








Vocational Rehabilitation and Employment Enrollment Satisfaction

MARKING INSTRUCTIONS

Please fill the response oval completely and print clearly.

USE BLACK OR BLUE INK (NO RED) to complete the survey.

| CORRECT: | INCORRECT: |
|---|---|
|  |  |
|  |  |
| |  |

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

Benefit Information

- How did you FIRST learn about the VR&E benefit programs?** (MARK ONLY ONE)
 IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING ABOUT THE VR&E BENEFIT PROGRAMS.

| | |
|---|--|
| <input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) | <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____ |
| <input type="radio"/> Mail (from VA) | <input type="radio"/> Other Veterans/ Servicemembers |
| <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.) | <input type="radio"/> Friends or family |
| <input type="radio"/> In person on a campus (VetSuccess on campus) | <input type="radio"/> Other (Please specify): _____ |
| <input type="radio"/> In person on a military installation (Integrated Disability Examination System) | <input type="radio"/> Don't know or not sure |
- What method(s) do you MOST FREQUENTLY use to obtain general information about VA's Vocational Rehabilitation and Employment (VR&E) benefits or services?** (MARK ALL THAT APPLY)

| | |
|---|--|
| <input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) | <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____ |
| <input type="radio"/> Phone | <input type="radio"/> Department of Labor (Disabled Veterans' Outreach Program) |
| <input type="radio"/> Mail | <input type="radio"/> Friends or family |
| <input type="radio"/> E-mail | <input type="radio"/> Other Veterans/ Servicemembers |
| <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.) | <input type="radio"/> School |
| <input type="radio"/> In person on a campus (VetSuccess on Campus) | <input type="radio"/> Other (Please specify): _____ |
| <input type="radio"/> In person on a military installation (Integrated Disability Examination System) | <input type="radio"/> Don't know or not sure |
| | <input type="radio"/> None of the above |
- How did you receive information about the application process for your most recent Vocational Rehabilitation and Employment benefit application?** (MARK ALL THAT APPLY)

| | |
|--|--|
| <input type="radio"/> Transition Assistance Program | <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____ |
| <input type="radio"/> Phone | <input type="radio"/> Department of Labor (Disabled Veterans' Outreach Program) |
| <input type="radio"/> Mail | <input type="radio"/> Other (Please specify): _____ |
| <input type="radio"/> E-mail | <input type="radio"/> Don't know or not sure |
| <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) | <input type="radio"/> Did not receive information about application process |
| <input type="radio"/> In person on a campus (VetSuccess on Campus) | |
| <input type="radio"/> In person on a military installation (Integrated Disability Examination System) | |

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Benefit Eligibility and Application (Continued)

12. Were you updated on the status of your VR&E benefit application without having to ask? (MARK ONLY ONE)
 Yes No Don't know or not sure
13. During the application process, did you have to provide the same information or documentation more than once? (MARK ONLY ONE)
 Yes No (SKIP TO Q16) Don't know or not sure (SKIP TO Q16)
14. How many times did you have to provide the same information/documentation? # of Times Don't know or not sure
15. What information/documentation did you have to provide more than once? (MARK ALL THAT APPLY)
 Discharge papers (DD214) Private medical records Other (Please specify): _____
 Documentation of education/training completed Resume Don't know or not sure
 Transcripts/training information
16. During your initial evaluation appointment, did the counselor have you participate in any testing? (MARK ONLY ONE)
 Yes No (SKIP TO Q18) Don't know or not sure (SKIP TO Q18)
17. Did the counselor explain the following...? (MARK ALL THAT APPLY)
 Purpose of the test Test results impact on future vocation None of the above
 Results of the test Next steps in the process Don't know or not sure
18. How many appointments did you have with a counselor before an entitlement decision was made? # of Appointments Don't know or not sure
19. Did you have the same counselor throughout your entire experience with VR&E? (MARK ONLY ONE)
 Yes No Don't know or not sure Not applicable
20. Did your counselor provide you with information about eBenefits or the Veterans Employment Center in eBenefits? (MARK ONLY ONE)
 Yes No Don't know or not sure
21. Did you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ONLY ONE)
 Yes (SKIP TO Q23) No Don't know or not sure
22. Why didn't you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ALL THAT APPLY)
 Not aware of eBenefits/Veterans Employment Center Other (Please specify): _____
 Opted not to use eBenefits/Veterans Employment Center Don't know or not sure
- PLEASE ANSWER Q23-Q26 IF YOU STARTED THE REHABILITATION PROGRAM/PLAN SELECTION AND WERE FOUND ENTITLED. OTHERWISE, PLEASE SKIP TO Q27.
23. Did your rehabilitation plan include your original vocational training choice? (MARK ONLY ONE)
 Yes (SKIP TO Q25) No Don't know or not sure
24. Why didn't your final rehabilitation plan include your original vocational training option? (MARK ALL THAT APPLY)
 Lack of employment opportunities in my area Another vocational option suited my needs better Don't know or not sure
 Medical reasons Other (Please specify): _____
25. From the time you signed your rehabilitation plan, how long did it take before you started your program of vocational rehabilitation? (MARK ONLY ONE)
 Less than one month 1-3 months 4-6 months More than 6 months Don't know or not sure
- The following questions ask you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.
26. Please rate your experience with the VR&E benefit application process on the following items: (MARK ONLY ONE PER ROW)
- | | Unacceptable | | | Average | | | | Outstanding | | | N/A |
|---|--------------|-----|-----|---------|-----|-----|-----|-------------|-----|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| a. Ease of completing the application | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| b. Timeliness of eligibility/entitlement notification | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| c. Flexibility of application methods | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| d. Overall rating of application process | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | |

