

# SITE RECERTIFICATION SURVEY

FEMA Form 007-0-18  
OMB No.: 1660-0036  
Expires:

Public reporting burden for this survey is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the survey. You are not required to respond to this collection of information unless it displays a valid OMB control number near the title of the electronic collection instrument, or for on-line applications, on the first screen viewed by the respondents. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0036) **NOTE: Do not send your completed form to this address.** The following survey is voluntary.

**Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_\_. My ID # is \_\_\_\_\_. May I please speak with \_\_\_\_\_ (contact name) or another person who met with the FEMA Housing Representative on <\_\_\_\_>(date)?**

**If no:** Thank you for your time and have a good day/evening. (Mark attempt)

**If yes:** We're looking for ways to improve the quality of our service and your opinion is very important to us. Would you volunteer to take 7 - 9 minutes to answer some questions?

- No (if no) I understand, Thank you for your time and have a nice day/evening)
- Yes (if yes) Thank you. The following questions have been approved by the Office of Management and Budget under number 1660-0036. Please be assured your answers will not affect the outcome of your application for FEMA assistance.

# SITE RECERTIFICATION SURVEY

<b>SITE RECERT PROCESS OVERALL</b>	
<i>Question</i>	<i>Response Options</i>
<p>A FEMA representative recently met with you to discuss your need for additional rental assistance. We would like to get your opinion about that meeting.</p> <p>Q1. Please rate the process of being considered for additional rental assistance. Would you say it's been...</p> <p><b>(READ list)</b></p> <p><i>(If below average or poor, go to 1a, otherwise go to #2)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion</li> </ul>
<p>1a. In what way has the process been less than satisfactory for you?</p> <p><b>(DO NOT read list. Mark all that apply.)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Didn't receive any/enough assistance</li> <li><input type="checkbox"/> Poor attitude</li> <li><input type="checkbox"/> Process too complicated/too long</li> <li><input type="checkbox"/> Didn't explain programs clearly or could not answer my questions</li> <li><input type="checkbox"/> Didn't seem interested in helping me</li> <li><input type="checkbox"/> Didn't take time to listen to me</li> <li><input type="checkbox"/> Took too long to answer questions</li> <li><input type="checkbox"/> Took too long to process</li> <li><input type="checkbox"/> Didn't treat me with respect</li> <li><input type="checkbox"/> Other <b>(text box here)</b></li> </ul>

# SITE RECERTIFICATION SURVEY

<b>FEMA HOUSING REPRESENTATIVE – ATTRIBUTE SERIES</b>	
<b>2. This next series of questions is about the representative who visited with you.</b>	
<p><b>1. Using a scale of Excellent, Good, Satisfactory, Below Average or Poor, how would you rate [the Representative] on showing an <b>interest in helping</b> you?</b></p> <p><b><i>READ scale if necessary:</i></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below Average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Don't know / No opinion</li> </ul>
<p><i>(If Answer is Below Average or Poor, go to Q1a)</i></p> <p><b>1a. What made you feel that [he/she or Representative's name] was not Interested in Helping you?</b></p> <p><b><i>(DO NOT read list. Mark all that apply.)</i></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rushed through visit</li> <li><input type="checkbox"/> Didn't answer questions</li> <li><input type="checkbox"/> I had to repeat my questions</li> <li><input type="checkbox"/> Didn't express empathy</li> <li><input type="checkbox"/> Didn't make me eligible</li> <li><input type="checkbox"/> OTHER (<b>specify</b>)</li> </ul>
<p><b>2. How would you rate him/her on providing information in an <b>easy to understand</b> manner? Would you say he/she was...</b></p> <p><b><i>READ scale:</i></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below Average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Don't know / No opinion</li> </ul>
<p><i>(If Answer is Below Average or Poor, go to Q2a)</i></p> <p><b>2a. In what way was he/she below average or poor?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Used government jargon</li> <li><input type="checkbox"/> Sounded like a script</li> <li><input type="checkbox"/> Spoke too fast</li> <li><input type="checkbox"/> Terms hard to understand</li> <li><input type="checkbox"/> OTHER (<b>specify</b>)</li> </ul>

