

Disability Initial Claims Report Card - Mid-Process Survey - English

Social Security is committed to improving the service we provide the public. Please complete this questionnaire to give us your opinion of the service you recently received when you filed for disability benefits.

1. How did you file your application for disability benefits?
(If you used more than one way, please check the main way.) **Mark [X] only ONE.**

- In person with a Social Security employee
- Over the telephone with a Social Security employee
- On Social Security's Internet website (www.socialsecurity.gov)
- Someone else did it for me
- Other

2. Did anyone **besides** Social Security help you with your application? **Mark [X] only ONE.**

- No, I did it by myself with the help of a Social Security employee ONLY. → **Go to question 4.**
- Yes, I had help from someone other than a Social Security employee. → **Go to question 3.**

3. Please tell us who helped you: **Mark [X] all that apply.**

- A husband, wife, relative or friend
- A state or local government agency (such as your social worker or case worker)
- A nonprofit organization that serves people with disabilities
(such as the United Cerebral Palsy Association)
- An attorney or a paid professional disability consulting service
- A health care provider
- Other (such as your employer, school or church)

Please use the scale shown to rate the following aspects of your experience filing for disability benefits. If a question does not apply to you, please mark Not Applicable. Mark [X] ONE rating for every item.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
	E	VG	G	F	P	VP	N/A
<i>When you decided to file...</i>							
4. Ease of finding information about how to apply for disability benefits.	E	VG	G	F	P	VP	N/A
5. Quality of information you got about how to apply for disability benefits.	E	VG	G	F	P	VP	N/A
6. Ease of working with Social Security to start the application process.	E	VG	G	F	P	VP	N/A

<i>Explanations Social Security gave you about...</i>							
7. Information and documents you needed for your application.	E	VG	G	F	P	VP	N/A
8. Requirements for getting disability benefits and how you qualify.	E	VG	G	F	P	VP	N/A
9. How the disability application process works, for example who makes the decision and how long it takes.	E	VG	G	F	P	VP	N/A
<i>Providing information to Social Security...</i>							
10. Ease of answering questions about your medical condition and treatment.	E	VG	G	F	P	VP	N/A
11. Ease of answering questions about the work you did in the past.	E	VG	G	F	P	VP	N/A
12. Ease of answering questions about your education and job training.	E	VG	G	F	P	VP	N/A
<i>How Social Security employees did their job...</i>							
13. Helpfulness of the staff.	E	VG	G	F	P	VP	N/A
14. Courtesy of the staff.	E	VG	G	F	P	VP	N/A
15. How well the staff knew their jobs.	E	VG	G	F	P	VP	N/A
16. How clearly the staff explained things to you.	E	VG	G	F	P	VP	N/A
17. The amount of time the staff spent with you.	E	VG	G	F	P	VP	N/A
<i>Your overall experience...</i>							
18. Ease of filing your disability application with Social Security.	E	VG	G	F	P	VP	N/A
19. Overall opinion of Social Security's service.	E	VG	G	F	P	VP	N/A
20. Please use the space below to tell us anything else about the service you received when you filed your application for disability benefits.							

**DICRC REPORT CARD SURVEY
PRE-NOTICE POSTCARD - ENGLISH**

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 service you received for your recent business with Social Security.

In a few days, you will receive a short questionnaire in the mail from *[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 service.

We look forward to hearing your opinions.

Kelly Croft

Deputy Commissioner for Quality Performance
Social Security Administration

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, OMB No. 0960-0526, 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 21235-0001. Send **only** comments relating to our time estimate to this address, not the completed form.*

**DICRC SURVEY
INITIAL COVER LETTER – ENGLISH**

Dear [Insert Name]:

As I noted in my recent postcard, Social Security is conducting a survey to get your opinion of the service you received when you filed an application for Social Security disability benefits. The survey is short and should only take 5 minutes to complete. Please take a few minutes now to answer the questions and return the form as soon as possible in the postage paid envelope provided. While you are not required to respond, your opinions are very important to us and we would like to hear from as many people as possible.

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. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your application or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at www.socialsecurity.gov. (To protect your privacy, neither my staff nor *[contractor name]* can answer questions about your eligibility or benefits.)

Thank you for sharing your opinions with us.

