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| ***Give Social Security a Report Card...*** | |
| **Please answer the following questions to give us your opinion of the online application you recently completed 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.*** |

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| 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.) | | | | | | | | | | | |
| 1. 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.** | | | | | | | | | | | |
| 1. 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.** | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***When you decided to file online…*** |  |  | |  | |  |  | |  | |  |
| 1. Ease of finding the online application on Social Security’s website | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Number of pages you went through before you could start the online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Appearance of the online application pages (amount of information, how the information is arranged, etc.) | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. How well Social Security’s website explained what information and documents you needed to complete your online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| **Mark [X] ONE answer for every item.** | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***Completing the online application…*** |  |  | |  | |  |  | |  | |  |
| 1. Ease of answering the questions on the online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Helpfulness of the explanations in the “More Info” links on the online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Availability of help from Social Security to complete the online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Length of time it took to complete the online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. About how long did it take you complete the online application? **Mark only ONE answer.**   □ 15 minutes or less  □ Over 15 and up to 30 minutes  □ Over 30 and up to 45 minutes  □ Over 45 and up to 1 hour  □ Over 1 hour and up to 2 hours  □ More than 2 hours | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***Explanations on Social Security’s website about…*** |  |  | |  | |  |  | |  | |  |
| 1. What would happen after you submitted your online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Other information you needed to know about your benefits | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. The security and privacy policies of the website | □ | □ | | □ | | □ | □ | | □ | | □ |
| ***Your overall rating…*** |  |  | |  | |  |  | |  | |  |
| 1. Overall opinion of Social Security’s online application | □ | □ | | □ | | □ | □ | | □ | | □ |
| **Mark [X] ONE answer for every item.** | **Very Likely** | | **Somewhat Likely** | | **Not very Likely** | | | **Not at all Likely** | | **Not Applicable** | |
| ***Your likelihood to…*** |  | |  | |  | | |  | |  | |
| 1. Recommend Social Security’s online application to others | □ | | □ | | □ | | | □ | | □ | |
| 1. Use Social Security’s website for your future business (request information, change your address, etc.) | □ | | □ | | □ | | | □ | | □ | |
| 1. Use a handheld mobile device (Android, iPhone, Blackberry, etc.) to do business on Social Security’s website | □ | | □ | | □ | | | □ | | □ | |
| ***Your need for special accommodations…*** |  | |  | |  | | |  | |  | |
| 1. 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 21 and tell us what special accommodations you need in question 22.)**  □ No **(Skip to question 22.)** | | | | | | | | | | | |
| **Mark [X] only ONE answer.** | **Very Satisfied** | | **Somewhat Satisfied** | | **Somewhat Dissatisfied** | | | **Very Dissatisfied** | | **Not Applicable** | |
| 1. How satisfied are you with how well Social Security meets your need for special accommodations? | □ | | □ | | □ | | | □ | | □ | |
| 22. Please use this space to provide any comments you may have about Social Security’s online application or to explain any of your answers. | | | | | | | | | | | |
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| **OMB Control Number 0960-0526** |

***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.***

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| ***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.) | | | | | | | | | | | | |
| 1. 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.** | | | | | | | | | | | | |
| 1. Who helped you? **Mark [X] only ONE answer.**   □ Non-professional (family member, friend, etc.)  □ Professional (bank employee, attorney, social worker, etc.) | | | | | | | | | | | | |
| 1. Social Security requires that you have an online account (a username and password) in order to use the change of address or direct deposit service on their website. To report your change, did you create an online account for the first time or did you use an online account that you created earlier?   **Mark [X] only ONE answer.**  □ I created an online account for the first time 🡺 **Please continue with question 5.**  □ I used an online account I created earlier **🡺 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.** | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***When you decided to report your change online…*** | |  |  | |  | |  |  | |  | |  |
| 1. Ease of creating an online account to use Social Security’s change of address or direct deposit service | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Ease of finding the change of address or direct deposit service on Social Security’s website | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Number of pages you went through before you could start the change of address or direct deposit report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Appearance of the online pages (amount of information, how the information is arranged, etc.) | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. How well Social Security’s website explained what information you needed to complete your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| ***Completing the online report…*** | |  |  | |  | |  |  | |  | |  |
| 1. Ease of answering the questions for your change of address or direct deposit report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Helpfulness of the explanations and examples about how to complete your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Availability of help from Social Security to complete your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Length of time it took to complete your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. About how long did it take you to complete your change of address or direct deposit report online?   **Mark [X] only ONE answer.**  □ 10 minutes or less  □ Over 10 and up to 20 minutes  □ More than 20 minutes | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***Information from Social Security …*** | |  |  | |  | |  |  | |  | |  |
| 1. Confirming that they received your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Explaining how they will process your report | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Explaining the security and privacy policies of the website | | □ | □ | | □ | | □ | □ | | □ | | □ |
| **Mark [X] only ONE answer.** | | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***Your overall rating…*** | |  |  | |  | |  |  | |  | |  |
| 1. Overall opinion of Social Security’s online change of address or direct deposit service | | □ | □ | | □ | | □ | □ | | □ | | □ |
| **Mark [X] ONE answer for every item.** | | **Very Likely** | | **Somewhat Likely** | | **Not very Likely** | | | **Not at all Likely** | | **Not Applicable** | |
| ***Your likelihood to…*** | |  | |  | |  | | |  | |  | |
| 1. Recommend Social Security’s website to others | | □ | | □ | | □ | | | □ | | □ | |
| 1. Use Social Security’s website for your future business (request information, report a change, etc.) | | □ | | □ | | □ | | | □ | | □ | |
| 1. Use a handheld mobile device (Android, iPhone, Blackberry, etc.) to do business on Social Security’s website | | □ | | □ | | □ | | | □ | | □ | |

