

DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SATISFACTION SURVEYS

TITLE OF INFORMATION COLLECTION: eSS-5 Project Focus Groups

SSA SUB-NUMBER: A-07

DESCRIPTION OF ACTIVITY (*give purpose of activity, provide specific information; i.e., date(s) of survey, number of focus groups, locations, etc.*): **Focus Groups**

BACKGROUND

The e-Services Public Insight Process (PIP) is an ongoing initiative which the Social Security Administration (SSA) uses to assess public perception of existing and proposed online SSA services. The PIP is used to help the Agency accomplish its strategic goal of significantly increasing the number of transactions conducted via the Internet.

Work related to the Social Security Number and card is the second highest field office workload by volume. There were over 13 million requests for new or replacement cards in 2006, and almost 40% of all field office traffic is related to the SSN and card. Of that number, 25-33% are repeat visits due to the public's failure to submit proper proof documents on the first visit.

Current procedures require that members of the public who access SSA's website for the purpose of requesting a replacement card must download a hardcopy of the Application for a Social Security Card (Form SS-5), complete the form and either mail or bring it into a local office with the proper proofs of identify. Proofs can be different depending on the reason for requesting a replacement card. For example, for a name change, the applicant would need to provide a copy of her marriage license, divorce papers or a court order of name change. We have found that the reason for many of the 25-33% repeat visits is the lack of proper proofs.

Moving a portion of this large workload to an online transaction would result in faster turn-around times and a more efficient process for both the public and SSA employees. In an effort to reduce the volume of walk-in traffic to the local field offices, SSA wishes to develop an online SS-5 application that the public can complete and submit online. After the applicant submits the electronic Application for a Social Security Card, the system would provide the applicant with a list of documents - customized for that individual - that SSA needs to process the application. This should reduce the number of repeat visits. In this focus group, we are assessing public perceptions to the proposed new electronic version of form SS-5.

SURVEY

Description of Focus Groups

We propose a two-phase approach:

- Phase One – In mid-February, we will conduct three mini-focus groups (with three people each) composed of respondents who are representative of each targeted audience:
 - Women between the ages of 20 to 50 who have changed their names because of marriage or divorce;
 - Parents of children under age 16; and
 - Members of general public between ages 40-60.

This first focus group testing will be conducted in the Baltimore-Washington area.

- Phase Two – Conduct six additional sessions in two locations outside of the Baltimore-Washington area with similar respondents as in Phase One.

See attached copy of the proposed Focus Group Discussion Guide Questions

IF FOCUS GROUP MEMBERS WILL RECEIVE A PAYMENT, INDICATE AMOUNT:
 \$60 (**Rationale for payment amount:** Although this amount is somewhat higher than compensation for previous studies, we believe it is justified in this case. Our contractors, who are experienced in conducting these types of studies, have informed us that this amount is consistent with compensation for other, similar focus groups conducted in the Baltimore-Washington area, which has a higher cost of living.)

USE OF SURVEY RESULTS:

The results of this study will be used by SSA to evaluate and improve the proposed electronic SS-5 application. SSA’s overall goal in this phase of testing is to obtain customer feedback on the proposed process/service and refine the electronic SS-5 based on this feedback.

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response time (/60) = annual burden hours*):

Number of Responses: 27
Estimated Response Time: 100 minutes
Annual Burden Hours: 45 hours

NAME OF CONTACT PERSON: Faye Lipsky

TELEPHONE NUMBER: 410-956-8783

ESK/eSS-5 – Usability/Focus Group Draft Moderator Guide

I. Ground Rules, Introductions and Warm-up – 5 minutes

II. Step 1 – Exploratory Phase - 15 minutes

- Before we get started, I'd like to take the "internet temperature" of the group. How often and for what purpose(s) do you use the Internet?
- Has anyone used the internet to conduct government business? What kind?

Social Security is looking for new ways that the public can do business with SSA via the internet. And, we have invited you here to get your impression of one of these services. We would like you to break into separate spaces to review this internet product. Then we'll come back together to get your experiences.

III. Step 2 Usability Testing – one-on-one sessions – 30 minutes

Home and Welcome pages Questions

Let's start at Social Security's website homepage.

1. What was your impression of the design and format of the welcome and instructions pages?
2. How easy was it for you to access the online application form?
3. What problems, if any, did you have with navigation or text on the home and welcome pages?

