

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

Sample population definition: Individuals who are eligible for an SAH grant, and in the past 12 months have: (1) received an approval on their grant and are currently somewhere in post-approval, (2) have had all their funds dispersed and final accounting is not yet complete, and (3) have had all of their funds dispersed and final accounting is complete **[DO NOT INCLUDE]**

[DO NOT DISPLAY/IDENTIFY SECTION HEADERS. DISPLAY SINGLE QUESTION PER PAGE.]

Benefit Eligibility and Assessment

1. Before we begin, please indicate your relation to the Veteran eligible for or in receipt of the Specially Adapted Housing grant:(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
 - a. I am the Veteran **[1]**
 - b. I am the spouse **[2]**
 - c. I am a family member or friend **[3]**
 - d. I am the caretaker **[4]**
 - e. Other (specify)**[97]** _____
 - f. Prefer not to answer **[98]**

2. Have you submitted an application for Specially Adapted Housing benefits?
Please answer "yes" if you have submitted an application and are either in process of completing your grant or have completed your grant.
 - a. Yes
 - b. No (skip to Q46)
 - c. Don't know or not sure (skip to Q46)

3. At the beginning of the grant application process, how much did you understand the Specially Adapted Housing grant program? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
 - a. Completely
 - b. Mostly
 - c. Somewhat
 - d. Only a little
 - e. Not at all

4. Thinking about your most recent Specially Adapted Housing benefit application, what method did you use to apply for your benefit? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**

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- a. eBenefits.va.gov
 - b. Mail
 - c. In person at a Regional Office
 - d. In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
 - e. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - f. Don't know or not sure
5. After you submitted your most recent SAH application (VA Form 26-4555), did a SAH agent contact you within 7 business days? **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes
 - b. No
 - c. Don't know or not sure
6. When you met with the Specially Adapted Housing representative in person, which of the following did they discuss, if any: **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE]**
- a. Freedom of choice
 - b. Temporary Residence Adaptation grant option
 - c. The grant program and benefits
 - d. Veteran's responsibility (e.g., selecting contractor, escrow agent, etc.)
 - e. Design and construction/remodeling considerations
 - f. Personal finances
 - g. Escrow and release of funds
 - h. Your desired modifications
 - i. Requirements for modifications
 - j. Limits of the grant amount
 - k. Your individual concerns
 - l. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - m. Have not met with SAH representative in person **[MUTUALLY EXCLUSIVE RESPONSE]**
 - n. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
7. Was your SAH grant ever delayed?
- a. Yes
 - b. No
 - c. Don't know or not sure

(Answer Q8 if Yes in Q7, otherwise go to Q9)

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8. If your SAH grant was ever delayed, why was there a delay? **(Mark all that apply)**
[CHECK BOXES. MULTIPLE RESPONSE]
- a. Incomplete/incorrect information
 - b. Contractor delay
 - c. SAH agent delay
 - d. Delay on my end
 - e. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - f. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
9. Did you receive written notice from VA that your grant was conditionally approved?
- a. Yes
 - b. No
 - c. Don't know or not sure

(Answer Q10 if Yes in Q9, otherwise go to Q11)

10. From the time you submitted your SAH application, how long did it take to receive your approval notification? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Less than 30 days
 - b. More than 30 days
 - c. Don't know or not sure

The following question asks you to rate various aspects of your experience with Specially Adapted Housing, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

11. Please rate your experience with the SAH grant application process on the following items: **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
- a. Ease of completing the application **[ALLOW N/A RESPONSE]**
 - b. Timeliness of initial eligibility notification **[ALLOW N/A RESPONSE]**
 - c. Flexibility of application methods **[ALLOW N/A RESPONSE]**
 - d. Overall rating of application process

Grant Planning

12. Have you received a final approval notification on your grant application? *Please answer "yes" if you have received a final approval notification, regardless of whether your grant has been disbursed.*

- a. Yes
- b. No (skip to Q31)
- c. Don't know or not sure (skip to Q31)

13. During the grant process, did you have to submit any required documentation (e.g., building plans or financial statements) more than once? *(Mark only one)*
[RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes
- b. No
- c. Not applicable
- d. Don't know or not sure

(Ask Q14-15 if Q13 is Yes, all others go to Q16)

14. How many times did you have to submit required documentation? *(Open Capture)*

- a. Number of times (0-99)_____ **[NUMERIC TEXT BOX; ACCEPT 0-99]**
- b. Don't know or not sure **[CHECK BOX. MULTIPLE RESPONSE.]**

15. Why did you have to resubmit required documentation? *(Mark all that apply)*
[CHECK BOXES. MULTIPLE RESPONSE]

- a. Incomplete documentation
- b. Design or plan changes
- c. SAH agent did not receive documentation
- d. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- e. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

16. Was your SAH agent the same person throughout the entire process (i.e., initial interview, planning, and processing of grant)? *(Mark only one)* **[RADIO BUTTONS. SINGLE RESPONSE]**

- a. Yes
- b. No
- c. Don't know or not sure

(Ask Q17 if Q16 is No, all others go to Q18)

