

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 2900-0770)**

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**TITLE OF INFORMATION COLLECTION:**

Veterans Transportation Service (VTS) Veterans Satisfaction  
Questionnaire

**PURPOSE:**

The questionnaires solicit voluntary feedback on our service delivery and are not intended to collect information required to obtain or maintain eligibility for a Department of Veterans Affairs (VA) program or benefit. This collection of information is necessary to enable the VHA to garner customer feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. VHA/Veterans Transportation Service (VTS) is constantly striving to improve the service we provide to our nation’s Veterans. The collection of this information will allow for ongoing, collaborative and actionable communications between VTS and our customers, allowing feedback to contribute directly to the improvement of program management. VTS seeks to obtain OMB approval to collect qualitative feedback on our service delivery.

VTS’s goal is to gather and report information about Veterans’ transportation experiences or potential use of services to and from medical appointments and provide feedback to VHA in order to improve this experience for all Veterans. VTS will gather strictly qualitative information for internal use by providing an opportunity for our customers to voluntarily respond to a brief questionnaire. This information will not be released outside of the agency. VTS is a new transportation initiative to enhance existing programs implemented by local VA Medical Centers. This is in support of VA Major Initiative: EVEAH (Enhancing Veteran Experience and Access to Healthcare). The objective of this initiative is to improve existing benefits and programs by providing Veterans with the most convenient and timely access to transportation services.

**DESCRIPTION OF RESPONDENTS:**

The VTS Veterans’ Satisfaction Questionnaire will be made available to Veterans inviting them to voluntarily provide qualitative feedback that addresses VHA’s transportation process. This will be an ongoing questionnaire that will be offered to Veterans on a monthly basis. In an effort to reduce burden of completing the questionnaire, the Veteran will be given the opportunity to respond to a few short questions via link to a VA website. The probability of Veterans having access to the public internet is unknown; therefore the Veterans will also have an option to respond to the questionnaire by toll free telephone number or by completing and returning a paper copy of the questionnaire to our collection center.

**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion Group
- Other: \_\_\_\_\_

**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: Dennis W. Boyette

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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	Burden
<b>Veterans 2011</b>	1,284	5.7 min.	122 hrs
VA Form 10-0517			
<b>Veterans 2012</b>	12,198	5.7 min	1159 hrs
VA Form 10-0517			
<b>Totals</b>	<b>13,482</b>	5.7 min	<b>1281 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,500 annually.

**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?

VTS is a new offering, so historical data on the potential population is sporadic. This is due to the variety of transportation offerings at the VHA Medical Centers (VAMC) nationwide that VTS is replacing. Currently VTS is operating at four VAMCs. The total population that has used the service is 1284 Veterans. The four VAMCs will expand to 42 VAMCs by December 2011. Full Deployment to all VAMCs is expected by December 2014. Considering the issues around the potential respondent universe, the table below illustrates the plan to administer the questionnaire.

	Respondent Universe	Expected Response Rate	Number of Questionnaires	Non-response plan
Initial 2011 administration	1284	50%	1284	Re-mail, Re-request participation
2012 administration	Est. 12,198	50%	12,198	Re-mail, Re-request participation

The potential universe data is manually collected through 2012. Going forward a national database is being developed where random samples will be pulled that will provide results at 95% confidence with +/-5% margin of error.

**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  
[X] Mail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [ X] No

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

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**

