

## Hearings Process Report Card Survey

Social Security is continually working to improve the service we provide to the public. Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.

### MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

Please use the scale shown to rate the following aspects of your hearing experience.

Mark  **ONE** answer for every item. If a question **does not** apply to you, please mark **Not Applicable**.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
<b>When you decided to request a hearing...</b>							
1. <u>Ease of finding</u> information about how to file your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. <u>Quality</u> of information you got from Social Security explaining the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### While you were waiting for your hearing to be held...

3. <u>Ease of contacting</u> Social Security about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### How your hearing was held...

5. Did you have a representative, either an attorney or some other person, handle your hearing?

Mark **only ONE** answer.

- Yes  
 No

6. Did you have a hearing with a judge face-to-face or by video conference?

Mark **only ONE** answer.

- Hearing was face-to-face with a judge. → Please continue with **question 7**  
 Hearing was by video conference with a judge. → Please continue with **question 7**  
 No hearing was held with a judge. → Please continue with **question 14**

PLEASE CONTINUE TO PAGE 2



***A little more about you...***

**22.** When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

**Mark [X] ONE answer.**

- Yes  No → **SKIP to Question 25.**

**23.** Do you need special accommodations because of a:

**Mark [X] all that apply.**

- Physical limitation (for example, wheelchair access)  
 Visual limitation (for example, large print or Braille documents)  
 Deafness or difficulty hearing (for example, sign language interpreter or video relay)  
 Other limitation (for example, a learning disability)

**24.** How satisfied are you with how well Social Security meets your need for special accommodations?  
Are you:

**Mark [X] ONE answer.**

- Very satisfied  
 Somewhat satisfied  
 Somewhat dissatisfied, or  
 Very dissatisfied

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**25.** Please use this space to explain any of your answers, especially any reasons for dissatisfaction, or to provide any other comments about the service you received in connection with your hearing.

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<b>When you decided to request a hearing...</b>							
1. <u>Ease of finding</u> information about how to file your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Quality</u> of information you got from Social Security explaining the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>While you were waiting for your hearing to be held...</b>							
3. <u>Ease of contacting</u> Social Security about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How your hearing was held...</b>							
5. Did you have a representative, either an attorney or some other person, handle your hearing? Mark <b>only ONE</b> answer.							
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
6. Did you have a hearing with a judge face-to-face or by video conference? Mark <b>only ONE</b> answer.							
<input type="checkbox"/> Hearing was <u>face-to-face</u> with a judge.	➔ Please continue with <b>question 7</b>						
<input type="checkbox"/> Hearing was <u>by video conference</u> with a judge.	➔ Please continue with <b>question 7</b>						
<input type="checkbox"/> <u>No</u> hearing was held with a judge.	➔ Please continue with <b>question 14</b>						

PLEASE CONTINUE TO PAGE 2



***A little more about you...***

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**Mark [X] ONE answer.**

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Are you:

**Mark [X] ONE answer.**

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 Somewhat satisfied  
 Somewhat dissatisfied, or  
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**25.** Please use this space to explain any of your answers, especially any reasons for dissatisfaction, or to provide any other comments about the service you received in connection with your hearing.

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**PRENOTICE POSTCARD - ENGLISH**

Dear Social Security Applicant:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the service you received for your recent business with Social Security.

In a few days, you will receive a short questionnaire in the mail from [*Contractor*], who is conducting this survey for Social Security. When you receive their envelope, we hope that you will take the time to answer our questions and tell us what you think of our service.

We look forward to hearing your opinions.

*Social Security Administration*

**INITIAL COVER LETTER - ENGLISH**

Dear Social Security Applicant:

As noted in our recent postcard, Social Security is conducting a survey to get your opinion of the service you received when you requested a hearing on your application for Social Security disability benefits. We would like to hear from you even if you did not attend a hearing with a judge.