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17. Did the change in SAH agents create a problem for you? **(Mark only one)**

[RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes
- b. No
- c. Don't know or not sure

18. How many in person appointments did you have with your SAH Agent before your grant process was complete? **(Mark only one)**

a. Number of appointments (0-99) _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**

b. Don't know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE]**

19. Using the same scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate your experience with your Specially Adapted Housing agent(s) during the SAH grant application process on the following items:

[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- a. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE]**
- b. Courtesy of the agent
- c. Knowledge of the agent
- d. Agent's concern for your needs
- e. Timeliness of completing your adaptation plan
- f. Overall SAH agent experience

g. Home Modification/Construction Process

20. Have you completed the construction process? *Please answer "yes" if you have completed the construction process, regardless of whether your grant funds have been disbursed.*

- a. Yes
- b. No (skip to Q33)
- c. Don't know or not sure (skip to Q33)

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21. How long did it take for your new specially adapted house to be built or existing home to be modified? Please consider only the timeframe it took from the beginning of construction till the construction was complete. **(Open Capture)**
- Months (0-99 months) _____ **[NUMERIC TEXT BOX; ACCEPT 0-99]**
 - Don't know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE]**
22. Please rate your experience with the contractor on the following items, using a scale of 1 to 10 where 1 is *Unacceptable*, 10 is *Outstanding*, and 5 is *Average*. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
- Courtesy of the contractor **[ALLOW N/A RESPONSE]**
 - Knowledge of the contractor **[ALLOW N/A RESPONSE]**
 - Timeliness of the modification/construction process **[ALLOW N/A RESPONSE]**
 - Overall rating of contractor

Completion of the Grant Process
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23. How many bids did you receive for your desired modifications/adaptations or new home construction? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- Number of bids (0-99) _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
 - Have not yet begun bid process **[CHECK BOX MUTUALLY EXCLUSIVE RESPONSE]**
 - Don't know or not sure **[CHECK BOX MUTUALLY EXCLUSIVE RESPONSE]**
24. Which adaptive items did you/do you intend to use your SAH grant for? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE]**
- Ramps (exterior or interior)
 - Grab bars
 - Wider door opening
 - Wider hallways
 - Accessible bathroom(s)/shower(s)
 - Accessible kitchen

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- g. Accessible bedroom(s)
- h. Flooring
- i. Special equipment (e.g., elevators, lifts, track systems)
- j. Lighting
- k. Garage/carport construction or modification
- l. Construction of emergency entrances/exits
- m. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- n. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

25. Was your Specially Adapted Housing grant the amount you expected? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**

- a. Yes
- b. No
- c. Don't know or not sure

26. Based on your grant coverage, were you able to obtain all modifications/adaptations that you needed? **[RADIO BUTTONS. SINGLE RESPONSE]**

- a. Yes
- b. No
- c. Don't know or not sure

Answer Q27 if No in Q26, all others go to Q28

27. Which desired adaptive items were not covered as a result of an insufficient grant amount? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**

- a. Ramps (exterior or interior)
- b. Grab bars
- c. Wider door opening
- d. Wider hallways
- e. Accessible bathroom(s)/shower(s)
- f. Accessible kitchen
- g. Accessible bedroom(s)
- h. Flooring
- i. Special equipment (e.g., elevators, lifts, track systems)
- j. Lighting
- k. Garage/carport construction or modification
- l. Construction of emergency entrances/exits
- m. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- n. All desired adaptive items were covered **[MUTUALLY EXCLUSIVE RESPONSE]**

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o. Don't know or not sure

28. What was/is the total cost of your current modification/adaptation project? (Open Capture)

- a. Approximate cost (0-999,999) _____ [NUMERIC TEXT BOX; ACCEPT [0-999,999]]
- b. Don't know or not sure [CHECK BOX; MUTUALLY EXCLUSIVE]

29. If not for the SAH grant program, what would your housing situation be?

- a. Living in assisted living facility
- b. Living in the same house or apartment without adaptations
- c. Living with a family member or a friend
- d. Other (Specify) _____
- e. Don't know or not sure

The following question asks you to rate various aspects of your experience with Specially Adapted Housing benefits, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

30. Please rate your Specially Adapted Housing grant on the following items: [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- a. Amount of grant coverage [ALLOW N/A RESPONSE]
- b. Usefulness of benefit or services [ALLOW N/A RESPONSE]
- c. Timeliness of receiving benefit payment or services [ALLOW N/A RESPONSE]
- d. Overall rating of benefit payment

31. How long has your current SAH application been pending? [RADIO BUTTONS. SINGLE RESPONSE]

- a. < 30 days
- b. 1-6 Months
- c. 7-12 months
- d. >1 year
- e. Not applicable (skip to Q33)
- f. Don't know or not sure

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32. What is the reason your grant application is pending? **[CHECK BOXES. MULTIPLE RESPONSE]**

- a. Need to submit required documentation
- b. Waiting for confirmation from VA
- c. Waiting for confirmation from contractor
- d. Other
- e. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

33. How much do you currently understand the Specially Adaptive Housing grant program? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**

