

## ABOUT YOUR EMPLOYMENT NETWORK

Please rate your level of satisfaction with the following aspects of your Employment Network. If you are a representative payee answering on behalf of a beneficiary, please choose the level of satisfaction you believe the beneficiary has with the following aspects of his or her Employment Network.

1. The ability of staff members at my Employment Network to support me.
  - Completely Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Completely Dissatisfied
  
2. The knowledge of staff members I interacted with at my Employment Network.
  - Completely Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Completely Dissatisfied
  
3. The respectfulness of the staff at my Employment Network.
  - Completely Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Completely Dissatisfied
  
4. The ability of my Employment Network to help me understand the type of jobs available in my community.
  - Completely Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Completely Dissatisfied
  
5. The information given to me by my Employment Network about other agencies in my community that was useful in helping me reach my employment goal.
  - Completely Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Completely Dissatisfied

6. The usefulness of the services provided by my Employment Network in helping me meet my employment goals.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

7. The usefulness of the services provided by my Employment Network in helping me meet my financial goals.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

8. My satisfaction with my Employment Network overall.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

9. Before assigning your ticket to this Employment Network, did you consider assigning your ticket to a State Vocational Rehabilitation (VR) agency?

- Yes
- No
- Don't know

10. Before assigning your ticket to this Employment Network, did you consider assigning your ticket to another Employment Network?

- Yes
- No → Go to Q11
- Don't know → Go to Q11

10a. How many other Employment Networks did you contact for information prior to assigning your ticket to your current Employment Network?

- 1 or 2
- 3 to 5
- 6 or more

11. Why did you assign your ticket to your current Employment Network? (Please check all that apply)

- The only provider nearby/closest provider
- Most willing to provide the services I wanted
- Recommended by a caseworker or other provider
- Staff were responsive/courteous/knowledgeable
- They focus on assisting people with my type of disability
- Only provider willing to accept my ticket
- Some other reason (Please specify) \_\_\_\_\_

12. After you assigned your ticket, please indicate a) which services you and your Employment Network agreed were needed, b) which services you actually received from your Employment Network, and c) which services you expect to receive from your Employment Network in the future?

	Services you and your EN <b><u>agreed were needed</u></b> <i>(check all that apply)</i>	Services <b><u>you received</u></b> from your EN <i>(check all that apply)</i>	Services you <b><u>expect to receive</u></b> in the future <i>(check all that apply)</i>
Career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job coaching/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing support to keep a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help obtaining services from other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits counseling or referral to benefits counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please indicate which of the following areas you **liked** about your Employment Network and which of the following areas you think **need to improve**.

(Please check all that apply. It is okay to check both boxes or not check either box)

	Areas I <b>liked</b>	Areas I think <b>need to improve</b>
Location	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of staff members	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Services	<input type="checkbox"/>	<input type="checkbox"/>
Help provided during job search	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time waiting for follow-up services	<input type="checkbox"/>	<input type="checkbox"/>
Information provided about local jobs	<input type="checkbox"/>	<input type="checkbox"/>
Support received from staff	<input type="checkbox"/>	<input type="checkbox"/>
Information in accessible formats (e.g., Braille, online, print, another language)	<input type="checkbox"/>	<input type="checkbox"/>
Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness of staff in returning phone calls and emails	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOUR JOB

14. Are you employed on a full-time or part-time basis?

- Yes
- No → Go to Q 20

15. When did you begin working at your current job?

- Within the last three months
- 3 - 6 months ago
- 7 - 9 months ago
- 10 - 12 months ago
- More than 12 months ago

16. About how many hours a week do you normally work at your current job? \_\_\_\_\_ hours per week

17. Did your Employment Network provide services that helped you get your current job?

- Yes
- No

18. Does your current job provide you with or offer you any of these benefits? (Please check all that apply.)

- Paid vacation
- Paid sick leave
- Medical insurance
- Dental insurance
- Retirement plan

19. What is your annual salary at your current position before taxes and benefits?

- \$1 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 or more
- Volunteer/Unpaid

20. How much do you agree or disagree with the following statement?

It is my goal to reduce or eliminate my reliance on disability benefits with earnings from work.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

## COMMENTS

21. What ideas do you have for improving the Ticket to Work Program? (Please be specific.)

### Paperwork Reduction Act Statement

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **10 minutes** to complete this survey. You may send comments on our time estimate above: *SSA, 6401 Security Blvd., Baltimore, MD 21235-6401*. Send only comments relating to our time estimate to this address.