Online SS-5 application form

1. Did you encounter any errors while using the online form?
 - If so, what was the error?
 - If so, did you recover to complete the task?
2. Did you find the instructions to be clear?
 - If not, in what form would you expect to have the instructions presented (i.e. link, pop-up, etc.)?
3. Did you feel confident enough, after reading the instructions, to complete the application?

4. What kind of help do you want when filling out the form? Online edits, help box, etc?
5. What was your reaction to the “application status” summary provided before submission?
6. What was your reaction to the “successful completion” receipt received after you submit the form?
 - Is there another way that you would like to receive confirmation? Explain.
7. Do you understand what kind of documents you will need to provide to obtain a replacement card? If not, why?
8. On the following 5-point scale, how important is it for you to know the exact documents that you need to provide to SSA?
 - 1 - Not Important
 - 2 – Moderately Important
 - 3 – Doesn’t matter
 - 4 – Important
 - 5 - Essential

IV. Step 3 - Shared Impressions and Experiences – 40 minutes

1. What is your overall impression of the online SS-5 application for a Social Security card?
2. What is your impression of the design and format of the welcome and instructions pages?
3. How easy is it to find the instructions and screening questions?
4. What would you change or improve on these pages?
5. Do you understand and agree with the overall eSS-5 process?
6. Do you understand the value of completing the online application?
7. How important is it for you to know the exact documents that you need to provide to SSA?
8. Would knowing that you will still need to take your original documents into a field office influence your decision to complete the online application?
9. What do you see as possible benefits to using this program?
10. What incentives would encourage you to complete the online application?

11. Do you have any security concerns?

12. Would you recommend this service to others? Why or why not?

V. Recommendations – 10 minutes

1. What are your recommendations on how to improve this online service?
2. Is there anything else that SSA could do to encourage people to complete and submit this form online?

Social Security Online **Social Security Number & Card**
http://mwww.ba.ssa.gov/ Search GO

En Español

 **Get a New or Replacement Card**

More information

- [Name change](#)
- [Noncitizens](#)
- [International students](#)
- [Domestic violence](#)
- [Adoptive parents](#)
- [Identity theft](#)
- [Employers](#)

★ [Apply online for a replacement card](#)

[Print an Application Form SS-5](#)

[Learn what documents you need](#)

[Find your local field office](#)

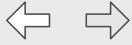
You need a Social Security number to get a job, collect Social Security benefits and receive some other government services. But you don't often need to show your Social Security card. **Do not carry your card with you. Keep it in a safe place with your other important papers.**

What you should know

- [Your number and card](#)
- [Original card](#)
- [Lost card](#)
- [Stolen card](#)
- [Corrected card](#)
- [Types of cards](#)

USA.gov [Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)
Last reviewed or modified [Need Larger Text?](#)

DRAFT



http://www.socialsecurity.gov/xxxxxx

Social Security Online
www.socialsecurity.gov

Online Social Security Card Application

Search GO



Welcome to Online Replacement Card

This online Social Security Card Application process is available for United States citizens who have been assigned a Social Security Number and are requesting a:

- Replacement card (lost, damaged, or stolen)
- Correction card (change of information)

We estimate that it will take about XX minutes to read the instructions, gather the facts, and answer the questions. For more information go to the [Paperwork Reduction Act](#).

Who can use this application?

You may apply for **yourself**; or for a child provided that **you** are the child's:

- parent with legal custody;
- legal guardian; or a
- court appointed legal guardian.

Important Information:

- You will need to provide proof of identity via walk-in or mail to complete this process.
- This brief online application will need to be completed in one sitting.
- You will need to print and sign the confirmation page at the end of this application.

There are **two** options for proceeding after successful completion of this online application:

Walk-in to your nearest Social Security office with the specified proofs, or

- Mail the required proofs to your nearest Social Security office.

To Start The Card Replacement Process...

The following pages will guide you through the application process, tell you what information you will need to answer the questions on the application, and describe the documents you may need to present after you apply.

Check all the boxes that apply – These statements apply to the applicant, the person requiring the replacement card.

- The applicant is a US Citizen
- The applicant has a Social Security Number



Apply for Your Card

Currently this online service is only available for US citizens who have already received a social security number.

You will now be guided through the necessary steps for applying for your new or replacement card.

