ABOUT OUR my Social Security OFFICE VISITOR SURVEY

We would like to know why some *my* Social Security account holders choose to visit a Social Security office instead of using our website to conduct their business. The survey should take less than 10 minutes to complete.

• Answer all questions as directed. The instructions may tell you to skip over some questions. When that happens, you will see an arrow with a note telling you what question to answer next:

Example: \Box Yes \rightarrow **CONTINUE to question 2**

 $\square \qquad \text{No} \qquad \textbf{>} \textbf{SKIP to question 3.}$

INSTRUCTIONS FOR MARKING YOUR ANSWERS

• Use a pen with blue or black ink.

- Make no stray marks.
- Do not use a pen with ink that soaks through the paper. Keep all entries within the appropriate boxes.
- Mark X to indicate your answer. If you want to change your answer, completely fill in the answer box for the wrong answer and mark X in the box next to the correct answer.

Please <u>do not</u> write any of your personal information anywhere on this survey form.

YOUR REQUEST FOR A BENEFIT VERIFICATION LETTER

1. Social Security records show that you recently visited an office to request a benefit verification (award) letter. Why did you need a benefit verification letter?

Mark [X] <u>ONE best answer</u>.

- \Box It was requested by another agency or program. \rightarrow **CONTINUE to question 2.**
- □ I needed proof of my date of birth.
- □ I wanted a copy for my personal use.

- SKIP to question 3.
- □ I needed proof that I am **<u>not</u>** currently receiving benefit payments.
- □ Some other reason (**Please explain**):

2. For what agency or program did you need a benefit verification letter?

Mark [X] <u>ALL</u> that apply.

- □ Medicare
- □ Medical assistance (Medicaid)
- □ Public assistance (State or Local Department of Social Services)
- □ Section 8 Housing (HUD/FHA)
- □ Food Stamps/SNAP (USDA)
- □ Department of Veterans Affairs
- □ Tax- related (IRS)
- □ Legal reasons (Court)
- □ Bank or financial institution
- □ Education-related
- □ Medical-related
- □ Worker's compensation benefits
- □ Other agency or program (**Please explain**):
- 3. Were you aware that you could use your *my* Social Security account to request a benefit verification letter?

Mark [X] <u>ONE</u> answer.

- □ Yes → Continue to question 4.
- \Box No \rightarrow Skip to question 7.
- 4. Why did you choose to visit a Social Security office to get your benefit verification letter instead of getting one online?

Mark [X] ONE best answer.

- □ I attempted to get one online, but it did not work for me. → Continue to question 5.
- □ The letter I printed was not accepted as a valid benefit verification letter. → **SKIP to question 6.**
- \Box I needed it right away.
- □ I prefer to receive service in person.
- □ I did not have access to the Internet.
- □ Some other reason (**Please explain**):

→ SKIP to question 7.

- Why weren't you able to get your benefit verification letter using your *my* Social Security account? Mark [X] <u>ALL</u> that apply.
 - □ I was unable to have one sent to me in the mail.
 - \Box I was unable to print the letter online with my computer. \Rightarrow **SKIP to question 7.**
 - □ I was unable to save one to my computer
 - □ Some other reason **(Please explain)**:
- 6. Why was the letter you printed not accepted as valid ?

Mark [X] <u>ALL</u> that apply.

- □ It did not look like a valid benefit verification letter.
- □ It did not have a stamp or seal to certify it was valid.
- □ It did not have an official signature.
- □ Some other reason (**Please explain**):
- 7. Were you able to get an acceptable benefit verification letter during your office visit?

Mark [X] <u>ONE</u> answer.

- □ Yes
- □ No (Please explain):

VISITING SOCIAL SECURITY

Please rate the service you received when you visited the Social Security office.

	Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor
8.	Office location						
9.	Office <u>hours</u>						
10.	Signs/instructions explaining how to check in when you got to the office						
11.	Office <u>comfort</u> (seating, temperature, etc.)						
12.	Office appearance (clean, pleasant, etc.)						
13.	Office <u>privacy</u>						
14.	<u>Courtesy</u> of the staff						
15.	<u>Waiting time</u> to be served in the office						

CONTINUE to question 7.

		\backslash		
Mark [X] <u>ONE</u> answer.	Less than 10 minute s	Between 10 and 30 minutes	Between 31 and 60 minutes	More than 60 minutes
16. How long did you wait to be served?				

17. Did you have to visit the office more than once to get the service you needed?

Mark [X] <u>ONE</u> answer.

- □ Yes
- □ No

Mark [X] <u>ONE</u> answer.	Excellen t	Very Good	Good	Fair	Poor	Very Poor
18. <u>Overall</u> , how would you rate the service you received when you <u>visited</u> the office?						

