

**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:**

**Feedback from Caregivers on VA Caregiver PTSD Training**

**PURPOSE:** P.L. 111-163- Caregivers and Veterans Omnibus Health Services Act of 2010 requires the Department of Veterans Affairs to offer instruction, preparation and training for family caregivers and to offer all caregivers educational sessions made available both in-person and on an Internet website. Beginning August 7, 2012 the Department has commenced to offer training to Caregivers via live satellite television broadcast. As this is a new initiative, Caregiver feedback on the methodology and content of the training is essential to the Department's ability to design programs which meet the learning needs of Caregivers. The Department proposes to conduct this survey after each training program (no more than four times) conducted in the first year. The survey will be conducted annually after the first year.

**DESCRIPTION OF RESPONDENTS:** The respondents will be Caregivers of Veterans who attended a Department of Veterans Affairs Caregiver Training Program and participate in either the Program of Comprehensive Assistance for Family Caregivers or the Program of General Caregiver Support Services as defined in P.L. 111-163.

**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.

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: Individuals and Households: VA Form 10-0495	No. of Respondents	No. of Responses	Total No. of Responses	Participation Time	Burden Hours
<b>Year 1</b>	535	4	2,140	10 minutes	357
<b>Year 2</b>	535	1	535	10 minutes	89
<b>Year 3</b>	535	1	535	10 minutes	89
<b>Total</b>			3,210		535
<b>Estimated Average Total</b>			<b>1,070</b>		<b>178</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$682.00.

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  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?

Respondents are approved Primary Family Caregivers participating in the Program of Comprehensive Assistance for Family Caregivers. Caregivers asked to complete this survey will be those who attended the Understanding PTSD training on August 7, 2012 or future trainings. Caregiver participation was organized by VA Caregiver Support Coordinators at each VAMC. These Coordinators have contact information and email addresses for every Caregiver attended or will attend future training. Caregiver Support Coordinators will provide the email addresses of Caregivers using encryption to VA EES. No PPI or HIPAA covered information will be transmitted. VA EES will send the survey to the email addresses provided.

### **Administration of the Instrument**

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

Web-based or other forms of Social Media

Link: [https://slu.qualtrics.com/SE/?SID=SV\\_7P6Zja6F XuVnhwF](https://slu.qualtrics.com/SE/?SID=SV_7P6Zja6F XuVnhwF)

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  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"**

**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.**