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| ***Your need for special accommodations…*** |  |  |  |  |  |
| 1. 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 23 and tell us what special accommodations you need in question 24.)**  □ No **(Skip to question 24.)** | | | | | |
| **Mark [X] only ONE answer.** | **Very Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Very Dissatisfied** | **Not Applicable** |
| 1. How satisfied are you with how well Social Security meets your need for special accommodations? | □ | □ | □ | □ | □ |
| 1. 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. | | | | | |

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| **OMB Control Number 0960-0526** |

***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.***

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| ***Give Social Security a Report Card...*** |

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| **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.** |

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| **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.*** |

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| 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | | | | | | **Excellent** | | | | **Very Good** | | | | | **Good** | | | | | | **Fair** | | | | | **Poor** | | | | | | **Very Poor** | | | | | | **Not Applicable** | | |
| ***Starting the online Disability Report…*** | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |
| 1. Ease of finding the online Disability Report on Social Security’s website | | | | | | | □ | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | | | | | | □ | | |
| 1. Number of pages you went through before you could start the online Disability Report | | | | | | | □ | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | | | | | | □ | | |
| 1. How well Social Security’s website explained how the online Disability Report works | | | | | | | □ | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | | | | | | □ | | |
| 1. How well Social Security’s website explained what information you needed to complete the online Disability Report | | | | | | | □ | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | | | | | | □ | | |
| 1. Appearance of the online Disability Report pages (amount of information, how the information is arranged, etc.) | | | | | | | □ | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | | | | | | □ | | |
| ***Completing the online Disability Report …*** | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |
| 1. 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | | | | **Excellent** | | | | | **Very Good** | | | | | **Good** | | | | **Fair** | | | | | | | **Poor** | | | | | | **Very Poor** | | | | | | **Not Applicable** | | | |
| 1. Ease of getting back to the online Disability Report you started earlier | | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | □ | | | | | | □ | | | |
| 1. Length of time it took to complete the online Disability Report | | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | □ | | | | | | □ | | | |
| 1. 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** | | | |
| 1. Ease of understanding the questions on the online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| 1. Ease of providing the information requested on the online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| 1. Helpfulness of the examples and explanations in the links on the online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| 1. Availability of help from Social Security to complete the online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| **Mark [X] ONE answer for every item.** | | | | **Excellent** | | | | | **Very Good** | | | | | **Good** | | | | **Fair** | | | | | | | **Poor** | | | | | | | **Very Poor** | | | | | | **Not Applicable** | | | |
| ***Explanations on Social Security’s website about…*** | | | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |
| 1. What would happen after you submitted the online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| 1. The security and privacy policies of the website | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| ***Your overall rating…*** | | | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |
| 1. Overall opinion of Social Security’s online Disability Report | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | | | | □ | | | | | | | □ | | | | | | □ | | | |
| **Mark [X] ONE answer for every item.** | | | | | | | | **Very Likely** | | | | | **Somewhat Likely** | | | | | | | **Not very Likely** | | | | | | | | **Not at all Likely** | | | | | | **Not Applicable** | | | | | | |
| ***Your likelihood to…*** | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |
| 1. Recommend Social Security’s website to others | | | | | | | | □ | | | | | □ | | | | | | | □ | | | | | | | | □ | | | | | | □ | | | | | | |
| 1. Use Social Security’s website for future business (look for information, etc.) | | | | | | | | □ | | | | | □ | | | | | | | □ | | | | | | | | □ | | | | | | □ | | | | | | |
| 1. Use a handheld mobile device (Android, iPhone, Blackberry, etc.) to do business on Social Security’s website | | | | | | | | □ | | | | | □ | | | | | | | □ | | | | | | | | □ | | | | | | □ | | | | | | |
| ***Your need for special accommodations…*** |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |
| 1. 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 23 and tell us what special accommodations you need in question 24.)**  □ No **(Skip to question 24.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mark [X] only ONE answer.** | | | **Very Satisfied** | | | | | | | | | **Somewhat Satisfied** | | | | | | | | | **Somewhat Dissatisfied** | | | | | | | | **Very Dissatisfied** | | | | | | **Not Applicable** | | | | | |
| 1. How satisfied are you with how well Social Security meets your need for special accommodations? | | | □ | | | | | | | | | □ | | | | | | | | | □ | | | | | | | | □ | | | | | | □ | | | | | |
| 24. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OMB Control Number 0960-0526 |

