

DIRECT HOUSING OPERATIONS SURVEY - MAINTENANCE

OMB Control Number 1660-0036

Expiration Date xx/xx/xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE: Public reporting burden for this survey is estimated to average 6 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.

PRIVACY ACT STATEMENT

AUTHORITY: Government Performance and Results Act (GPRA), 5 U.S.C. Ch. 3 as amended and the GPRA of 2010 (P.L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards;" and its March 23, 1995 Memorandum addendum, "Improving Customer Service;" Executive Order 13411 "Improving Assistance for Disaster Victims;" Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service;" and its June 13, 2011 Memorandum "Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service."

PRINCIPAL PURPOSE(S): DHS/FEMA collects this information to measure Individual Assistance customers' satisfaction with FEMA services.

ROUTINE USE(S): This information is used for the principal purpose(s) noted above and will not be shared outside of DHS/FEMA, except as allowed under DHS/FEMA-008 - Disaster Recovery Assistance Files (April 30, 2013, 78 FR 25282), or as required by law.

DISCLOSURE: The disclosure of information on this form is strictly voluntary and will assist FEMA is making improvements to its Individual Assistance program; failure to provide the information requested will not impact the provision of FEMA Individual Assistance to qualified entities.

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Phase 2 - Maintenance

This phase of the study will be conducted about 45 day(s) or longer after assignment of the unit (lease-in) and may be repeated if the term lasts longer. The purpose of the study is to identify the applicant's level of satisfaction with the maintenance services and recertification. (Note: More than one contractor may be deployed, based on type of unit, zip codes, length of time into the disaster: IA TAC covers first 30-90 days and after 90, local contractors take over.)

Introduction

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is _____. My ID# is _____. May I please speak with _____?

If No: Thank you again for your previous assistance and have a good day/evening.

If Yes: We're calling to ask some additional questions about the service you received during your stay in the FEMA temporary housing unit. We do appreciate your taking the time to talk to us previously. Would you volunteer to take 4-7 minutes to answer some additional questions? (Yes or No)

If No: I understand. Thank you for your time and have a good day/evening.

If Yes: Thank you. These questions have been approved by the Office of Management and Budget under control number 1660 -0036. Please be assured your responses will not affect the outcome of your application for FEMA assistance.

Q7. I would like to ask you some questions about your experience with the maintenance service. Have you had a reason to contact the Maintenance Service Line? (If yes go to Q7a) (If No go to Q8)

Q7a. What was the approximate date of your most recent phone call to the maintenance service center or the call you would like to talk about? _____ (mm/dd/yy)

Q7b. Thinking about that phone call, how would you rate the customer service provided by the person answering the phone? Would you say it was: (Excellent, Good, Satisfactory, Below Average, or Poor; Don't Know / No Opinion). (If Below Average or Poor go to Q7c)

Q7c. What makes you say that it was (Below Average/Poor): (Poor Attitude____, Didn't treat me with respect____, Didn't explain process clearly____, Didn't take time to listen to me____, Didn't seem interested in helping me____, Didn't answer my questions____, Didn't return my calls____, Other ____ [Free Text box for other comments]

Q7d. Did this or any phone call result in an actual trip to your home to perform repair or maintenance services? (Yes or No) (If yes go to Q7e) (If No go to Q8)

Q7e. What was the approximate date of the most recent maintenance or repair visit you would like to talk about? _____ (mm/dd/yy)

Q7f. Was that:

1) For an emergency visit?____(water, power, sewer or air/heat – to be taken care of in 6 hours from the call) 2) Or a Routine visit?____ (taken care of in 2 days) or 3) Don't Know, Don't Remember____

Q7g. How would you rate the service provided during that visit? Would you say the service was (Excellent, Good, Satisfactory, Below Average, or Poor; Don't know/No opinion). If Below Average or Poor go to Q7g).

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Q7h. What about it was (Below average/Poor). (Poor Attitude, Didn't treat me with respect, Didn't explain service clearly, Didn't take time to listen to me, Didn't seem interested in helping me, Didn't answer my questions, Slow response time, Repair was not effective, Didn't come at appointed time, Other _____.)

RECERTIFICATION QUESTIONS

Q8. FEMA normally visits about once a month or every couple of months to check on your recovery progress. This is often referred to as "recertification". Have you received one of these visits? (Yes/No). (If yes go to Q8a) (If No go to Close)

Q8a. What was the approximate date of the most recent recertification visit? _____
(mm/dd/yy)

Q8b. How would you rate the customer service provided during that visit? Would you say it was... (Excellent, Good, Satisfactory, Below Average, or Poor; Don't know/No opinion) (If Below Average or Poor go to Q8c)

Q8c. Why do you say it was (Below Average/Poor)? (Poor attitude, Didn't treat me with respect, Didn't explain guidelines clearly, Didn't take time to listen to me, Didn't seem interested in helping me, Didn't answer my questions, Other _____)

Q8d. After the recertification visit, [Caseworker Name] handled your decision to extend the time you could stay in the unit. How would you rate the customer service provided by [Caseworker Name]? Would you say [Caseworker Name or he/she] was ... (Excellent, Good, Satisfactory, Below Average, or Poor; Don't know/No opinion) (If Below Average or Poor go to Q8e)

Q8e. Why do you say it was (Below Average/Poor)? (Poor attitude, Didn't treat me with respect, Didn't explain guidelines clearly, Didn't take time to listen to me, Didn't seem interested in helping me, Didn't answer my questions, Other _____)

QSUG.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 improve FEMA disaster housing maintenance process that you have not already shared?

Close. Well, we do appreciate the time you have spent with us. That is all of the questions we have at this time, but we will be checking back with you again to see how things are going. Have a good day.