



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420

Date: [INSERT CURRENT DATE]

Dear: [INSERT FIRST AND LAST NAME]:

I am writing to ask for your help with a short but important survey that will give you the opportunity to help your fellow Veterans. Your opinion will help improve communication about where it is safe for Veterans to get care in the event of a natural disaster. This survey has been sent to you and other Veterans in the Northeastern U.S.

You were selected to participate in this study as our records show you received health care from the VA in the past three months. The survey will ask you about your experiences with natural disasters, your preferences for communication with the VA, and some general questions about your health. I know your time is valuable, but I hope you will take **10 minutes** to participate in this survey.

Enclosed you will find **\$2.00** in cash as a token of our appreciation for your time. Upon completion of the survey, we would further like to thank you by sending you an additional **\$20** in cash. You can answer the survey on the internet by entering the following URL into the address bar of your internet browser:

URL

Once there, please enter XXXX as your online survey code.

Or you may complete the enclosed paper copy of the survey and mail it using the postage-paid return envelope.

Please note that participation in this study is voluntary and your decision will not affect any services you receive from VA or your eligibility for services in the future. Your answers will be kept confidential. No one will connect your name to any information that you provide. We will combine your answers with answers from other participating Veterans and show data only as totals and averages.

If you have any questions about the survey, or experience technical difficulties with the online survey and need assistance, please call 800-xxx-xxxx or email the study team at [XXXX@altatum.org](mailto:XXXX@altatum.org).

**Your fellow Veterans need your help. Reply today!**

Sincerely,

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

OMB Control Number: [insert number]  
Expiration: [insert date]  
Public Reporting Burden Statement

VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses to this collection are voluntary. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.