Go to "Documents you Need" screen

Cancel

Continue

- About You
- Identification
- Family History
- Summary
- Print & Sign



About You

Are you applying on behalf of the applicant as a parent, legal guardian, etc.? [More Info](#)

Yes No

Which best describes your relationship to the applicant? [More Info](#)

Other (specify)

Name of Applicant (Name to be shown on card)

*First Middle *Last Suffix

Is the above listed name the same as the applicant's name at birth? [More Info](#)

Yes No

Applicant's Full Name at Birth:

*First Middle *Last Suffix

Have any other names been used since the applicant's birth? [More Info](#)

Yes No

Enter the last two names used since the applicant's birth:

*First Middle *Last Suffix

*First Middle *Last Suffix

Applicant's Social Security Number

Please enter the number with or without the dashes

Which Best Describes What You Would Like to Do? [More Info](#)

- I'm replacing a lost, damaged, or stolen card.
- I'm correcting or changing information on a card.

Cancel << Previous Next >>

- General
- Identification
- Family History
- Summary
- Print & Sign



Applicant Identification

Race and Ethnicity

Answering the question is voluntary. Your choice to answer or not will have no affect on decisions about business conducted with Social Security. The information will be kept private and used for authorized Federal Agency reporting purposes only.

Is the applicant Hispanic or Latino?

Yes No

What is the applicant's race? (check all that apply) [More info](#)

- | | | |
|--|---|---|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> White | | |

Gender?

Male Female

Was the applicant born within the United States? [More info](#)

Yes No

Where was the applicant born?

*City State

Enter the applicant's date of birth

Month Day Year

Is the applicant's mailing address in the United States?

Yes No

Mailing Address

* Indicates required information

Street Address 1
*

Street Address 2

* City State Zip Code

*

Country

*

Postal Code

Applicant's Daytime Phone Number (Enter with or without dashes)

About You

Demographics and Contact

Family History

Summary

Print and Sign



Family History

Enter at least one parent's name on this page for verification purposes.

Mother's Name

Provide the applicant's mother's name at her birth. [More Info](#)

(First, middle, last, suffix)

Mother's SSN

(Your Response is Voluntary)

Father's Name

Provide the applicant's father's name at his birth. [More Info](#)

(First, middle, last, suffix)

Father's SSN

(Your Response is Voluntary)

Cancel

Previous

Continue

About You

Demographics and Contact

Family History

Summary

Print and Sign



Application Summary

Ensure that the following information is correct. You may update any incorrect information by clicking on the edit button located next to the information that you would like to change.

Applicant's Name	John Henry Doe, Jr.	edit
Name to be Shown on Card	John Henry Doe, Jr.	edit
SSN	123-45-6789	edit
Date of Birth	01/01/1960	edit
Sex	Male	edit
Address	1111 Anyplace Road Anytown MD, 11111	edit
Daytime Phone	555-555-5000	edit
Citizenship	US Citizen	edit
Race/ Ethnicity	n/a	edit
Place of Birth	Baltimore, MD	edit
Mother's Name at Her Birth	Mary Joan Adams	edit
Mother's SSN	n/a	edit
Father's Name at His Birth	John Henry Doe	edit
Father's SSN	n/a	edit
Applicant has Received SSN Card Before?	Yes	edit
Relationship to Applicant	Self	edit

I accept that the following information is true.

Cancel

Previous

Continue

About You

Demographics and Contact

Family History

Summary

Print and Sign



Application Summary

**We have not been able to match the information you entered with our records.
Take another look at this page and make the appropriate edits to resolve the issue.**

Ensure that the following information is correct. You may update any incorrect information by clicking on the edit button located next to the information that you would like to change.

Applicant's Name	John Henry Doe, Jr.	edit
Name to be Shown on Card	John Henry Doe, Jr.	edit
SSN	123-45-6789	edit
Date of Birth	01/01/1960	edit
Sex	Male	edit
Address	1111 Anyplace Road Anytown MD, 11111	edit
Daytime Phone	555-555-5000	edit
Citizenship	US Citizen	edit
Race/ Ethnicity	n/a	edit
Place of Birth	Baltimore, MD	edit
Mother's Name at Her Birth	Mary Joan Adams	edit
Mother's SSN	n/a	edit
Father's Name at His Birth	John Henry Doe	edit
Father's SSN	n/a	edit
Applicant has Received SSN Card Before?	Yes	edit
Relationship to Applicant	Self	edit

I accept that the following information is true.

Cancel

Previous

Continue

About You

Demographics and Contact

Family History

Summary

Print and Sign



Print and Sign

Thank you for beginning the application process online!

[Print This Page](#)

Print and Sign by the ARROW at the bottom of this page and either **bring or mail this along with the below listed proofs to the appropriate processing center.**

The documents that you need to provide in order to complete this application are outlined below along with your local Social Security office.

