



DEPARTMENT OF VETERANS AFFAIRS  
VETERANS HEALTH ADMINISTRATION

SURVEY OF VETERANS' SATISFACTION WITH THE  
INCOME VERIFICATION PROCESS SERVICE

Thank you for your help with this important project. This booklet contains questions about your experiences with the income verification process administered by the VA's Health Eligibility Center (HEC).

**To assist in determining whether you should proceed with this survey, please read and answer this question first.**

**According to our records, the Health Eligibility Center recently verified your income information to determine your eligibility for VA health care benefits and mailed you a letter. Do you recall receiving correspondence from the Health Eligibility Center?**

*(Mark only one circle below)*

**Yes (Continue on the next page with the instructions for filling out the survey. Then continue to Question 1 on Page 1 and complete the survey.)**

**No (Stop. You do not have to complete the rest of this survey, but please return the survey in the enclosed postage -paid envelope.)**

**Again, we thank you for helping the Health Eligibility Center to provide better service to veterans.**

**OMB Control Number: 2900-0070**

**Paperwork Reduction Act Statement:** The Paperwork Reduction Act of 1995 (PRA) requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the PRA. VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses for this collection are voluntary. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is intended for the improvement of processes. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.

## **Instructions**

- Use a pencil or black pen.
- Mark only one answer for each question, unless it tells you to “mark all that apply”.
- Please shade your answer selection completely.
- To maintain privacy, please do not include your name, address, claim number or any other identifying information.
- When you have completed the survey, place it in the enclosed postage-paid envelope and put it in the mail.

# This survey will help the Health Eligibility Center improve its Income Verification process.

## Letters/Mailings

**Q1 We send several letters to Veterans during the Income Verification Process. Please rate the following statements on a scale of 1 to 5 with 5 being completely agree.**

	1 (not at all)	2	3	4	5 (completely)
I understood the letters completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The wording was clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructions were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Contacts with Staff

**Q2 If you contacted the Income Verification Staff, please rate the following statements on a scale of 1 to 5 with 5 being completely agree.**

	1 (not at all)	2	3	4	5 (completely)
I felt the staff cared about my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The answers provided were clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3 If you contacted our office, what was the reason(s)? (mark all that apply)**

<i>Did not understand the letters</i> ..... <input type="checkbox"/>	<i>Check the status of mail sent</i> ..... <input type="checkbox"/>	<i>Provide additional information</i> ..... <input type="checkbox"/>	<i>Complain about the process</i> ... <input type="checkbox"/>	<i>File Notice of Disagreement</i> ..... <input type="checkbox"/>	<i>Other, enter in Q7 below</i> ..... <input type="checkbox"/>
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## Income Verification Process

**Q4 Please rate your understanding of the Income Verification process.**

Completely....    
 Mostly .....    
 Somewhat.....    
 Only a little....    
 Not at all .....

**Q5 Which areas would you like to see us improve services? (please select the two most important)**

The waiver and hardship process	<input type="checkbox"/>
What are valid dependents	<input type="checkbox"/>
What income counts and what does not	<input type="checkbox"/>
What is deductible and how do I find the correct documents to mail in	<input type="checkbox"/>

**Q6 All things considered. please rate your overall satisfaction with the Income Verification process service.**

Excellent .....    
 Very Good ....    
 Good.....    
 Fair .....    
 Poor.....

**Q7 Reason for contacting Income Verification. From question 3**

**Q8** Please enter comments to improve Income Verification process service