The survey is short and should only take 5 minutes to complete. Please take a few minutes now to answer the questions and return the form as soon as possible in the postage-paid envelope provided. While you are not required to respond, your opinions are very important to us and we would like to hear from as many people as possible. **Please do not put any information related to your Social Security business in the envelope with your completed survey.**

Please be assured that [*Contractor*], who is conducting this survey for us, will only give your responses to the staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Thank you for sharing your opinions with us.

Sincerely,

*Social Security Administration*



**FOLLOW-UP POSTCARD - ENGLISH**

Dear Social Security Applicant:

About two weeks ago we sent you a survey form asking for your opinion of the service you received for your recent business with Social Security.

- **If you have already mailed back your completed survey**, thank you for your quick response.
- **If not**, please take 5 minutes now to complete and return the survey in the postage-paid envelope provided.
- **If you no longer have the survey**, you don't need to do anything. *[Contractor]*, who is conducting the survey for us, will be mailing another form to you shortly.

Thank you for your help with this survey.

*Social Security Administration*

**FOLLOW-UP COVER LETTER - ENGLISH**

Dear Social Security Applicant:

About a month ago we sent you a brief survey asking about the service you received when you requested a hearing on your application for Social Security disability benefits. We haven't yet heard from you and it's important that we gather opinions from as many people as possible. We would like you to answer our survey even if you did not attend a hearing with a judge.

If you recently mailed in your completed survey form, please discard this letter. We sincerely appreciate your help and we look forward to receiving your response. However, if you have not yet returned the survey, please take 5 minutes now to complete it and send it back. For your convenience, we have enclosed another copy along with a postage-paid return envelope. **Please do not put any information related to your Social Security business in the envelope with your completed survey.**

Please be assured that [*Contractor*], who is conducting this survey for us, will only give your responses to the staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

We would appreciate receiving your completed survey as soon as possible.

Sincerely,

*Social Security Administration*

**PRIVACY ACT - ENGLISH**

***PRIVACY ACT STATEMENT***

The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, “Setting Customer Service Standards.” Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency.

***PAPERWORK REDUCTION ACT STATEMENT***

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

**PRENOTICE POSTCARD - SPANISH**

Estimado(a) Solicitante del Seguro Social:

La Administración del Seguro Social cree que una de las mejores maneras de saber si el público está satisfecho con nuestro servicio es a través de encuestas. Es por eso que muy pronto le estaremos pidiendo su opinión sobre el servicio que recibió durante su reciente asunto con el Seguro Social.

En unos días, usted recibirá un corto cuestionario por correo de Synovate, quien está llevando a cabo esta encuesta por parte del Seguro Social. Cuando lo reciba, esperamos que tome el tiempo para contestar nuestras preguntas y decirnos lo que piensa de nuestro servicio.

Esperamos escuchar sus opiniones.

Administración del Seguro Social

**INITIAL COVER LETTER – SPANISH**

Estimado(a) Solicitante del Seguro Social:

Según le indiqué en la tarjeta postal que le envié recientemente, el Seguro Social está llevando a cabo una encuesta para obtener su opinión sobre el servicio que recibió cuando solicitó una audiencia de su solicitud para beneficios de Seguro Social por incapacidad. Nos gustaría oír de usted aún si no asistió a una audiencia con un juez.

La encuesta es corta y le debe tomar sólo 5 minutos en llenarla. Por favor tome unos minutos ahora para contestar las preguntas y devuelva el formulario lo antes posible en el sobre franqueado provisto. Aunque no está requerido a responder, sus opiniones son muy importantes para nosotros y nos gustaría oír de tantas personas como sea posible. **Por favor no incluya en el sobre con la encuesta, ninguna información relacionada a sus asuntos con el Seguro Social.**

Por favor, siéntase seguro de que Synovate, quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a el personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas. Su participación en esta encuesta no afectará su derecho a beneficios o cualquier otro asunto que tenga con el Seguro Social.