- 19. Did you try to take care of your business over the phone?
 - □ Yes, I called the local office.
 - □ Yes, I called the 800 Number.
 - □ Yes, I called both the local office and the 800 Number.
 - □ No

→ CONTINUE to question 20.

→ SKIP to question 21.

20. Why didn't that work for you?

Mark [X] <u>ALL</u> that apply.

- □ I couldn't get through on the phone.
- □ The wait was too long so I hung up.
- $\hfill\square$ They told me I had to go into the office.
- □ They told me to request it online.
- □ Some other reason (**Please explain**):

USING YOUR my Social Security ACCOUNT ON SOCIAL SECURITY'S WEBSITE

21. Do you plan to use your *my* Social Security account for your future business?

Mark [X] <u>ONE</u> answer.

- □ Yes → CONTINUE to question 22
- □ No → SKIP to question 23

22. What do you plan to use your *my* Social Security account for?

Mark [X] <u>ALL</u> that apply.

- □ Request a replacement Social Security card
- Check the status of an application or appeal
- □ Get my Social Security Statement
- Get a benefit verification letter
- □ Report your wages if you work
- □ Change your address or phone number
- □ Start or change direct deposit of your benefit payment
- □ Request a replacement Medicare card
- Get a replacement SSA-1099 or SSA-1042S for tax season
- 23. Why won't you use your *my* Social Security account for future business?

Mark [X] <u>ONE</u> answer.

- □ It is easier to understand things explained by a person.
- □ I can get questions answered right away by a person.
- □ I am concerned about security or privacy of my information.
- □ My computer is too old/Internet service is too slow
- □ I don't have the necessary computer skills or experience.
- □ I am concerned it might be too hard or complicated.
- Some other reason I won't use *my* Social Security account. (Please explain):
- □ I can't think of any reason why I won't use it.
- 24. What do you plan to do instead of using your *my* Social Security account for future business?

Mark [X] <u>ALL</u> that apply.

- □ Call the National 800 Number
- □ Call a local office
- □ Visit a local office

END OF SURVEY

Thank you for taking the time to complete this survey. Social Security will use your answers to improve our services. Please return the completed questionnaire in the postage-paid envelope as soon as possible to:

Social Security Survey [Contractor Return Address]

PRIVACY ACT STATEMENT	PAPERWORK REDUCTION 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.	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 10 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to:
OMB Control No: 0960-0526 Expiration Date: TBD	Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

ABOUT OUR my Social Security OFFICE VISITOR SURVEY

We would like to know why some *my* Social Security account holders choose to visit a Social Security office instead of using our website to conduct their business. The survey should take less than 10 minutes to complete.

• Answer all questions as directed. The instructions may tell you to skip over some questions. When that happens, you will see an arrow with a note telling you what question to answer next:

Example: \Box Yes \rightarrow **CONTINUE to question 2.**

□ No → SKIP to question 3.

INSTRUCTIONS FOR MARKING YOUR ANSWERS

• Use a pen with blue or black ink.

- Make no stray marks.
- Do not use a pen with ink that soaks through the paper. Keep all entries within the appropriate boxes.
- Mark X to indicate your answer. If you want to change your answer, completely fill in the answer box for the wrong answer and mark X in the box next to the correct answer.

Please <u>do not</u> write any of your personal information anywhere on this survey form.

YOUR REQUEST FOR A REPLACEMENT SOCIAL SECURITY CARD

1. Social Security records show that you recently visited an office to request a replacement Social Security card. Why did you request a replacement Social Security card?

Mark [X] ONE best answer.

- □ My original card was lost or stolen.
- □ My original card <u>was not</u> lost or stolen, but it is not in my possession.
- □ I have never had a Social Security card.
- □ Some other reason (**Please explain**):

2. For what purpose or program did you need a replacement Social Security card?

Mark [X] <u>ALL</u> that apply.

- □ Tax purposes
- □ Education-related
- □ Required for my job
- □ Passport
- $\hfill\square$ Bank or financial institution
- □ Income assistance
- □ I just wanted to have a card in case I need to prove my identity.
- □ Other purpose or program (**Please explain**):

In the state where you live, any person with a *my* **Social Security** account can request a replacement Social Security card online if they:

- Are not requesting a name change or any other change to your card
- Have a driver's license or a state-issued identification card
- 3. Based on the information above, were you eligible to request a replacement card online?

Mark [X] <u>ONE</u> answer.

- $\Box \qquad \text{Yes} \Rightarrow \textbf{SKIP to question 5.}$
- $\square \qquad \text{No} \rightarrow \textbf{CONTINUE to question 4.}$
- 4. Why were you not eligible to request a replacement Social Security card online?

Mark [X] <u>ALL</u> that apply.

- □ I did not have a driver's license or a state-issued identification card.
- □ I needed to request a name change or some other change to my card.
- □ Some other reason (**Please explain**):
- 5. Were you aware that you could request a replacement Social Security card online with your *my* Social Security account?

