**OMB Number: 2900-0835
Respondent Burden: 4 minutes
Expiration Date: 08/17/2018**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. No person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Exit Survey**

1. **Please select one as applicable:**

I did not renew my application ☐ I did not complete my application ☐

1. **What best describes the reason(s) you decided not to renew or complete the verification application? Please select the 3 most relevant ones in order of importance, being 1 the most relevant.**

 ☐ Not able to provide the requested documentation (either initial or additional/clarifying
 documents).

 ☐ Complexity of the process (not fully understood process; not able to get assistance from
 CVE).

 ☐ My application was denied and I decided not to try again.

 ☐ Not satisfied/comfortable with a previous verification site-visit, so not willing to do that
 again.
 ☐ My business is not currently doing business with the Department of Veteran Affairs nor plans to do so.

☐The verification status does not represent any financial beneficial to my business.
☐ My business is not Veteran-owned or service-disabled Veteran-owned anymore.

☐Other. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How would you evaluate your experience with CVE while applying for the verification program?**

1 ☐ Poor 2 ☐Fair 3 ☐Good 4 ☐Very Good 5 ☐ Excellent

1. **Please explain how the application process needs to be improved in order to encourage you to participate in the VetBiz/VIP verification program?**

5. Now think about your experiences with **all the services** provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  | Disagree | Neither Agree nor Disagree  | Agree | Strongly agree |
| **I got the service I needed.** |  |  |  |  |  |
| **It was easy to get the service I needed.** |  |  |  |  |  |
| **I felt like a valued customer.** |  |  |  |  |  |
| **I trust VA to fulfill our country’s commitment to Veterans.** |  |  |  |  |  |