3.





Vocational Rehabilitation and Employment Non-Participant Survey

MARKING INSTRUCTIONS Please fill the response oval completely

and print clearly.

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

CORRECT:



OMB Control No. 2900-0782

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

	Pre-Application Process —————		
1.	How did you FIRST learn about the Vocational Rehabilitation a IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING A		. , . , ,
	Online (e.g., eBenefits.va.gov, VA website, etc.)Mail (from VA)		In person on a military installation (Integrated Disability Examination System)
	 Veterans Service Organizations (e.g., Amer. Legion, DAV, 		Other Veterans/Servicemembers
	VFW, PVA, MOPH, etc.) (Please specify):		Friends or family
	 In person with a VA representative (e.g., VA medical center, 		Other (Please specify):
	VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)		Don't know or not sure
	 In person on a campus (VetSuccess on Campus) 		
2.	Thinking about the factors you considered when deciding to a	pply f	or benefits, which of the following describes your
	reason(s) for applying to the VR&E program? (MARK ALL THAT APPLY)		
	 I had a good experience with the VR&E program in the past 		VA makes it easy to apply for the VR&E program
	 The program was recommended to me by VR&E, other 		Don't know or not sure
	Veterans, VSO, etc. (Please specify):		

Иe	re you prompted to apply to t	he VR&E program for any	of the follo	owing reasons?	(MARK ON	ILY ONE PER RO	w)	
a.	Information you received during	ng a Transition Assistance						
	Program/Disabled Transition A	Assistance Program briefing	9			Yes		No
ο.	Information you received in a	letter from a VA Regional C	Office telling	you				
	what information you needed	to provide and what VA wo	uld do			Yes		No
٥.	Change in your life circumstar	nces (e.g., marriage, divorc	e,					
	loss of job, severity of disabilit	y, etc.)				Yes		No
d.	Job aggravated your disability					Yes		No
€.	Current employment did not n	neet your expectations				Yes		No
	Recommendation or referral					Yes		No
g.	VetSuccess on Campus (VSC	OC)				Yes		No
h.	Integrated Disability Examinat	ion System (IDES)				Yes		No
	Other reasons (Please specify):							
LE	ASE ANSWER Q4 IF YOU SELECTED YE	S "CHANGE IN LIFE CIRCUMSTAN	NCES" IN Q3.	OTHERWISE, PLEASE	SKIP TO	a5.		
Nh	ich of the following describes	s the change in your life o	ircumstan	CES? (MARK ALL THAT	APPLY)			
	Marriage/Divorce	Moved		Severity of disab	ility			
	Job (new job or lost job)	Retirement		Other (Please sp	ecify):			