Sincerely,

Kelly Croft
Deputy Commissioner for Quality Performance
Social Security Administration

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**DICRC SURVEY
FOLLOW-UP POSTCARD – ENGLISH**

Dear Social Security Customer:

About two weeks ago we sent you a survey form asking for your opinion of the service you received for your recent business with Social Security.

- **If you have already mailed back your completed survey**, thank you for your quick response.
- **If not**, please take 5 minutes now to complete and return the survey in the postage-paid envelope provided.
- **If you no longer have the survey**, you don't need to do anything. [*Contractor name*], who is conducting the survey for us, will be mailing another form to you shortly.

Thank you for your help with this survey.

Kelly Croft

Deputy Commissioner for Quality Performance
Social Security Administration

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**DICRC SURVEY
FOLLOW-UP COVER LETTER - ENGLISH**

Dear [Insert Name]:

About a month ago we sent you a brief survey asking about the service you received when you filed an application for Social Security disability benefits. We haven't yet heard from you and it's important that we gather opinions from as many people as possible.

If you recently 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 returned the survey, please take 5 minutes now to complete it and send it back. For your convenience, we have enclosed another copy along with a postage-paid return envelope.

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. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your application or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at www.socialsecurity.gov. (To protect your privacy, neither my staff nor *[contractor name]* can answer questions about your eligibility or benefits.)

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

Sincerely,

Kelly Croft
Deputy Commissioner for Quality Performance
Social Security Administration

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Disability Service Improvement – Post-Adjudicative Survey - English

Social Security is committed to improving the service we provide the public. Please complete this questionnaire to give us your opinion of the service you received recently when you filed for disability benefits.

1. How did you file your application for disability benefits?
(If you used more than one way, please check the main way.) **Mark [X] only ONE.**

- In person with a Social Security employee
- Over the telephone with a Social Security employee
- On Social Security’s Internet Website (www.socialsecurity.gov)
- Someone else did it for me
- Other

2. Did anyone **besides** Social Security help you with your application? **Mark [X] only ONE.**

- No, I did it by myself with the help of a Social Security employee ONLY. → **Go to question 4.**
- Yes, I had help from someone other than a Social Security employee. → **Go to question 3.**

3. Please tell us who helped you: **Mark [X] all that apply.**

- A husband, wife, relative or friend
- A state or local government agency (such as your social worker or case worker)
- A nonprofit organization that serves people with disabilities (such as the United Cerebral Palsy Association)
- An attorney or a paid professional disability consulting service
- A health care provider
- Other (such as your employer, school or church)

Please use the scale shown to rate the following aspects of your experience filing for disability benefits. If a question does not apply to you, please mark Not Applicable. Mark [X] <u>ONE</u> rating for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
	E	VG	G	F	P	VP	N/A
<i>Providing medical information...</i>							
4. Ease of answering questions about your disability.	E	VG	G	F	P	VP	N/A
5. Ease of obtaining your own medical records, if you did so.	E	VG	G	F	P	VP	N/A
6. Experience during any medical examination or test Social Security sent you to.	E	VG	G	F	P	VP	N/A

<i>Finding out what was happening on your application...</i>							
7. Ease of contacting Social Security for status of your application	E	VG	G	F	P	VP	N/A
8. Usefulness of information Social Security gave you about the status.	E	VG	G	F	P	VP	N/A
<i>How Social Security employees did their job...</i>							
9. Helpfulness of the staff.	E	VG	G	F	P	VP	N/A
10. Courtesy of the staff.	E	VG	G	F	P	VP	N/A
11. How well the staff knew their jobs.	E	VG	G	F	P	VP	N/A
12. How clearly the staff explained things to you.	E	VG	G	F	P	VP	N/A
13. The amount of time the staff spent with you.	E	VG	G	F	P	VP	N/A
<i>Getting the decision on your application...</i>							
14. Length of time it took Social Security to handle your application.	E	VG	G	F	P	VP	N/A
15. Clarity of the letter explaining Social Security's decision on your application.	E	VG	G	F	P	VP	N/A
<i>Your overall experience...</i>							
16. Ease of filing your disability application with Social Security.	E	VG	G	F	P	VP	N/A
17. Overall opinion of Social Security's service.	E	VG	G	F	P	VP	N/A
18. Please use the space below to tell us anything else about the service you received when you filed your application for disability benefits.							