

Specially Adapted Housing Servicing 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.

	Renefit Fligibility and Assessment ———	
1.	Before we begin, please indicate your relation to the Veteran elig	ible for or in receipt of the Specially Adapted Housing grant:
	(MARK ONLY ONE)	
	☐ I am the Veteran ☐ I am the c	aretaker
	☐ I am the spouse ☐ Other (Ple	ease specify):
	☐ I am a family member or friend ☐ Prefer not	to answer
2.	Have you submitted an application for Specially Adapted Housin	g benefits?
	PLEASE ANSWER "YES" IF YOU HAVE SUBMITTED AN APPLICATION AND ARE EITHE	R IN PROCESS OF COMPLETING YOUR GRANT OR HAVE COMPLETED YOUR GRANT.
		P TO Q 46)
3.	At the beginning of the grant application process, how much did (MARK ONLY ONE)	I you understand the Specially Adapted Housing grant program?
	□ Completely □ Mostly □ Somewhat	Only a little Not at all
4.	Thinking about your most recent Specially Adapted Housing ber	nefit application, what method did you use to apply for your
	benefit? (MARK ONLY ONE)	
	eBenefits.va.gov	Other (Please specify):
		Don't know or not sure
	 In person at a Regional Office 	
	 In person at a Veterans Service Organization (e.g., Amer. 	
	Legion, DAV, VFW, PVA, MOPH, etc.)	
5.	After you submitted your most recent SAH application (VA Form	26-4555), did a SAH agent contact you within 7 business days?
	(MARK ONLY ONE)	
		ure
6.	When you met with the Specially Adapted Housing representative	re in person, which of the following did they discuss, if any:
	(MARK ALL THAT APPLY)	
	Freedom of choice	 Your desired modifications
	 Temporary Residence Adaptation grant option 	 Requirements for modifications
	The grant program and benefits	 Limits of the grant amount
	 Veteran's responsibility (e.g., selecting contractor, 	 Your individual concerns
	escrow agent, etc.)	Other (Please specify):
	 Design and construction/remodeling considerations 	 Have not met with SAH representative in person
	 Personal finances 	Don't know or not sure
	 Escrow and release of funds 	
7.	Was your SAH grant ever delayed?	
	☐ Yes ☐ No (skip to Q9) ☐ Don't know or not sure (skip to Q	09)
8.	If your SAH grant was ever delayed, why was there a delay? (MA	ARK ALL THAT APPLY)
	 Incomplete/incorrect information 	Delay on my end
	Contractor delay	Other (Please specify):
	SAH agent delay	Don't know or not sure

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Benefit Eligibility and Assessment (Contin	nued) –											
Did you receive written notice from VA that your grant was co	onditionally	y approve	d?									
	ot sure (skip	то q11)										
From the time you submitted your SAH application, how long	did it take	e to receiv	e yo	ır ap	prova	al no	tifica	tion?	(MAR	K ONL	Y ONE	
Less than 30 daysMore than 30 days		Don't k	now	or not	t sure							
The following question asks you to rate various aspects of yo	•	ence with	Spec	ially	Adap	ted I	Hous	ing, ι	using	j a sc	ale c	f
1 to 10, where 1 is <u>Unacceptable</u> , 10 is <u>Outstanding</u> , and 5 is <u>New York and State </u>		the fellow										
Please rate your experience with the SAH grant application programmer (MARK ONLY ONE PER ROW)	rocess on	Unaccep	_		_	verac	ae			Out	stand	lino
(,		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 initial 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	
Creat Dianaina												
Grant Planning Have you received a final approval notification on your grant a	annliaatia	n2										
