

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

TITLE OF INFORMATION COLLECTION:

Building Better Caregivers – Satisfaction and Telephone Survey

PURPOSE:

The Caregiver Support Program Office, under the Office of Care Management and Social Work Services, has contracted with the National Council of Aging (NCOA) to provide an on-line workshop for the Caregivers of Veterans. The workshop is called “Building Better Caregivers.”

Upon completion of the 6 week workshop an 8 question satisfaction survey is completed by the Caregiver. Upon completion of the 6 week workshop a random phone survey of 4 questions is completed with approximately 25 % of the Caregiver participants.

Satisfaction Survey: Program feedback and other qualitative information gathered from the satisfaction survey will be utilized by NCOA for their on-going program development and improvement. The data will also be provided to the VA for monitoring of Caregiver satisfaction and program success.

Phone Survey: Post completion phone calls will be used for satisfaction purposes and also to capture the feedback provided by the Caregiver regarding their experience with the workshop. This information may be used to promote the program on the NCOA website or in marketing tools. The comments provided do not provide identifying information. The only information used is the Caregivers initials and the state they live in. Caregiver permission is obtained by NCOA prior to using quotes or comments.

The burden of time and staffing is the responsibility of NCOA.

DESCRIPTION OF RESPONDENTS:

Caregivers of Veterans

TYPE OF COLLECTION: (Check one)

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

- Customer Satisfaction Survey-Phone
- 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.

- 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: Nancy Dupke, Caregiver Support Program National Program Manager

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

Personally Identifiable Information:

- Is personally identifiable information (PII) collected? Yes No
- If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No (NA)
- If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No (NA)

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
Individuals - Caregivers of Veterans			
Caregiver Workshop Survey 10-0499	1,000 annual	5 min.	83
Caregiver Phone Survey	250 annual	20 mins	83
Totals			166

FEDERAL COST: The estimated annual cost to the Federal government is: None. Provided under current contract with provider.

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

- 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?

Selected respondents will be Caregivers who participated in the Caregivers Workshop. The only information used is the Caregivers initials and the state they live in. Caregiver permission is obtained by NCOA prior to using quotes or comments.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person, paper survey
 - Mail
 - Other
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.