Proofs You Need to Provide

One of the following documents to prove citizenship:

- U.S. birth certificate
- U.S. consular report of birth
- U.S. passport
- Certificate of Naturalization, or
- Certificate of Citizenship.

One of the following documents to prove the applicant's identity:

- U.S. driver's license
- State-issued non-driver identification card, or
- U.S. passport.



All documents must be either originals or copies certified by the issuing agency. We cannot accept photocopies or notarized copies of documents. For more information you may read the following:

[Evidence documents we need to see](#)

Where to Go or Send Mail

Social Security
Suite 100
5 Park Center Court
Owings Mills, MD 21117 [Directions to our office](#)
Office Hours: Monday – Friday 8:30 AM – 3:30 PM except [federal holidays](#)

Next Steps

You will now need to either visit or mail your documents with the required proofs to the specified field office.

Walk-in applicants:

If you plan to walk-in to the processing center listed above, you'll need to bring at least one of each of the above listed proofs. You will also need to bring a **signed** copy of this page.

Mail-in applicants:

If you plan to mail your proof documents to the processing center listed above, you'll need to send at least one of each of the above listed proofs. You will also need to include a **signed** copy of this page. This process typically takes x to x weeks from the date that we receive your records.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

1	NAME → <small>TO BE SHOWN ON CARD</small>	First John	Full Middle Name Henry	Last Doe, Jr.											
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last											
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD														
2	Enter the Social Security number previously assigned to the person listed in item 1. →	<table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:20px; text-align:center;">1</td> <td style="border:1px solid black; width:20px; text-align:center;">2</td> <td style="border:1px solid black; width:20px; text-align:center;">3</td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px; text-align:center;">4</td> <td style="border:1px solid black; width:20px; text-align:center;">5</td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px; text-align:center;">6</td> <td style="border:1px solid black; width:20px; text-align:center;">7</td> <td style="border:1px solid black; width:20px; text-align:center;">8</td> <td style="border:1px solid black; width:20px; text-align:center;">9</td> </tr> </table>			1	2	3	-	4	5	-	6	7	8	9
1	2	3	-	4	5	-	6	7	8	9					
3	PLACE OF BIRTH Baltimore Maryland <small>City State or Foreign Country</small>	Office Use Only	4	DATE OF BIRTH 01 / 01 / 1960 <small>Month Day Year</small>											
5	CITIZENSHIP →	<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work <input type="checkbox"/> Other													
6	RACE/ETHNIC DESCRIPTION →	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WHAT IS YOUR RACE? PLEASE SELECT ONE OR MORE: <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian													
7	SEX →	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female													
8	A. MOTHER'S NAME AT HER BIRTH →	First Mary	Full Middle Name Joan	Last Name At Her Birth Adams											
	B. MOTHER'S SOCIAL SECURITY NUMBER →	<table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> </tr> </table>						-			-				
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9	A. FATHER'S NAME →	First John	Full Middle Name Henry	Last Doe											
	B. FATHER'S SOCIAL SECURITY NUMBER →	<table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> <td style="border:1px solid black; width:20px;"> </td> </tr> </table>						-			-				
			-			-									
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security Number Before? <input checked="" type="checkbox"/> Yes (If "yes", answer questions 11 -12.) <input type="checkbox"/> No (If "no", go on to question 13.) <input type="checkbox"/> Don't Know (If "Don't Know", go on to question 13.)														
11	Enter the name shown on the most recent Social Security card issued for the person in item 1. →	First John	Full Middle Name Henry	Last Doe, Jr.											
12	Enter any different date of birth if used on an earlier application for a card. →	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:50px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:none; width:50px;"> </td> <td style="border:none; text-align:center;">-</td> <td style="border:none; width:50px;"> </td> </tr> <tr> <td style="border:none; text-align:center;">Month</td> <td style="border:none;"></td> <td style="border:none; text-align:center;">Day</td> <td style="border:none;"></td> <td style="border:none; text-align:center;">Year</td> </tr> </table>				-		-		Month		Day		Year	
	-		-												
Month		Day		Year											
13	TODAY'S DATE 02 / 01 / 2008 <small>Month Day Year</small>	14	DAYTIME PHONE NUMBER (555) 555 -- 5000 <small>Area Code Number</small>												
15	MAILING ADDRESS →	Street Address, Apt. No., PO Box, Rural Route No. 1111 Anyplace Road													
		<small>City</small> Anytown <small>State</small> Maryland <small>ZIP Code</small> 11111													