Benefit Eligibility and Application (Continued)

27. Using the same 1 to 10 scale where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate your experience with Vocational Rehabilitation and Employment counselors during the initial evaluation of your benefit application on the following items: **(MARK ONLY ONE PER ROW)**
- | | <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> |
|---|---------------------|-----------------|--------------------|
| | 1 2 3 | 4 5 6 7 | 8 9 10 N/A |
| a. Promptness of scheduling appointments or returning calls | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| b. Courtesy of the counselor | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| c. Knowledge of the counselor | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| d. Counselor's concern for your needs | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| e. Timeliness of completing your initial evaluation | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| f. Overall counselor experience | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) |
28. Why did you give your overall experience with your counselor that rating?
-
29. If you were previously found not to be entitled to VR&E benefits, why were you found not entitled? **(MARK ALL THAT APPLY)**
- | | |
|--|---|
| <input type="checkbox"/> Did not meet eligibility requirements | <input type="checkbox"/> Enrolled in GI Bill Program |
| <input type="checkbox"/> Found suitable employment | <input type="checkbox"/> Other <i>(Please specify):</i> _____ |
| <input type="checkbox"/> Exceeded 12-year eligibility period | <input type="checkbox"/> Don't know or not sure |
| <input type="checkbox"/> Disability rate less than 20% | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> No remaining entitlement—used 48 months | |

Benefit Entitlement

AS A REMINDER, YOUR RESPONSES WILL BE KEPT COMPLETELY CONFIDENTIAL AND WILL NOT AFFECT ANY CURRENT OR FUTURE BENEFITS YOU MAY RECEIVE.

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

(MARK ONLY ONE)

30. Please rate your Vocational Rehabilitation and Employment benefit on the following items: **(MARK ONLY ONE PER ROW)**
- | | <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> |
|--|---------------------|-----------------|--------------------|
| | 1 2 3 | 4 5 6 7 | 8 9 10 N/A |
| a. Amount of benefits received | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| b. Effectiveness of benefit/service in preparing and obtaining suitable employment | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| c. Timeliness of receiving benefit payment | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) (NA) |
| d. Overall rating of benefit payment | (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) |

Overall Application Experience

31. Thinking about ALL aspects of your experience applying for Vocational Rehabilitation and Employment benefits, please rate VA Vocational Rehabilitation and Employment overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

(MARK ONLY ONE)

| | | |
|---------------------|-----------------|--------------------|
| <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> |
| 1 2 3 | 4 5 6 7 | 8 9 10 |
| (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) |

Overall Experience with VA

32. 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.

| | | |
|---------------------|-----------------|--------------------|
| <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> |
| 1 2 3 | 4 5 6 7 | 8 9 10 |
| (1) (2) (3) | (4) (5) (6) (7) | (8) (9) (10) |

Overall Experience with VA (Continued)

33. 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 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. It was easy to get the service I needed | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. I felt like a valued customer | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| d. I trust VA to fulfill our country's commitment to Veterans | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

About You

34. Do you have any other comments or concerns about your experience?

35. Are you currently enrolled in a 2-year college (e.g., community college), 4-year college (e.g., university), Postgraduate program, Technical or trade school, Flight school or On the Job training program? (MARK ONLY ONE)
 Yes No (SKIP TO Q40)
36. Are you a... (MARK ONLY ONE)
 Part-time student Full-time student Not currently enrolled Don't know or not sure
37. What is the format of the program you are enrolled in? (MARK ONLY ONE)
 Traditional (classes in classroom/school facility) Online (classes on the Internet) Mixed (classroom and online)
38. What type of degree/training program are you currently pursuing? (MARK ONLY ONE)
 On-the-job training or apprenticeship Associate degree Master's degree
 Certificate/license Bachelor's degree Doctorate
39. What type of academic institution or training facility are you enrolled in? (MARK ONLY ONE)
 2-year college (e.g., community college) Postgraduate program Flight school Other (Please specify): _____
 4-year college (e.g., university) Technical or trade school Job training site _____
40. Are you currently employed? (MARK ONLY ONE)
 Yes No Prefer not to state

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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.

Please return to: J.D. Power and Associates Survey Processing Center
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