Mark [X] <u>ONE</u> answer.

- □ Yes → Continue to question 6.
- \square No \rightarrow Skip to question 8.

→ Skip to question 8.

6. Why did you choose to visit a Social Security office to request your replacement Social Security card instead of requesting one online?

Mark [X] ONE best answer.

- □ I attempted to request one online, but it did not work for me. → Continue to question 7.
- □ I needed it right away.
- □ I prefer to receive service in person.
- □ I did not have access to the Internet.
- □ Some other reason (**Please explain**):
- 7. Why weren't you able to use your *my* Social Security account to get a replacement Social Security card ?

Mark [X] ONE best answer.

- □ My name or Social Security Number I entered didn't match Social Security records.
- □ My driver's license or ID card information I entered didn't match motor vehicle records.
- □ The address I entered could not be verified.
- □ Your records indicated I have a pending request for a replacement card.
- □ I have reached the annual limit of 3 replacement cards.
- □ I have reached the lifetime limit of 10 replacement cards.
- 8. Were you able to request a replacement Social Security card during your office visit?

Mark [X] <u>ONE</u> answer.

- □ Yes
- □ No (Please explain):

→ Skip to question 8.

VISITING SOCIAL SECURITY

Please rate the service you received when you visited the Social Security office.

Mar	k [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor
9.	Office location						
10.	Office <u>hours</u>						
11.	<u>Signs/instructions</u> explaining how to check in when you got to the office						
12.	Office <u>comfort</u> (seating, temperature, etc.)						
13.	Office appearance (clean, pleasant, etc.)						
14.	Office <u>privacy</u>						
15.	<u>Courtesy</u> of the staff						
16.	<u>Waiting time</u> to be served in the office						

Mark [X] <u>ONE</u> answer.	Less than 10 minutes	Between 10 and 30 minutes	Between 31 and 60 minutes	More than 60 minutes
17 How long did you wait to be served?				

18. Did you have to visit the office more than once to get the service you needed?

Mark [X] <u>ONE</u> answer.

- □ Yes
- □ No

Mark [X] <u>ONE</u> answer.	Excellent	Very Good	Good	Fair	Poor	Very Poor
19. <u>Overall</u> , how would you rate the service you received when you <u>visited</u> the office?						

20. Did you try to get your replacement card over the phone?

Mark [X] ONE answer.

- $\hfill\square$ Yes, I called the local office.
- □ Yes, I called the 800 Number.
- □ Yes, I called both the local office and the 800 Number.
- □ No

→ CONTINUE to question 21.

→ SKIP to question 22.

(SSN Survey)

21. Why didn't that work for you?

Mark [X] <u>ALL</u> that apply.

- □ I couldn't get through on the phone.
- □ The wait was too long so I hung up.
- □ They told me I had to go into the office.
- □ Some other reason (**Please explain**):

USING YOUR my Social Security ACCOUNT ON SOCIAL SECURITY'S WEBSITE

22. Do you plan to use your *my* Social Security for future business?

Mark [2	X] <u>ONE</u>	answer.
---------	---------------	---------

Yes	→ CONTINUE to question 23
No	→ SKIP to question 24

23. What do you plan to use your *my* Social Security account for?

Mark [X] <u>ALL</u> that apply.

- □ Request a replacement Social Security card
- □ Check the status of an application or appeal
- □ Get my Social Security Statement
- Get a benefit verification letter
- □ Report your wages if you work

survey.

- □ Change your address or phone number
- □ Start or change direct deposit of your benefit payment
- □ Request a replacement Medicare card
- Get a replacement SSA-1099 or SSA-1042S for tax season

 \rightarrow END

24. Why won't you use your *my* Social Security account for future business?

Mark [X] <u>ONE</u> answer.

- □ It is easier to understand things explained by a person.
- □ I can get questions answered right away by a person.
- □ I am concerned about security or privacy of my information.
- □ My computer is too old/Internet service is too slow
- □ I don't have the necessary computer skills or experience.
- □ I am concerned it might be too hard or complicated.
- Some other reason I won't use *my* Social Security account. (Please explain):
- $\hfill\square$ I can't think of any reason why I won't use it.
- 25. What do you plan to do instead of using your *my* Social Security account for future business?

Mark [X] <u>ALL</u> that apply.

- □ Call the National 800 Number
- □ Call a local office
- □ Visit a local office

END OF SURVEY

Thank you for taking the time to complete this survey. Social Security will use your answers to improve our services. Please return the completed questionnaire in the postage-paid envelope as soon as possible to:

Social Security Survey

[Contractor Return Address]

PRIVACY ACT STATEMENT	PAPERWORK REDUCTION 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.	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 10 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to:
OMB Control No: 0960-0526 Expiration Date: TBD	Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.