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	Reasons for Applying for VR&E Services (Continued)
	PLEASE ANSWER Q5 IF YOU SELECTED YES "CURRENT EMPLOYMENT DID NOT MEET EXPECTATIONS" IN Q3. OTHERWISE, PLEASE SKIP TO Q6.
5.	In what areas did your current employment not meet your expectations? (MARK ALL THAT APPLY)
	 Experienced problems with supervisors Type of job Job security
	 Did not utilize my skills/abilities Lack of benefits Problems on the job due to disability
	Level of pay Work hours or flexibility of Lack of growth potential
	Level of responsibility work schedule Other (Please specify):
	Entitlement Evaluation
6.	How soon did you meet in person with a VR&E representative for your initial evaluation appointment? (MARK ONLY ONE)
-	☐ Less than 30 days ☐ More than 60 days ☐ Did not meet with a VR&E
	□ 31 - 60 days □ Don't know or not sure representative
	PLEASE ANSWER Q7-Q8 IF YOU DID NOT MEET WITH A VR&E REPRESENTATIVE IN Q6. OTHERWISE, PLEASE SKIP TO Q9.
7.	Why did you decide not to attend your initial evaluation appointment with VR&E? (MARK ALL THAT APPLY)
	☐ Transportation issues ☐ Concerns about my eligibility for the VR&E program
	☐ Distance from VA office ☐ I was not contacted to schedule an initial evaluation
	☐ I had a poor experience scheduling the initial appointment appointment
	☐ I had a poor experience with the VR&E representative ☐ Other (Please specify):
	☐ Issues related to the application process (too time ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	consuming/complicated)
8.	Did your decision not to attend your initial evaluation appointment involve a change in any of the following life
	circumstances occurring after you submitted your application? (MARK ALL THAT APPLY)
	☐ Job (new job or lost job) ☐ Retirement ☐ Other (Please specify):
9.	Which of the following statements is the most important to you in your decision to attend the initial evaluation
	appointment? (MARK ONLY ONE)
	Receiving a call from a VA Representative to schedule your Current employment did not meet your expectations
	appointment Recommendation or referral
	Change in life circumstances (e.g., marriage, divorce, loss of job, Other (Please specify):
	severity of disability, etc.)
	Futition and Fuel ration Duages
	Entitlement Evaluation Process — — — — — — — — — — — — — — — — — —
	PLEASE ANSWER Q10-11 IF YOU MET WITH A REPRESENTATIVE IN Q6. OTHERWISE, PLEASE SKIP TO Q12.
10.	During your initial evaluation appointment, did the counselor have you participate in any testing or career exploration?
	(MARK ONLY ONE)
	Yes No (SKIP TO Q12) Don't know or not sure (SKIP TO Q12)
11.	Did the counselor explain the following? (MARK ALL THAT APPLY)
	Purpose of the test Next steps in the process Don't know or not sure
	Results of the test None of the above
12.	How many appointments did you have with
	a counselor before an entitlement decision was made? # of Appointments — Don't know or not sure



