

Hearings Process Report Card Survey

Social Security is continually working to improve the service we provide to the public. Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.

MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

Please use the scale shown to rate the following aspects of your hearing experience.

Mark **ONE** answer for every item. If a question **does not** apply to you, please mark **Not Applicable**.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
When you decided to request a hearing...							
1. <u>Ease of finding</u> information about how to file your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Quality</u> of information you got from Social Security explaining the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While you were waiting for your hearing to be held...							
3. <u>Ease of contacting</u> Social Security about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your hearing was held...							
5. Did you have a representative, either an attorney or some other person, handle your hearing? Mark only ONE answer.							
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
6. Did you have a hearing with a judge face-to-face or by video conference? Mark only ONE answer.							
<input type="checkbox"/> Hearing was <u>face-to-face</u> with a judge.	➔ Please continue with question 7						
<input type="checkbox"/> Hearing was <u>by video conference</u> with a judge.	➔ Please continue with question 7						
<input type="checkbox"/> <u>No</u> hearing was held with a judge.	➔ Please continue with question 14						

PLEASE CONTINUE TO PAGE 2

A little more about you...

22. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

Mark [X] ONE answer.

- Yes No → **SKIP to Question 25.**

23. Do you need special accommodations because of a:

Mark [X] all that apply.

- Physical limitation (for example, wheelchair access)
 Visual limitation (for example, large print or Braille documents)
 Deafness or difficulty hearing (for example, sign language interpreter or video relay)
 Other limitation (for example, a learning disability)

24. How satisfied are you with how well Social Security meets your need for special accommodations?
Are you:

Mark [X] ONE answer.

- Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied, or
 Very dissatisfied

25. Please use this space to explain any of your answers, especially any reasons for dissatisfaction, or to provide any other comments about the service you received in connection with your hearing.

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<input type="checkbox"/> <u>No</u> hearing was held with a judge.	➔ Please continue with question 14						

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PRENOTICE POSTCARD

Dear Social Security Applicant:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the service you received for your recent business with Social Security.

In a few days, you will receive a short questionnaire in the mail from [*Contractor*], who is conducting this survey for Social Security. When you receive their envelope, we hope that you will take the time to answer our questions and tell us what you think of our service.

We look forward to hearing your opinions.

Social Security Administration

INITIAL COVER LETTER

Dear Social Security Applicant:

As noted in our recent postcard, Social Security is conducting a survey to get your opinion of the service you received when you requested a hearing on your application for Social Security disability benefits. We would like to hear from you even if you did not attend a hearing with a judge.

The survey is short and should only take 5 minutes to complete. Please take a few minutes now to answer the questions and return the form as soon as possible in the postage-paid envelope provided. While you are not required to respond, your opinions are very important to us and we would like to hear from as many people as possible. **Please do not put any information related to your Social Security business in the envelope with your completed survey.**

Please be assured that [*Contractor*], who is conducting this survey for us, will only give your responses to the staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at www.socialsecurity.gov.

Thank you for sharing your opinions with us.

Sincerely,

Social Security Administration

FOLLOW-UP POSTCARD

Dear Social Security Applicant:

About two weeks ago we sent you a survey form asking for your opinion of the service you received for your recent business with Social Security.

- **If you have already mailed back your completed survey**, thank you for your quick response.
- **If not**, please take 5 minutes now to complete and return the survey in the postage-paid envelope provided.
- **If you no longer have the survey**, you don't need to do anything. *[Contractor]*, who is conducting the survey for us, will be mailing another form to you shortly.

Thank you for your help with this survey.

Social Security Administration

FOLLOW-UP COVER LETTER

Dear Social Security Applicant:

About a month ago we sent you a brief survey asking about the service you received when you requested a hearing on your application for Social Security disability benefits. We haven't yet heard from you and it's important that we gather opinions from as many people as possible. We would like you to answer our survey even if you did not attend a hearing with a judge.

If you recently mailed in your completed survey form, please discard this letter. We sincerely appreciate your help and we look forward to receiving your response. However, if you have not yet returned the survey, please take 5 minutes now to complete it and send it back. For your convenience, we have enclosed another copy along with a postage-paid return envelope. **Please do not put any information related to your Social Security business in the envelope with your completed survey.**

Please be assured that [*Contractor*], who is conducting this survey for us, will only give your responses to the staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at www.socialsecurity.gov.

We would appreciate receiving your completed survey as soon as possible.

Sincerely,

Social Security Administration

PRIVACY ACT STATEMENT

The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, "Setting Customer Service Standards." Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency.

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 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*