

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0960-0788)**

TITLE OF INFORMATION COLLECTION:

Solicitation of Customer Satisfaction Feedback for Flexible Video (FV) Proof of Concept (POC)

PURPOSE:

Flexible Video was developed to test the feasibility of using flexible equipment (a laptop, dual monitors, and a webcam), on the SSA network, using Microsoft Lync software, in order to reduce the costs associated with traditional Video Service Delivery (VSD) equipment. The FV POC focuses on video conferencing to conduct Disability Determination Services (DDS) hearings. The DDS Disability Hearing Officer (DHO) uses video conferencing equipment in the DDS to conduct hearings on medical cessations that result from Continuing Disability Reviews (CDRs). Claimants attend hearings at selected FOs within the Chicago Region.

The FV POC evaluation plan includes the need to assess customer satisfaction with the quality, usability, and technical capabilities of FV. SSA will use these findings from the Customer Satisfaction Survey, in addition to employee feedback and other factors, to determine if the agency should move forward to a Pilot phase for the FV project.

Survey Details

Who will conduct the survey? SSA field office staff will conduct the survey.

Where will we conduct the survey? We will conduct the survey at selected field offices in the Chicago Region.

When will we conduct the survey? We will begin conducting the survey on 9/1/15, and continue through October 2015.

DESCRIPTION OF RESPONDENTS:

Respondents are SSA Customers who receive disability benefits, and who we scheduled for a hearing with the DDS Hearing Officer to determine if the individual still meets the eligibility criteria for receiving disability benefits.

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: Naomi Sipple, Reports Clearance Officer, Office of Regulations and Report Clearance, Social Security Administration

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice 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 (minutes)	Burden (hours)
Individuals or Households	20/month x 2 months	10 minutes	7
Totals	40		7

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?

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

Please make sure that all instruments, instructions, and scripts are submitted with the request.