# SITE RECERTIFICATION SURVEY

<p><b>3. How would you rate him/her on <b>being courteous</b>?</b></p> <p><i><b>READ statement and scale as necessary:</b></i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below Average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Don't know / No opinion</li> </ul>
<p>(If below average or poor, go to 3a)</p> <p><b>3a. In what way was he/she not courteous?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Spoke too fast</li> <li><input type="checkbox"/> Tone of voice</li> <li><input type="checkbox"/> Condescending</li> <li><input type="checkbox"/> Accusatory</li> <li><input type="checkbox"/> Impatient</li> <li><input type="checkbox"/> OTHER (<b>specify</b>)</li> </ul>
<p><b>4. How would you rate (him/her) on letting you know what you needed to do <b>next</b>?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below Average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Don't know / No opinion</li> </ul>
<p>(If below average or poor go to 4a.)</p> <p><b>4a. In what way was it below average or poor?</b></p> <p><b>(DO NOT read list. Mark all that apply.)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Information was not clear</li> <li><input type="checkbox"/> Next steps not given</li> <li><input type="checkbox"/> Too much information</li> <li><input type="checkbox"/> Not enough time to write it down</li> <li><input type="checkbox"/> Didn't answer my questions</li> <li><input type="checkbox"/> Other (<b>specify</b>)</li> </ul>
<p><b>5. How effective was he/she in <b>resolving</b> your issues?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Extremely Effective</li> <li><input type="checkbox"/> Very Effective</li> <li><input type="checkbox"/> Somewhat Effective</li> <li><input type="checkbox"/> Not Very Effective</li> <li><input type="checkbox"/> Not At All Effective</li> <li><input type="checkbox"/> I had no issues</li> </ul>
<p>(If not very or not at all effective, go to 5a.)</p> <p><b>5a. In what way was (he/she) not effective?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inconsistent information</li> <li><input type="checkbox"/> Didn't answer my questions</li> <li><input type="checkbox"/> Did not trust repre. would take action</li> <li><input type="checkbox"/> No confidence in information</li> <li><input type="checkbox"/> Took too long</li> <li><input type="checkbox"/> Other (<b>specify</b>)</li> </ul>

# SITE RECERTIFICATION SURVEY

<p>6. What was your <b>overall impression</b> of the customer service provided by [ Representative's Name ]?</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Excellent</li><li><input type="checkbox"/> Good</li><li><input type="checkbox"/> Satisfactory</li><li><input type="checkbox"/> Below Average</li><li><input type="checkbox"/> Poor</li><li><input type="checkbox"/> Don't Know / No Opinion</li></ul>
<p><b>(If below average or poor, go to 5a.)</b></p> <p>6a. What could she/he have done better?</p>	<p>Enter in text box as stated by applicant.</p>

# SITE RECERTIFICATION SURVEY

<b>RECERTIFICATION SITE VISIT SERIES</b>	
<i>Question</i>	<i>Response Options</i>
<p>3. Before the meeting with the representative, did you have adequate time to assemble the necessary documents?</p> <p><b>(If “Yes”, go to 3b, otherwise go to 3a)</b></p>	<p><input type="checkbox"/> Yes (all)</p> <p><input type="checkbox"/> No (some or none)</p>
<p>3a. Did you need help from the Housing Representative to gather the documents during your meeting?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>3b. During the meeting, you and [Rep’s name/the Representative] reviewed a form called “Declaration of Continuing Need”. How would you rate [Rep’s name/the Representative’s] explanation of that form?</p> <p><b>(READ list.)</b></p>	<p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> <b>(DO NOT read)</b> Don’t know / No opinion</p>
<p>3c. How would you rate [him/her] on explaining how to develop a housing plan?</p> <p><b>(Read list AS NEEDED)</b></p>	<p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> <b>(DO NOT read)</b> Don’t know / No opinion</p>
<p>3d. How would you rate [him/her] on explaining your current and pre-disaster monthly housing costs?</p> <p><b>(Read list AS NEEDED)</b></p>	<p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> <b>(DO NOT read)</b> Don’t know / No opinion</p>

## SITE RECERTIFICATION SURVEY

<p>3e. How would you rate [his/her] explanation of the process for submitting your documents?</p> <p><b>(Read list AS NEEDED)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion</li> </ul>
<p>3f. How would you rate his/her explanation of household income?"</p> <p><b>(Read list AS NEEDED)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion</li> </ul>
<p>3g. How would you rate [Rep's name/the Representative] on explaining the lease agreement?</p> <p><b>(Read list AS NEEDED)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion</li> </ul>
<p>3h. How would you rate the explanation of the required rent receipts and landlord information?</p> <p><b>(Read list AS NEEDED)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Below average</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion</li> </ul>

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<b>TIMING OF VISIT</b>	
<i>Question</i>	<i>Response Options</i>
4. Did [Rep's name/the Representative] arrive for your appointment ...  <b>(READ list)</b> <i>(If "Too early" or "Too late", go to Q4a.)</i>	<input type="checkbox"/> Too early <input type="checkbox"/> On time <input type="checkbox"/> Too late <input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion
4a. Did he/she call ahead to let you know about the change of time for your appointment?  <b>(DO NOT read list.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know / No opinion
4b. How would you rate the convenience of your appointment time?  <b>(READ list)</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> <b>(DO NOT read)</b> Don't know / No opinion



# SITE RECERTIFICATION SURVEY

## SUGGESTIONS TO IMPROVE

<i>Question</i>	<i>Response Options</i>
<p>5. <b>Suggestion.</b> FEMA is interested in getting your opinion on what we could do to improve our service. What other suggestions would you like to pass on to FEMA about site recertification that you haven't already shared?</p>	<p style="text-align: center;">Open-ended Question</p> <p><b>Text box here</b></p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

## CALL BACK

<i>Question</i>	<i>Response Options</i>
<p>6. <i>Your opinion is very valuable to us, may we call you at a later date to ask you some additional questions?</i></p>	<p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>

## CLOSING

<ul style="list-style-type: none"> <li>• <i>Yes (If "yes")</i> Thank you very much for time. Have a good day/evening.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>No (If "no") I understand.</i> Thank you very much for your time. Have a good day/evening.</li> </ul>