No

Yes

Don't know or not sure

Ψ

	following questions ask you to rate various aspects of your expe			ocati	Jiiai I	nenai	JIIITAI	ion a	ııu El	iibio)	men	เนรแ	ıy a	
	le of 1 to 10 where 1 is <u>Unacceptable</u> , 10 is <u>Outstanding</u> , and 5 is		_	llowi	na ita	me:	/maps	ONLY 0	NE DE	, powl				
FIE	ase rate your experience with the VN&E benefit application proc	n process on the following items: (MARK ONLY ONE PER ROW) Unacceptable Average Outstanding												
		<u>U</u>	ilaccep	2	3	4	<u>vега</u> ц	9 6	7	8	9	10	N/A	
a.	Ease of completing the application		1	2	3	4	5	6	7	8	9	10	N/	
b.	Timeliness of eligibility notification		<u> </u>	2	3	4	5	6	7	8	9	10	(N/	
c.	Flexibility of application methods		<u>.</u>	2	3	4	5	6	7	8	9	10	(N	
d.	Overall rating of application process		<u>.</u>	(2)	3	4	5	6	7	8	9	(10)	_	
	ng the same 1 to 10 scale, where 1 is <u>Unacceptable</u> , 10 is <u>Outsta</u>	ndin	_	_									,	
	eational Rehabilitation and Employment counselors during the in		_		_	-		_		-				
_	ns: (Mark ONLY ONE PER ROW)		naccep		youi	_	verag	-	ation	OII u	_	stan	-	
iteii	is. (MARK ONLY ONE PER ROW)	<u> </u>	-						_					
_	Promotoco of cohoduling appointments or returning calls		1	2	3	4	5 <u>5</u>	6	7	8	9	10	N/	
a. _h	Promptness of scheduling appointments or returning calls		① ①	2	3	4	5	6		8	9	10	(N	
b.	Courtesy of the counselor									8		10		
C.	Knowledge of the counselor		1	2	3	4	5	6	7	8	9	10	(<u>r</u>	
d.	Counselor's concern for your needs		1	2	3	4	5	6	7	8	9	10	(N	
е.	Timeliness of completing your initial evaluation		1	2	3	4	5	6	7	8	9	10	(
f.	Overall counselor experience		1	2	3	4	5	6	7	8	9	10		
	you sign a rehabilitation plan with your counselor? (MARK ONLY Yes (SKIP TO 018)	not s	•											
	Yes (SKIP TO Q18) No Don't know or y did you decide not to complete a rehabilitation plan with VF	not s	MARK AI	L THAT	APPLY)		rtotio	'n						
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	Rehabilitation Program/Plan Selection (Co	ntinue	d) –										
21.	Did you register for eBenefits or the Veterans Employment Cer			te? (ı	MARK O	NI V ON	ı=\						
	Yes (skip to a23) No Don't know or not sure (skil		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MAINE O	INEI OI	-)						
22.	Why didn't you register for eBenefits or the Veterans Employm	•	r in	eRen	efite'	2 (MAE	OK ALI	THAT A	ppi v)				
	Not aware of eBenefits/Veterans Employment Center				r <i>(Plea</i>								
	Opted not to use eBenefits/Veterans Employment Center	Ì			know								
23.	Did your final rehabilitation plan include your original vocationa	l training						Е					
23.	☐ Yes (skip το α25) ☐ No ☐ Don't know or not sure	ii ii aiiiiig	CHOI	ce: (WARK C	INLY OF	NE)						
24		roostional	troir	ina.	antia	n2 (Λ.			
24.	Why didn't your final rehabilitation plan include your original to Lack of employment opportunities in my area Another			_				L THAT Please					
				l	0		,			• • •			
	Medical reasons suited m	y needs bet	ler			DC	III L KI	ow o	rnot	sure			
	Rehabilitation Experience —————												
		aka bafara	VOL	ctart	od vo	ur nle	n2						
25.	From the time you signed your rehabilitation plan, how long did it t	ake belore	you	Start	a yo	ur pie	111 :						
	(PLEASE RESPOND USING ANY OR ALL OF THE FOLLOWING CATEGORIES)		Da	m'+ la		× not	01110						
	# of Days # of Weeks # of Months				now c					abilita	tion t	سم مادد	
26	•	_			_			e five	erena	aDIIIIa	llion i	racks	5
26.	Did you have the same counselor throughout your entire expe	rience wit ot applicable		α ⊏ ?	(MARK	ONLY	JNE)						
27	Were you given a time frame from VA for completing the educa			hood	of v	011F B	ahak	ilitat	ion n	Jana	(~··-\
27.	Yes No Don't know or not sure	ation/traini	iig p	шаъс	oi y	our i	enal	ııııaı	ion p	nanı	(MARK	ONLY	ONE)
28.		aa	lor n	rovic	1043	/ 							
20.	Which of the following types of counseling or referrals has you Education/training enrollment assistance Referrals to e		-					IAI APP	'LY)				
	3		-		-			tal a	otical	`			