***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.***

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| ***Give Social Security a Report Card...*** | | | | | | | | | | | | |
| **Social Security’s records show that you recently used Social Security’s website to:**  **- obtain a proof of income letter (verify your payment amount, payment date, etc.), OR**  **request a replacement SSA-1099 (statement of total benefits paid for the prior year), OR**  **request a replacement Medicare card.**  **Please answer the following questions to give us your opinion of the online service you used.** | | | | | | | | | | | | |
| **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 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 a doctor, pharmacist or other health care professional, social worker  □ From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, etc.)  □ From traditional media (newspaper, magazine, TV or radio, etc.)  □From online social media (Facebook, Twitter, etc.)  □ Somewhere else (accountant, school, church, etc.) | | | | | | | | | | | | |
| 1. Did you complete the online request 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.** | | | | | | | | | | | | |
| 1. Who helped you? **Mark [X] only ONE answer.**   □ Non-professional (family member, friend, etc.)  □ Professional (accountant, social worker, etc.) | | | | | | | | | | | | |
| **IF YOU REQUESTED A PROOF OF INCOME LETTER, ANSWER QUESTION 4.**  **ALL OTHERS SKIP TO QUESTION 6.** | | | | | | | | | | | | |
| 1. Social Security requires that you have an online account (a username and password) in order to obtain a proof of income letter on their website. To get your proof of income letter, did you create an online account for the first time or did you use an online account that you created earlier?   **Mark [X] only ONE answer.**  □ I created an online account for the first time  **🡺 Please continue with question 5.**  □ I used an online account I created earlier **🡺 Please skip to question 6.** | | | | | | | | | | | | |
| **Please use the scale shown to rate the following aspects of your experience using Social Security’s online service. If a question does not apply to you, please mark Not Applicable.** | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***When you decided to make your request online…*** | |  |  | |  | |  |  | |  | |  |
| 1. Ease of creating an online account to use Social Security’s online service | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Ease of finding the service on Social Security’s website | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Number of pages you went through before you could start the request | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Appearance of the online pages (amount of information, how the information is arranged, etc.) | | □ | □ | | □ | | □ | □ | | □ | | □ |
| ***Completing the online request…*** | |  |  | |  | |  |  | |  | |  |
| 1. Ease of filling out your request | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Helpfulness of the explanations about how to complete your request | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Length of time it took to complete your request online | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. How long did it take you to fill out your request? **Mark [X] only ONE answer.**   □ 5 minutes or less  □ Over 5 and up to 10 minutes  □ More than 10 minutes | | | | | | | | | | | | |
| **Mark [X] ONE answer for every item.** | | **Excellent** | **Very Good** | | **Good** | | **Fair** | **Poor** | | **Very Poor** | | **Not Applicable** |
| ***Online explanations from Social Security …*** | |  |  | |  | |  |  | |  | |  |
| 1. Confirming that they received your request | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Explaining how they will process your request | | □ | □ | | □ | | □ | □ | | □ | | □ |
| 1. Explaining the security and privacy policies of the website | | □ | □ | | □ | | □ | □ | | □ | | □ |
| ***Wait for the information you requested …*** | |  |  | |  | |  |  | |  | |  |
| 1. Length of time it took to receive the information you requested in the mail | | □ | □ | | □ | | □ | □ | | □ | | □ |
| ***Your overall rating…*** | |  |  | |  | |  |  | |  | |  |
| 1. Overall opinion of the Social Security online service you used | | □ | □ | | □ | | □ | □ | | □ | | □ |
| **Mark [X] ONE answer for every item.** | | **Very Likely** | | **Somewhat Likely** | | **Not very Likely** | | | **Not at all Likely** | | **Not Applicable** | |
| ***Your likelihood to…*** | |  | |  | |  | | |  | |  | |
| 1. Recommend Social Security’s website to others | | □ | | □ | | □ | | | □ | | □ | |
| 1. Use Social Security’s website for your future business (request other information, report a change, etc.) | | □ | | □ | | □ | | | □ | | □ | |
| 1. Use a handheld mobile device ((Android, iPhone, Blackberry, etc.) to do business on Social Security’s website | | □ | | □ | | □ | | | □ | | □ | |
| ***Your need for special accommodations…*** | |  | |  | |  | | |  | |  | |

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| 1. 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** |
| 1. How satisfied are you with how well Social Security meets your need for special accommodations? | □ | □ | □ | □ | □ |
| 23. Please use this space to provide any comments you may have about Social Security’s online service or to explain any of your answers. | | | | | |

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| **OMB Control Number 0960-0526** |

***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.***