



OMB No. 2900-XXXX  
Estimated Burden: 10 Minutes  
OMB Expiration Date: XX/XX/XXXX

DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420

Date: [INSERT CURRENT DATE]

Dear: [INSERT FIRST AND LAST NAME]:

We recently received your completed survey. Thank you for helping with this important project. The Department of Veterans Affairs, Veterans Health Administration will use your answers to improve timely communication with your fellow Veterans about where it is safe to get care in the event of a natural disaster.

Enclosed you will find **\$10.00** in cash as a token of our appreciation for your time. Thank you for your participation.

Sincerely,

Dr. Daniel J. Bochicchio  
Director, VHA Office of Emergency Management