## CONSUMER SATISFACTION SURVEY

**YOUR HELP IS VERY IMPORTANT!** This survey has been mailed to Social Security Administration beneficiaries who have assigned their tickets to an Employment Network under the Ticket to Work program. The questions below will be used to provide information on Employment Networks. The Employment Network's staff will not see your answers. Your Employment Network is **<INSERT EN>**.

Please answer every question. If you are not sure of an exact answer, please give your best guess. If you are a representative payee answering on behalf of a beneficiary, fill out the survey to the best of your ability to reflect the opinions of the beneficiary.

If you would prefer to complete the survey online, instead of on paper, please go to:

<http://www.eurekafacts.com/ttw>

You will be asked for a PIN number. Your PIN number is [abc123]

If you have any questions about this survey, you may call EurekaFacts at 1-855-403-4800 or email to [ttw@eurekafacts.com](mailto:ttw@eurekafacts.com). TDD/TTY users please contact your local Relay Center.

*Thank you very much for your help in improving the Ticket to Work program.*

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**Send the completed questionnaire to:  
Ticket to Work Survey  
51 Monroe Street, Plaza East 10  
Rockville, Maryland, 20850**

If you completed the survey online, you do not need to send the paper questionnaire.

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Dear **<insert full name>**:

EurekaFacts is conducting an evaluation of the Ticket to Work Program on behalf of the Social Security Administration. We are asking for you to help us learn about your experience in the Ticket to Work program by completing a short, 10-minute survey. You were selected because you have used your ticket with an Employment Network under the Ticket to Work program and will be able to provide your opinions. If you are a representative payee answering on behalf of a beneficiary, please fill out the survey to the best of your ability to reflect the opinions of the beneficiary. To protect the confidentiality of your responses, the Employment Network's staff will not see your answers. To participate in this study,

Go to the website: **<http://www.eurekafacts.com/ttw.html>**  
and enter your unique ID number **[abc123]**

The survey will take you approximately 10 minutes to complete.

Please complete this survey by **[date]**.

We want thank you in advance for sharing your opinions.



**Ticket to Work National Evaluation**

C/O EurekaFacts National Survey Center

51 Monroe Street, Plaza East 10

Rockville, MD 20850

**<insert name>**

<insert address>

Please go to the website: <http://www.eurekafacts.com/ttw.html> and enter your unique ID number **[abc123]**



<insert date>

<insert name>

<insert address>

Dear <insert name>,

EurekaFacts is contacting you on behalf of the Social Security Administration because you are a Social Security beneficiary who has participated in the Ticket to Work program. We are asking for you to help us learn about your experience with the program. Social Security beneficiaries who have used their tickets with your Employment Network, **<insert Employment Network>**, are being asked to complete a 10-minute survey.

**The person or organization to whom this letter is addressed** should be the person who completes the survey. If this person or organization is a representative payee answering on behalf of a beneficiary, they should fill out the survey to the best of their ability to reflect the opinions of the beneficiary.

We would like to make it easy for you to participate in this study. You may complete the survey either on the Internet or by mail using the paper survey form included with this letter. You do not need to do both. If you complete the paper survey, we have provided an envelope in which you may return the paper survey. To complete the survey online please do the following:

Go to the website: [www.eurekafacts.com/ttw.html](http://www.eurekafacts.com/ttw.html)  
and enter your unique ID number **[abc123]**

The Employment Network's staff will not see your answers and your name will not appear on the survey. Social Security will use all responses to improve the program.

Please complete this survey by **[date]**. The survey will take you approximately **10 minutes** to complete. Thank you in advance for your help.

EurekaFacts is conducting this survey on behalf of Social Security and the Ticket to Work program. If you have any questions about this survey, you may contact EurekaFacts at 1-855-403-4800.

Sincerely,

EurekaFacts – Ticket to Work