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

**TITLE OF INFORMATION COLLECTION:** Social Security Disability Awareness Campaign Media Product Surveys

**BACKGROUND:**

As the Social Security Administration (SSA) moves to increased self-service, we believe it is

necessary to raise general public knowledge of the disability program. Soon the agency will

launch the Disability Awareness Campaign to address this concern.

Part of this campaign includes sharing communications products with third-party organizations that provide advocate services to the public. SSA will create a web page with various communications products such as PowerPoint presentations, newsletter articles, and online social media posts. The third-party organizations are encouraged to use these products when communicating with the public.

**PURPOSE:**

We will conduct an online survey of third-party advocate organizations who volunteer to provide feedback on quality and usage of our Disability Awareness Campaign communications products. These products will be available online to these third-party organizations. Our goal is to evaluate customer satisfaction of our Disability Awareness Campaign by determining the quality and effectiveness of our products and to measure the usage of these products by third parties.

**Methodology:**

* A proposed third-party web page (Faces and Facts of Disability) will allow SSA to share communications products with third-party organizations. The web page will include folders for seven types of media products provided by SSA. Each of the folders will contain a survey link for third parties to answer a few questions on product usage and satisfaction using a web-based collection tool (Survey Monkey). Skips strategically placed in the survey will ensure there is minimal impact on respondents. The survey is voluntary.

* SSA will share a general product satisfaction survey with third-party organizations one month after the release of the product website, and quarterly until the end of the campaign. We will use an automated web-based collection tool for the surveys. The survey will be easy to read and complete. Skips strategically placed in the survey will ensure there is minimal impact on respondents.

**DESCRIPTION OF RESPONDENTS**:

o National, regional, and local advocacy groups

o Third party representatives

o State and local agencies, and tribal governments

o National and local media outlets

**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 […] 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 **[X] No**

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time (minutes)** | **Burden****(hours)** |
| Third Party Organizations (5 emailed surveys) | 2,500 | 5 | 210 |
| Third Party Organizations (7 product surveys) | 1,000 | 2 | 34 |
| **Totals** | **3,500** |  | **244** |

**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? **[X ] 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?

SSA’s Office of Communications maintains contact information for national, regional and local

advocacy groups, third-party representatives, Federal, State, and local agencies, and tribal

governments, as well as national and local media outlets.

**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 measure the success of the Disability Awareness Program and to help determine future communication products based on products used by third parties.

**NAME OF CONTACT PERSON:** Debbie Larwood

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