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

TITLE OF INFORMATION COLLECTION: Social Security Express Tablet Satisfaction Survey

DESCRIPTION OF ACTIVITY:

Background: The Social Security Administration (SSA) provides customers many methods to complete their business with the agency. Electronic Services, also known as eServices, offers the public secure electronic access to their personal Social Security record. The agency continues to explore new opportunities to expand eServices. In an effort to decrease office wait times, SSA is piloting touch screen tablets for customers to use when visiting their local office. During the pilot, tablets will allow customers to complete simple transactions (e.g., change of address, direct deposit, benefit verification etc.), rather than wait for a representative. Electronic transactions will reduce average wait times. The tablets will initially be available only in the West Chester, PA, Social Security Administration office.

We propose to survey the public to evaluate their satisfaction with using a tablet. Analysis of the information collected will assess the viability of providing tablets at more offices nationwide.

The survey will ascertain:

- ■ Who the tablet users are
- ■ Whether the tablets are easy to use
- ■ What improvements we need to make to the tablets

Methodology:

- ■ We will provide customers with a link to a satisfaction survey after they complete the transaction(s) on the tablet. We will embed the link in the tablet as a uniform resource locator, or URL. The survey will be voluntary to all tablet users.

- ■ We will use an automated collection tool for the survey. We will display the web-survey in a format participants can easily read and complete.

TYPE OF COLLECTION:

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software)   [ ] Small Discussion Group
[ ] Focus Group   [] Other**:** Intercepts

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 <u>not</u> raise issues of concern to other Federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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 Team Leader, Social Security Administration**

To assist review, please provide answers to the following question:
Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes **[**X**]** 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 [X] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [X] No, respondents will not be paid for their participation.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
Survey	500	5	42
Totals	**500**		**42**

BURDEN HOUR COMPUTATION *(Number of responses (X) estimated response time (/60) = annual burden hours)*:

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 [X] 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)
    [X] Web-based or other forms of Social Media
    [   ] Telephone
    [ ] In-person
    [   ] Mail
    [   ] Other, Explain - Survey Sheet/Questionnaire

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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

USE OF RESULTS:
We will use the research results to determine the public's satisfaction and ease with using the tablets. It will also help us determine whether tablets are a viable tool for the public to do business with SSA.

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