

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

**TITLE OF INFORMATION COLLECTION:** Incentive Therapy Site Supervisor Consumer Satisfaction

**PURPOSE:**

- To solidify feedback from Incentive Therapy site supervisors with intent to make program improvements.
- To meet Commission on Accreditation of Rehabilitation Facilities Behavioral Health consumer satisfaction accreditation standards.
- Annual surveys will be tallied for review, action and analysis.

**DESCRIPTION OF RESPONDENTS:**

Therapeutic & Supported Employment Services staff will distribute survey to site supervisors of Veterans enrolled in the Therapeutic & Supported Employment Incentive Therapy Program at the Danville Medical Center, Danville IL.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> 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.
6. 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:  /s/ Johanna Willemse, LCSW

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No

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

**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	~10	10 minutes	2
<b>Totals</b>	<b>~10</b>	<b>10 minutes</b>	<b>2</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is   \$0  

**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**

1. 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?

Therapeutic & Supported Employment Services staff will distribute the satisfaction survey annually to site supervisors of Veterans enrolled in the Therapeutic & Supported Employment Incentive Therapy Program during. Surveys will be given to each of the approximately 10 site supervisors in person.

**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
  - Mail
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  No