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

**TITLE OF INFORMATION COLLECTION:** Disability Program Feedback Survey

**BACKGROUND:**

Soon the Social Security Administration (SSA) will launch an information campaign, the Disability Awareness Campaign, “The Faces and Facts of Disability.” The campaign begins on or about February 3,2014 and we expect it to continue one year.

**PURPOSE:**

We are proposing to survey the general public prior to and during the campaign, to gauge the general public’s satisfaction and knowledge of the Social Security disability program. At the conclusion of the Disability Awareness Campaign, we hope to see a positive change in respondent feedback.

**METHODOLOGY:**

* Responding to the survey is voluntary. SSA will provide a *survey* *link* via SSA’s social media pages (e.g., Facebook, Twitter, etc.) for respondents. We regularly use social media to share disability program information with the public. In addition, we will share the survey *link* with third-party organizations (national, regional, and local advocacy groups). We will send a “Dear Colleague Letter” to these groups, asking them to share the link with their constituents, members, and colleagues.

* We propose to use a section 508 compliant[[1]](#footnote-1) online survey tool. The web-survey will be displayed in a format participants can easily read and complete.

**DESCRIPTION OF RESPONDENTS**:

* General Public

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form **[X] Customer Satisfaction Survey**

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other**:** Intercepts

**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 Officer, Social Security Administration**

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

**Personally Identifiable Information:**

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided

to participants? [ ] Yes **[X] No**

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time (minutes)** | **Burden****(hours)** |
| Individuals | 42,000 | 1 | 700 |

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

**If you are conducting a focus group, survey, or plan to employ statistical methods, 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 **[X ] 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?

The SSA will post survey links to our social media sites (e.g., Facebook, Twitter). We will also send the link to third parties (national, regional, and local advocacy groups) for them to share with their constituents. No PII will be collected in the survey.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

**[ X ] Web-based or other forms of Social Media**

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes **[ X] No**

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**USE OF RESULTS:**

We will use the research results to gauge the public’s perception and general knowledge of SSA’s Disability Program. The survey will be deployed prior to, during, and following the Disability Awareness Campaign.

**NAME OF CONTACT PERSON:** Debbie Larwood

**PHONE NUMBER:** 410-966-6135

1. [Social Security Administration’s definition of “508 Compliant”](http://www.ssa.gov/accessibility/508_overview.html) [↑](#footnote-ref-1)