- a. Completely
- b. Mostly
- c. Somewhat
- d. Only a little
- e. Not at all

Benefit Information

34. How did you FIRST learn about the Specially Adapted Housing benefit? **(Mark only one) If you are unsure, please indicate the first way you remember learning about the Specially Adapted Housing benefit [RADIO BUTTONS. SINGLE RESPONSE]**

- a. eBenefits.va.gov
- b. Social media websites (e.g., Facebook, Twitter, etc.)
- c. Mail from VA (e.g., notification/ratings letter)
- d. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office)
- e. Transition Assistance Program/Disabled Transition Assistance Program briefings
- f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) **(Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- g. Other Veterans
- h. Other **(Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- i. Don't know or not sure

35. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's Specially Adapted Housing benefits or services? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE]**

- a. eBenefits.va.gov
- b. Social media websites (e.g., Facebook, Twitter, etc.)

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- c. Other websites (excluding VA or social media sites)
 - d. Phone
 - e. Mail
 - f. E-mail
 - g. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office)
 - h. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - i. Disabled Veterans' Outreach Program
 - j. Friends or family
 - k. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - l. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
 - m. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
36. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about Specially Adapted Housing benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Weekly
 - b. Monthly
 - c. Quarterly (every 3 months)
 - d. Semi-annually (twice per year)
 - e. Annually (once per year)
 - f. Never
 - g. Don't know or not sure
37. How would you like to receive information from VA about Specially Adapted Housing benefits or services? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE]
- a. Phone
 - b. Mail
 - c. E-mail
 - d. VA website
 - e. Social media websites (e.g., Facebook, Twitter, etc.)
 - f. In person at a Regional Office
 - g. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - h. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

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The following question asks you to rate various aspects of your experience with Specially Adapted Housing benefits, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

38. Please rate your experience in obtaining information about your Specially Adapted Housing grant on the following items: **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
- Ease of accessing information **[ALLOW N/A RESPONSE]**
 - Availability of information **[ALLOW N/A RESPONSE]**
 - Clarity of information **[ALLOW N/A RESPONSE]**
 - Frequency of information provided by VA **[ALLOW N/A RESPONSE]**
 - Usefulness of information **[ALLOW N/A RESPONSE]**
 - Overall rating of information

Overall Experience with Benefit

39. Thinking about ALL aspects of your experience with Specially Adapted Housing benefits (e.g., grant application process, grant planning process, home modification/construction process, completion of the grant process, obtaining information about your grant, contacting VA), please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **(Mark only one) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

(If you have completed the entire grant process and all of your funds have been disbursed, please answer Q40, all others go to Q41)

40. Do your housing adaptations help you live more independently? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- Yes
 - No

Overall Experience with VA

41. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **(Mark only one) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

42. Based on your experiences with VA, how likely are you to recommend to other Veterans VA benefits or services? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**

- a. Definitely will not
- b. Probably will not
- c. Probably will
- d. Definitely will

43. How much do you agree with the following statement: "Receiving a Specially Adapted Housing Grant makes me feel that the Nation recognizes my service to our country." **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**

- a. Strongly disagree
- b. Somewhat disagree
- c. Neither agree nor disagree
- d. Somewhat agree
- e. Strongly agree

44. 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. **(Mark only one per statement)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I got the service I needed					
b. It was easy to get the service I needed					
c. I felt like a valued customer					
d. I trust VA to fulfill our country's commitment to Veterans					

45. Do you have any other comments or concerns about your experience? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTER MAX.]

Reasons for Not Using the SAH Grant

(If you have not yet applied for your SAH grant (VA Form 26-4555), please answer Q46, all others skip to Q48)

46. If you have not yet applied for the SAH grant program, what is the major reason you have not submitted an application? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Current home meets my needs
- b. Do not want to use the grant
- c. Plan on using the grant in the future
- d. Application/grant process was too time consuming
- e. Application/grant process was too complex
- f. Grant amount was not large enough to meet my needs
- g. Elected to use alternate source of funding
- h. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

If you have applied and not yet used your SAH grant funds, please answer Q47, all others skip to Q48

47. What is the major reason preventing you from using the grant? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. I was not aware I was eligible
- b. Plan on using the grant in the future
- c. No longer need the grant
- d. Did not have enough help from VA
- e. Application/grant process was too complex
- f. Grant amount was not large enough to meet my needs
- g. Elected to use alternate source of funding
- h. Waiting for response from VA
- i. Unable to find a contractor willing to complete the required adaptations for the grant amount
- j. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

About You

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48. Which adaptive items do you feel are necessary for living independently? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
- a. Ramps (exterior or interior)
 - b. Grab bars
 - c. Wider door opening
 - d. Wider hallways
 - e. Accessible bathroom(s)/shower(s)
 - f. Accessible kitchen
 - g. Accessible bedroom(s)
 - h. Elevators, ramps, or entrances on ground floor
 - i. Level thresholds
 - j. Lighting
 - k. Garage/carport construction or modification
 - l. Construction of emergency entrances/exits
 - m. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - n. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**