PLEASE ANSWER "YES" IF YOU HAVE RECEIVED A FINAL APPROVAL NOTIFIC			- WHE	THER	YOUR	GRAN	T HAS	BEEN	I DISB	URSEI	D	
During the grant process, did you have to submit any required than once? (MARK ONLY ONE)	d docume	ntation (e	.g., b	uildir	ng pla	ans c	or fina	ancia	I stat	teme	nts) ı	no
	кір то Q16)) Do	on't k	now o	or not	sure	(SKIP 1	o Q16))		
How many times did you have to submit required documental	tion?		# of	Time	es		Don'	t knov	v or r	not su	ıre	
now many times did you have to submit required documental			_									
	ALL THAT APP	LY)										
Why did you have to resubmit required documentation? (MARK Incomplete documentation		LY) ner <i>(Please</i>	speci	fy):								
Why did you have to resubmit required documentation? (MARK	Oth	•		• -								
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	Home Modification/Construction Process (Conti	nued)										
22.	Please rate your experience with the contractor on the following items,	using a s	cale	of 1 t	o 10	wher	e 1 is	s <u>Una</u>	ссер	table	,	
	10 is Outstanding, and 5 is Average. (MARK ONLY ONE PER ROW)	Unaccep	table	3	A	veraç	<u>, je</u>	7	8	Outs	tanc	ling _{N/A}
	a. Courtesy of the contractor	(1)	2	3	4	5	6	7	8	9	(10)	NA NA
	b. Knowledge of the contractor	① ①	2	3	4	5	6	7	8	9	10	(NA)
	c. Timeliness of the modification/construction process	1	2	3	4	5	6	7	8	9	(10)	(NA)
	d. Overall rating of contractor	1	2	3	4	5	6	7	8	9	(10)	
	Completion of the Grant Process											
23.	How many bids did you receive for your desired modifications/adaptati					uctio	n? (N	MARK O	NLY ONE	:)		
	# of Bids	Don't k	now o	or not	sure							
24.	Which adaptive items did you/do you intend to use your SAH grant for?	MARK ALL T	HAT AP	PLY)								
	Ramps (exterior or interior) Accessible bedroom(s)								ergen	су		
	Grab bars Flooring					rance						
	Wider door openingSpecial equipment (e.g.,	elevators,	lifts,									
	○ Wider hallways track systems)				Dor	i't kno	ow or	not s	sure			
	Accessible bathroom(s)/shower(s) Lighting											
	Accessible kitchen Garage/carport construction											
25.	Was your Specially Adapted Housing grant the amount you expected?	(MARK ONLY O	NE)									
26.	Based on your grant coverage, were you able to obtain all modification	s/adaptati	ons t	hat y	ou n	eede	d? (м	ARK ON	ILY ONE)		
	Yes (SKIP TO Q28) No Don't know or not sure (SKIP TO Q28	3)										
27.	Which desired adaptive items were not covered as a result of an insuffi	cient grar	nt am	ount								
	Ramps (exterior or interior) Accessible bedroom(s)				Cor	struc	tion o	of em	ergen	су		
	Grab bars Flooring					ance						
	☐ Wider door opening ☐ Special equipment (e.g.,	elevators,	lifts,									
	Wider hallways track systems)			0						s wer	e co	vered
	Accessible bathroom(s)/shower(s) Lighting				Dor	i't kno	ow or	not s	ure			
00	Accessible kitchen Garage/carport construction		ation									
28.	What was/is the total cost of your current modification/adaptation proje	ect?										
	\$ Don't know or not sure	Э										
29.	If not for the SAH grant program, what would your housing situation be?											
		ner (Please	specit	fy):								
	 Living in the same house or apartment without adaptations Do 	n't know o	r not s	sure								
	 Living with a family member or a friend 											
	The following question asks you to rate various aspects of your experie	ence with	Spec	ially	Adap	ted I	Hous	ing b	enefi	ts, us	ing	а
	scale of 1 to 10 where 1 is <u>Unacceptable</u> , 10 is <u>Outstanding</u> , and 5 is <u>A</u>	<u>verage</u> .										
