



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:	INCORRECT:
<div style="display: flex; justify-content: space-around; width: 100%;"> 0 5 </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> 0 5 4 </div>

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 and Employment (VR&E) benefit program? (MARK ONLY ONE)**
IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING ABOUT THE VR&E PROGRAM.
- | | |
|---|---|
| <input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.)
<input type="radio"/> Mail (from VA)
<input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____
<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"/> In person on a campus (VetSuccess on Campus) | <input type="radio"/> In person on a military installation (Integrated Disability Examination System)
<input type="radio"/> Other Veterans/Servicemembers
<input type="radio"/> Friends or family
<input type="radio"/> Other <i>(Please specify):</i> _____
<input type="radio"/> Don't know or not sure |
|---|---|
- 2. Thinking about the factors you considered when deciding to apply for benefits, which of the following describes your reason(s) for applying to the VR&E program? (MARK ALL THAT APPLY)**
- | | |
|--|--|
| <input type="radio"/> I had a good experience with the VR&E program in the past
<input type="radio"/> The program was recommended to me by VR&E, other Veterans, VSO, etc. <i>(Please specify):</i> _____ | <input type="radio"/> VA makes it easy to apply for the VR&E program
<input type="radio"/> Don't know or not sure |
|--|--|

Reasons for Applying for VR&E Services

- 3. Were you prompted to apply to the VR&E program for any of the following reasons? (MARK ONLY ONE PER ROW)**
- | | | |
|---|---------------------------|--------------------------|
| a. Information you received during a Transition Assistance Program/Disabled Transition Assistance Program briefing | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Information you received in a letter from a VA Regional Office telling you what information you needed to provide and what VA would do | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Change in your life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Job aggravated your disability | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Current employment did not meet your expectations | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Recommendation or referral | <input type="radio"/> Yes | <input type="radio"/> No |
| g. VetSuccess on Campus (VSOC) | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Integrated Disability Examination System (IDES) | <input type="radio"/> Yes | <input type="radio"/> No |
| i. Other reasons <i>(Please specify):</i> _____ | | |
- PLEASE ANSWER Q4 IF YOU SELECTED YES "CHANGE IN LIFE CIRCUMSTANCES" IN Q3. OTHERWISE, PLEASE SKIP TO Q5.
- 4. Which of the following describes the change in your life circumstances? (MARK ALL THAT APPLY)**
- | | | |
|---|----------------------------------|--|
| <input type="radio"/> Marriage/Divorce | <input type="radio"/> Moved | <input type="radio"/> Severity of disability |
| <input type="radio"/> Job (new job or lost job) | <input type="radio"/> Retirement | <input type="radio"/> Other <i>(Please specify):</i> _____ |

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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)
- | | | |
|--|---|--|
| <input type="checkbox"/> Experienced problems with supervisors | <input type="checkbox"/> Type of job | <input type="checkbox"/> Job security |
| <input type="checkbox"/> Did not utilize my skills/abilities | <input type="checkbox"/> Lack of benefits | <input type="checkbox"/> Problems on the job due to disability |
| <input type="checkbox"/> Level of pay | <input type="checkbox"/> Work hours or flexibility of work schedule | <input type="checkbox"/> Lack of growth potential |
| <input type="checkbox"/> Level of responsibility | | <input type="checkbox"/> 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)
- | | | |
|--|---|--|
| <input type="checkbox"/> Less than 30 days | <input type="checkbox"/> More than 60 days | <input type="checkbox"/> Did not meet with a VR&E representative |
| <input type="checkbox"/> 31 - 60 days | <input type="checkbox"/> Don't know or not sure | |

