Overall opinion</u> of Social Security's online Disability Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mark [X] **ONE** answer for every item.

| <i>Your Likelihood to...</i> | Very Likely | Somewhat Likely | Not very Likely | Not at all Likely | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. <u>Recommend</u> Social Security's website to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Use Social Security's website for <u>future business</u> (look for information, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Need for Special Accommodations...

21. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

Mark [X] **only ONE** answer.

- Yes (Answer question 22 and tell us what special accommodations you need in question 23.)
- No (Skip to question 23.)

| Mark [X] only ONE answer. | Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 22. How satisfied are you with how well Social Security meets your need for special accommodations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Please use this space to provide any comments you may have about Social Security's online Disability Report or to explain any of your answers. | | | | | |
| | | | | | |
| | | | | | |

Thank you for taking the time to rate Social Security!
Please send us your "Report Card" in the enclosed postage-paid envelope as soon as possible.

Internet Report Card Survey - Prenotice Postcard

Dear Social Security Customer:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the business that you (or someone else on your behalf) recently completed on our website.

In a few days, you will receive a short questionnaire in the mail from *[insert contractor name]*, who is conducting this survey for Social Security. When you receive their envelope, we hope that you will take the time to answer our questions and tell us what you think of our online service.

We look forward to hearing your opinions.

Ronald T. Raborg
Deputy Commissioner for Quality Performance
Social Security Administration

Internet Report Card Survey – Initial Cover Letter

RE: *[Insert type of online business from sample file]*

Dear *[Insert name from sample file]*:

As I noted in my recent postcard, Social Security is conducting a survey to find out how well we served you when you (or someone else on your behalf) used our website to complete the business shown above. Please take 5 minutes to fill out the enclosed "Report Card" and return the form as soon as possible in the postage-paid envelope provided. Please do not put any information related to your Social Security business in the envelope with your completed survey.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

If you have a question about Social Security benefits, please visit our web site at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213. (To protect your privacy, my staff cannot answer questions about your eligibility or benefits.)

We appreciate your taking time out of your busy schedule to answer our survey.

Sincerely,

Ronald T. Raborg
Deputy Commissioner for Quality Performance
Social Security Administration

Enclosures

Internet Report Card Survey – Privacy Act

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 we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Internet Report Card Survey – Follow-up Cover Letter

RE: *[Insert type of online business from sample file]*

Dear *[Insert name from sample file]*:

About a week ago we sent you a survey form, “Give Social Security a Report Card,” to find out how well we served you when you (or someone else on your behalf) used our website to complete the business shown above. We haven’t yet heard from you and it’s important that we gather opinions from as many people as possible. If you have already mailed in your completed survey form, please discard this letter. We sincerely appreciate your help, and we look forward to receiving your response.

However, if you have not yet had time to fill out and return your survey, please take a few minutes right now to do that. The form is short and takes less than 5 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope. Please do not put any information related to your Social Security business in the envelope with your completed survey.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

If you have a question about Social Security benefits, please visit our web site at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213. (To protect your privacy, my staff cannot answer questions about your eligibility or benefits.)

We would appreciate receiving your completed survey as soon as possible.

Sincerely,

Ronald T. Raborg
Deputy Commissioner for Quality Performance
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Enclosures