30.	Please rate your Specially Adapted Housing grant on the following item									Ot.		!!
		Unaccep	2	3	4 A	veraç	<u>je</u>	7	8	Outs	10	N/A
	Amount of great course			_		~	~			<u> </u>		
	a. Amount of grant coverage	1	2	3	4	5	6	7	8	9	10	NA)
	b. Usefulness of benefits or services	1	2	3	4	5	6	7	8	9	10	NA
	c. Timeliness of receiving benefit payment or services	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	
31.	How long has your current SAH application been pending? (MARK ONLY ON	NE)										
	Less than 30 days 7 - 12 months			0					то Q33)			
	1 - 6 Months More than 1 year					n't kno						
			@ 20	16 1) Dou	vor on	4 400	ooioto	- All E	Diabte	Docc	nyed 9



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	Completion of the Grant Process (Continued)	
32.	32. What is the reason your grant application is pending? (MARK ALL THAT APPLY)	
	 Need to submit required documentation Waiting for confirmation from 	Other
		Don't know or not sure
3.	B. How much do you currently understand the Specially Adaptive Housing grant progra	am? (MARK ONLY ONE)
	□ Completely □ Mostly □ Somewhat □ Only a little	Not at all
	, , ,	
	Benefit Information ————————————————————————————————————	
l.	I. 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 ADAPT	
	eBenefits.va.govVeterans Serv	vice Organizations (e.g., Amer. Legion, DAV,
	 Social media websites (e.g., Facebook, Twitter, etc.) VFW, PVA, M	IOPH, etc.) (Please specify):
	Mail from VA (e.g., notification/ratings letter)Other Veterar	ns
	 In person with a VA representative (e.g., VA medical center, Other (Please 	specify):
	VA Vet Center, Regional Office) Don't know or	r not sure
	 Transition Assistance Program/Disabled Transition Assistance 	
	Program briefings	
	What method(s) do you MOST FREQUENTLY use to obtain general information about services? (MARK ALL THAT APPLY)	it VA's Specially Adapted Housing benefits or
	eBenefits.va.govVeterans Serv	vice Organizations (e.g., Amer. Legion, DAV,
	 Social media websites (e.g., Facebook, Twitter, etc.) VFW, PVA, M	IOPH, etc.) (Please specify):
	 Other websites (excluding VA or social media sites) Disabled Veter 	erans' Outreach Program
	PhoneFriends or fan	nily
	☐ Mail ☐ Other (Please	specify):
	□ E-mail □ Don't know or	r not sure
	 In person with a VA representative (e.g., VA medical center, None of the a VA Vet Center, Regional Office) 	bove
	How frequently <u>would you like</u> to receive communications (e.g., e-mails, letters, new Adapted Housing benefits or services? (MARK ONLY ONE)	sletters, etc.) from VA about Specially
	WeeklyQuarterly (every 3 months)Annually (once per yea	r) Don't know or not sure
		,
		honofite or services? (MARK ALL THAT ARRIV)
	Phone In person at a	
	Process and	vice Organizations (e.g., Amer. Legion, DAV,
		, , ,
		IOPH, etc.) (Please specify):
	○ VA website ○ Other (Please	
	Social media websites (e.g., Facebook, Twitter, etc.) Don't know or The following question coke you to rate verticus concerts of your experience with Social	
	The following question asks you to rate various aspects of your experience with Spescale of 1 to 10, where 1 is <u>Unacceptable</u> , 10 is <u>Outstanding</u> , and 5 is <u>Average</u> .	