	3						uen	ıaı, op	Jucai)			
	3				-		o (o (, Λn	aaria	an La	aion)		
	Financial counseling Referrals to Problem-solving techniques None of the		eivid	e Oi	yanız	alion	s (e.(J., AII	Hence	ali Le	giori)		
	Referrals to potential employers (e.g., government, private, et												
	The following question asks you to rate various aspects of your ex	•	ith W	oosti	anal E	Pohal	silitat	ion a	nd Ei	mnlos	mon		
	(VR&E) using a scale of 1 to 10, where 1 is <u>Unacceptable</u> , 10 is <u>Out</u>						Jiiitat	ion a	iiu Ei	iipio	/IIIeIII		
		•			_		D VD 9		INIOEI	00(0)			
29.	PLEASE ANSWER THE FOLLOWING QUESTION BASED ON YOUR BEST ABILITY TO I	Unacce			JE WII	_			JNSEL	UH(S)	_	oton	dina
29.	Please rate your experience with VR&E counselors on the following items: (MARK ONLY ONE PER ROW)	Unacce	•				veraç		_			stand	
			1	2	3	4	5	6	7	8	9	10	N/A NA
			1	2	3	4	<u></u>	6	7	8	9	10	(NA)
						4	<u>3</u>						
	3		1	2	3	_	_	6	7	8	9	10	(NA)
	d. Counselor's concern for your needs		①		<u></u>	4	(5)	6	7	8	9	(10)	(NA)
	e. Timeliness of completing your initial evaluation		①		<u> </u>	4	(5)	6	7	<u> </u>	9	(10)	(NA)
30.	 f. Overall counselor experience Which of the following benefits did you receive as part of your reh 	abilitation	nlan	② 2 (3	4	5	6	7	8	9	10	
30.			•	: (MAI									
	Tuition Health services (e.g., medic	aı,					ment				ınter	/iew
	Subsistence allowance dental, optical)							esume					
	○ Books/supplies ○ Independent livin	g services						ment			it, etc	:.)	
	Computer equipment/software					NC.	ne o	f the a	abov	е			
31.	Which of the following types of employment services did you	receive as	par	t of y	our r	ehab	ilitat	ion p	lan?	(MARK	ALL TI	IAT API	PLY)
	 Resume preparation 	Information	matic	on int	erviev	w witl	n pot	ential	emp	loyer	S		
	Interview skills	O Job i	olace	ment	assi	stanc	е						
	 Obtaining licenses/certifications 	None	of t	he at	ove								
	 Job hunting strategies 												
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Wer	re the amount of	-			of yo				ess th	an, n	nore 1	han,	or wh	at yo	u exp	ected	!? (MAI	RK ONI	LY ONE
\bigcirc	Less than	O Wha	at I expect	ed			More	than											
The	e following que	estion asks ye	ou to rate	vario	ous a	spects	of yo	ur ex	perie	nce v	with '	Voca	tiona	I Reh	abili	tatio	n and	Em	ploy
	ng a scale of 1			_								_							
Plea	ase rate your VI	R&E benefit e	ntitlement	(e.g.,	train	ing and	d coun	seling) on tl	he fo	llowi	ng ite	ms: (MARK	ONLY O	NE PER	ROW)		
								<u>U</u>	nacce	ptab	le		<u>A</u>	veraç	<u>je</u>			Out	stan
										1	2	3	4	5	6	7	8	9	10
a.	Amount of ber	nefits or servic	es							1	2	3	4	5	6	7	8	9	10
b.	Effectiveness	of benefit/serv	vice in prep	paring	g and	obtain	ing												
	suitable emplo	yment								1	2	3	4	5	6	7	8	9	10
c.	Timeliness of	receiving bene	efit payme	nt						1	2	3	4	5	6	7	8	9	10
d.	Overall rating	_			nent					1	2	3	4	(5)	6	7	8	9	10
Whi	ile we underst	_	-			for no	t com	nletin	a the	nla	n wh	at w	ae th	e nri:	marv	reas	on v	ou di	id na
	nplete your ref		-	-					_	Piu	.,	iat w	40 tii	C piii	iiai y	icus	O., y	Ju u	
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	I had a poor e								I was				-						
	The VR&E pro	-		serv	rices	need				•									
	Issues related	l to transporta	tion						Don'	t kno	w or	not s	ure						
ve	erall Expe	rience w	ith Bei	nefi	it P	rogr	am -												
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Thii	nking about Al	LL aspects of	f your exp	erier is <u>Ur</u>	nce w	rith Voo	cation	Outs			and 5		vera		ben	efits,	pleas	se ra	ite V
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Are you currently employed? (MARK ONLY ONE) — Yes

39.	Verall Experience with VA (Continued) Do you have any other comments or concerns about your experience?
l	bout You—

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

No

Prefer not to answer

Please return to: J.D. Power and Associates Survey Processing Center P.O. Box 510030 • Livonia, MI 48151-9907