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)
- | | |
|---|--|
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> Concerns about my eligibility for the VR&E program |
| <input type="checkbox"/> Distance from VA office | <input type="checkbox"/> I was not contacted to schedule an initial evaluation appointment |
| <input type="checkbox"/> I had a poor experience scheduling the initial appointment | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> I had a poor experience with the VR&E representative | <input type="checkbox"/> Don't know or not sure |
| <input type="checkbox"/> 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)
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Marriage/Divorce | <input type="checkbox"/> Moved | <input type="checkbox"/> Severity of disability |
| <input type="checkbox"/> Job (new job or lost job) | <input type="checkbox"/> Retirement | <input type="checkbox"/> 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)
- | | |
|--|--|
| <input type="checkbox"/> Receiving a call from a VA Representative to schedule your appointment | <input type="checkbox"/> Current employment did not meet your expectations |
| <input type="checkbox"/> Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) | <input type="checkbox"/> Recommendation or referral |
| | <input type="checkbox"/> Other (Please specify): _____ |

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)
- | | | |
|--|--|---|
| <input type="checkbox"/> Purpose of the test | <input type="checkbox"/> Next steps in the process | <input type="checkbox"/> Don't know or not sure |
| <input type="checkbox"/> Results of the test | <input type="checkbox"/> 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

Application and Evaluation Experience

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**.

13. Please rate your experience with the VR&E benefit application process on the following items: (MARK ONLY ONE PER ROW)
- | | Unacceptable | | | Average | | | | Outstanding | | | |
|---|--------------|-----|-----|---------|-----|-----|-----|-------------|-----|------|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| a. Ease of completing the application | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | NA |
| b. Timeliness of eligibility 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) | |
14. 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)
- | | Unacceptable | | | Average | | | | Outstanding | | | |
|---|--------------|-----|-----|---------|-----|-----|-----|-------------|-----|------|-----|
| | 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) | |

Rehabilitation Program/Plan Selection

15. Did you sign a rehabilitation plan with your counselor? (MARK ONLY ONE)
- Yes (SKIP TO Q18) No Don't know or not sure (SKIP TO Q36)
16. Why did you decide not to complete a rehabilitation plan with VR&E? (MARK ALL THAT APPLY)
- | | |
|--|--|
| <input type="checkbox"/> I had a poor experience with the VR&E representative | <input type="checkbox"/> Issues related to transportation |
| <input type="checkbox"/> The VR&E program does not offer the services I need | <input type="checkbox"/> Issues related to a medical condition |
| <input type="checkbox"/> I chose to enroll in the GI Bill Program | <input type="checkbox"/> Life circumstances |
| <input type="checkbox"/> Issues related to the planning process (too time consuming/complicated) | <input type="checkbox"/> Other (Please specify): _____ |
| | <input type="checkbox"/> Don't know or not sure |
17. Did your decision not to complete a rehabilitation plan involve a change in any of the following life circumstances occurring after you received your entitlement decision? (MARK ALL THAT APPLY)
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Marriage/Divorce | <input type="checkbox"/> Moved | <input type="checkbox"/> Severity of disability |
| <input type="checkbox"/> Job (new job or lost job) | <input type="checkbox"/> Retirement | <input type="checkbox"/> Other (Please specify): _____ |
- PLEASE ANSWER Q18-Q35 IF COMPLETED A REHABILITATION PLAN IN Q15. OTHERWISE, PLEASE SKIP TO Q36.
18. Which of the following statements would you say was the most important to you in your decision to complete development of a rehabilitation plan? (MARK ONLY ONE)
- | | |
|--|--|
| <input type="checkbox"/> Access to an assigned VR&E counselor | <input type="checkbox"/> Current employment did not meet your expectations |
| <input type="checkbox"/> Receiving continuous contact from the same VR&E counselor | <input type="checkbox"/> Recommendation or referral |
| <input type="checkbox"/> Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) | <input type="checkbox"/> Desire to further my education |
| <input type="checkbox"/> Benefits of the plan | <input type="checkbox"/> Other (Please specify): _____ |
19. Was the counselor during the planning phase of your program the same counselor who conducted your initial evaluation? (MARK ONLY ONE)
- Yes No Don't know or not sure
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

Rehabilitation Program/Plan Selection (Continued)

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 (SKIP TO Q23)
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
23. **Did your final 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 Other (Please specify): _____
 Medical reasons Don't know or not sure