Si tiene alguna pregunta sobre su petición para una audiencia o los beneficios, por favor llame al número gratis del Seguro Social para información al 1-800-772-1213 o visite nuestro sitio de Internet en [www.segurosocial.gov](http://www.segurosocial.gov).

Gracias por compartir sus opiniones con nosotros.

Sinceramente,

*Administración del Seguro Social*

Anexos

**FOLLOW UP POSTCARD – SPANISH**

Estimado(a) Solicitante del Seguro Social:

Alrededor de dos semanas atrás, le enviamos una encuesta pidiendo su opinión sobre el servicio que recibió durante su reciente asunto con el Seguro Social.

- **Si ya envió la encuesta completada por correo,** gracias por su pronta respuesta.
- **Si no,** por favor tome 5 minutos ahora para llenar y devolver la encuesta en el sobre franqueado provisto.
- **Si ya no la tiene,** no tiene que hacer nada. Synovate, quien está llevando a cabo la encuesta por nosotros, le enviará otro formulario por correo pronto.

Muchas gracias por su ayuda con esta encuesta.

*Administración del Seguro Social*

**FOLLOW-UP COVER LETTER – SPANISH**

Estimado(a) Solicitante del Seguro Social:

Alrededor de un mes atrás, le enviamos una breve encuesta pidiéndole su opinión sobre el servicio que recibió cuando solicitó una audiencia de su solicitud para beneficios de Seguro Social por incapacidad. No hemos oído de usted y es muy importante que reunamos opiniones de tantas personas como sea posible. Nos gustaría que respondiera a nuestra encuesta aún si no asistió a una audiencia con un juez.

Si envió la encuesta completada recientemente, favor de ignorar esta carta. Sinceramente apreciamos su ayuda y estamos ansiosos de recibir su respuesta. Sin embargo, si todavía no la ha devuelto, por favor tome unos 5 minutos ahora mismo para llenarla y enviárnosla. Para su conveniencia, hemos incluido otra copia junto con un sobre franqueado. **Por favor no incluya en el sobre con la encuesta, ninguna información relacionada a sus asuntos con el Seguro Social.**

Por favor, siéntase seguro de que Synovate, quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a el personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas. Su participación en esta encuesta no afectará su derecho a beneficios o cualquier otro asunto que usted tenga con el Seguro Social.

Si tiene alguna pregunta sobre su petición para una audiencia o los beneficios, por favor llame al número gratis del Seguro Social para información al 1-800-772-1213 o visite nuestro sitio de Internet en [www.segurosocial.gov](http://www.segurosocial.gov).

Le agradeceríamos si recibimos su encuesta llena lo antes posible.

Sinceramente,

*Administración del Seguro Social*

Anexos

## **PRIVACY ACT - SPANISH**

### **DECLARACIÓN DE LA LEY DE CONFIDENCIALIDAD**

La Administración del Seguro Social tiene la autorización de coleccionar la información para esta encuesta bajo la orden ejecutiva 12862, «Setting Customer Service Standards» (en español, «Estableciendo el nivel de la calidad del servicio al consumidor»). Sus respuestas a estas preguntas son completamente voluntarias. La información que nos provea se usará para ayudarnos a mejorar el servicio que le proveemos. Sus respuestas no serán divulgadas a otras agencias gubernamentales o privadas.

### **LEY PARA LA REDUCCIÓN DE TRÁMITES**

Esta recopilación de información cumple con los requisitos de 44 U.S.C. &3507, según enmendada por la sección 2 de La Ley para la Reducción de Trámites del 1995. No es requisito que usted conteste estas preguntas a menos que el formulario de la encuesta muestre un número de control válido de la Oficina de Administración y Presupuesto. Calculamos que le tomará 5 minutos para llenar esta encuesta. Esto incluye el tiempo que le tomará leer las instrucciones, recaudar los datos y contestar las preguntas. *Puede enviar comentarios sobre nuestra estimación del tiempo mencionado anteriormente a: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Envíe sólo los comentarios sobre nuestra estimación de tiempo a esta dirección, no el formulario lleno.*