

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0960-0788)

TITLE OF INFORMATION COLLECTION: Disability Awareness Program “Many Faces of Disability”

PURPOSE:

Our goal is to solicit “feel good” stories from the public about their personal experiences with the Social Security disability program. Social Security will evaluate the stories for use in conjunction with a disability awareness campaign.

BACKGROUND:

For the vast majority of disability beneficiaries, their monthly disability benefit represents most if not all of their income. People who receive disability payments are rarely able to maintain the same standard of living they had before becoming disabled. However, disability payments provide a safety net that moderates the decline in their standard of living.

Social Security would like to gather positive stories about the importance of the Social Security disability program and use the stories to make up the “Many Faces of Disability,” a disability awareness campaign. The campaign will allow us to promote the positive aspects of the program through the words and eyes of the public.

DESCRIPTION OF RESPONDENTS:

Disability beneficiaries, their families, and disability advocates may participate. There is no age requirement.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Information sheet Collection Form.</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: : Faye Lipsky, Reports Clearance Director, Office of Regulations and Report Clearance, Social Security Administration

To assist review, please provide answers to the following questions:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? Yes No
- 2. If yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
- 3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
Individuals completing Information Sheet with “Feel Good” stories	100	30	50
Totals			50

FEDERAL COST: The estimated annual cost to the Federal Government is \$0.

If you are conducting a focus group or survey, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan). If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We plan to reach out to over 20 of our disability advocate organizations for their assistance in helping us find candidates that have a “feel good story” to share about the Social Security Disability Program. The stories could be from disability advocates, current beneficiaries, former beneficiaries, or their family members. Basically, we will seek stories from anyone that has been impacted by the positive effects of the program.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain

We will ask volunteers to complete an information sheet with a brief synopsis of their disability story. Will interviewers or facilitators be used? Yes No