Rehabilitation Experience

25. **From the time you signed your rehabilitation plan, how long did it take before you started your plan?**
 (PLEASE RESPOND USING ANY OR ALL OF THE FOLLOWING CATEGORIES)
 # of Days # of Weeks # of Months Don't know or not sure
 Did not begin one of the five rehabilitation tracks
26. **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
27. **Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan?** (MARK ONLY ONE)
 Yes No Don't know or not sure
28. **Which of the following types of counseling or referrals has your counselor provided?** (MARK ALL THAT APPLY)
 Education/training enrollment assistance Referrals to employment agencies or job banks
 Career counseling Referrals to health providers (e.g., medical, dental, optical)
 Personal counseling Referrals to other counseling programs
 Financial counseling Referrals to Veterans Service Organizations (e.g., American Legion)
 Problem-solving techniques None of the above
 Referrals to potential employers (e.g., government, private, etc.)
- The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment (VR&E) using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.
- PLEASE ANSWER THE FOLLOWING QUESTION BASED ON YOUR BEST ABILITY TO RECALL YOUR EXPERIENCE WITH YOUR VR&E COUNSELOR(S).
29. **Please rate your experience with VR&E counselors on the following items:** (MARK ONLY ONE PER ROW)
- | | Unacceptable | | | Average | | | | Outstanding | | | |
|---|--------------|---|---|---------|---|---|---|-------------|---|----|-----|
| | 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 | |
30. **Which of the following benefits did you receive as part of your rehabilitation plan?** (MARK ALL THAT APPLY)
 Tuition Health services (e.g., medical, dental, optical) Employment services (e.g., interview skills, resume writing, job development/placement, etc.)
 Subsistence allowance Independent living services None of the above
 Books/supplies Computer equipment/software
31. **Which of the following types of employment services did you receive as part of your rehabilitation plan?** (MARK ALL THAT APPLY)
 Resume preparation Information interview with potential employers
 Interview skills Job placement assistance
 Obtaining licenses/certifications None of the above
 Job hunting strategies

Rehabilitation Experience (Continued)

32. Were the amount of services you received as part of your VR&E program less than, more than, or what you expected? (MARK ONLY ONE)
- Less than What I expected More than

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**.

33. Please rate your VR&E benefit entitlement (e.g., training and counseling) 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. Amount of benefits or services	(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/entitlement	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

34. While we understand there may be many reasons for not completing the plan, what was the primary reason you did not complete your rehabilitation through the VR&E program? (MARK ONLY ONE)

- I had a poor experience developing my rehabilitation plan Issues related to a medical condition
- I had a poor experience with the VR&E representative I was never contacted by a VR&E representative/counselor
- The VR&E program does not offer the services I need Other (Please specify): _____
- Issues related to transportation Don't know or not sure

35. Did your decision not to complete your rehabilitation through the VR&E program involve a change in any of the following life circumstances? (MARK ALL THAT APPLY)

- Marriage/Divorce Moved Retirement Other (Please specify): _____
- Job (new job or lost job) Declared bankruptcy Severity of disability _____

Overall Experience with Benefit Program

36. Thinking about ALL aspects of your experience with Vocational Rehabilitation and Employment benefits, 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)

	Unacceptable			Average				Outstanding		
	1	2	3	4	5	6	7	8	9	10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Overall Experience with VA

37. 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)

	Unacceptable			Average				Outstanding		
	1	2	3	4	5	6	7	8	9	10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

38. 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	(1)	(2)	(3)	(4)	(5)
b. It was easy to get the service I needed	(1)	(2)	(3)	(4)	(5)
c. I felt like a valued customer	(1)	(2)	(3)	(4)	(5)
d. I trust VA to fulfill our country's commitment to Veterans	(1)	(2)	(3)	(4)	(5)



Overall Experience with VA (Continued)

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

Three horizontal lines for text input.

About You

40. Are you currently employed? (MARK ONLY ONE) Yes No Prefer not to answer

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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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