	Please rate your experience in obtaining information about your Specially Adapted Hot	using grant on the following items:
	(MARK ONLY ONE PER ROW) Unacceptab	
	a. Ease of accessing information	
	b. Availability of information 1 2	3 4 5 6 7 8 9 10 NA
	c. Clarity of information	3 4 5 6 7 8 9 10 NA
	d. Frequency of information provided by VA	
	e. Usefulness of information 1 2	
	f. Overall rating of information 1 2	3 4 5 6 7 8 9 10



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Ov	erall Experienc	e with Revetit —						
pla gr	anning process, home	cts of your experience with modification/construction p ase rate VA overall, using a <u>Unacceptable</u> 1 2 3	rocess, completion	of the gran ere 1 is <u>Una</u>	t proces	ss, obtaining ole, 10 is <u>Ou</u>	g informat	ion about your
		1 2 3			10			
		ITIRE GRANT PROCESS AND ALL OF ions help you live more ind			PLEASE AN		THERWISE, PI	LEASE SKIP TO Q41
O v	verall Experienc	e with VA ———						
Ta vo	aking into consideration ocational rehabilitation	n all of the non-medical ber and employment, insurance ill, using a scale of 1 to 10 v	e, etc.) you have ap	plied for or	current	ly receive, p	lease rate	your
(M.	IARK ONLY ONE)	<u>Unacceptable</u>	<u>Average</u>		tanding			
		1 2 3	4 5 6 7	8 9	10			
			4 5 6 7		10			
		es with VA, how likely are yo	ou to recommend to	other Veter	ans VA	benefits or s	services?	(MARK ONLY ONE)
	Definitely will not	Probably will not	Probably wi		Definit	ely will		
	, ,	with the following statemen		Nation room	anizae		to our cou	I ntrv." (MARK ONLY
	receiving a Specially A	dapted Housing Grant make	es me feel that the	nation reco	gilizes	my service		
			es me feel that the ee nor disagree		•	vhat agree		
"F	Strongly disagree Somewhat disagree	○ Neither agre	ee nor disagree	0	Somev Strong	vhat agree ly agree		, ,
"F	Strongly disagree Somewhat disagree by think about your expealthcare, benefits prog		ee nor disagree	O Departmen	Somev Strong	vhat agree ly agree erans Affair	s (which i	nclude
"F	Strongly disagree Somewhat disagree by think about your ex	Neither agre	ee nor disagree	Departmer w you feel a	Somev Strong	vhat agree ly agree erans Affair	s (which i	nclude
"F	Strongly disagree Somewhat disagree ow think about your expealthcare, benefits prog	Neither agree	ee nor disagree ces provided by the s). Please tell us ho Strong	Departmer bw you feel a gly <u>Dis</u>	Some Strong nt of Vet about th	vhat agree ly agree erans Affair ne following	s (which i	nclude its. <u>Strongly</u>
"F No he (M/	Strongly disagree Somewhat disagree Sow think about your expealthcare, benefits programm only one per statement) I got the service I nee	Neither agree	ee nor disagree ces provided by the s). Please tell us ho Strong Disag	Departmer ow you feel a gly <u>Dis</u>	Somev Strong nt of Vet about the	what agree ly agree erans Affair ne following <u>Neutral</u>	s (which i statemen <u>Agree</u>	nclude its. Strongly Agree
"F No he (MA a. b. c.	Strongly disagree Somewhat disagree Somewhat disagree Sow think about your expealthcare, benefits programmed and some statement) I got the service I nee It was easy to get the I felt like a valued cus	Neither agree periences with all the services rams, or memorial services ded service I needed tomer	ces provided by the s). Please tell us ho Disag	Departmer ow you feel a gly <u>Dis</u>	Somev Strong nt of Vet about the cagree	what agree ly agree erans Affair ne following Neutral 3 3 3 3	s (which i statemen Agree	nclude ets. Strongly Agree 5
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Elevators, ramps, or entrances on ground floor

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R	easons for not using the SAH Grant (Co	nntinuer	1)
	YOU HAVE APPLIED AND NOT YET USED YOUR SAH GRANT FUNDS, PLEASE ANSW		·
7. V	/hat is the major reason preventing you from using the grar	nt? (MARK ONLY	r one)
	I was not aware I was eligible		Elected to use alternate source of funding
C	Plan on using the grant in the future		Waiting for response from VA
C	No longer need the grant		Unable to find a contractor willing to complete the required
C	Did not have enough help from VA		adaptations for the grant amount
C	Application/grant process was too complex		Other (Please specify):
	Grant amount was not large enough to meet my needs		
A	bout You —		
		independen	tly? (mark all that apply)
	bout You —	•	tly? (MARK ALL THAT APPLY) Level thresholds
	bout You ———————————————————————————————————		
	hout You /hich adaptive items do you feel are necessary for living i Ramps (exterior or interior)	. 0	Level thresholds
	Cout You /hich adaptive items do you feel are necessary for living i Ramps (exterior or interior) Grab bars Wider door opening	. 0 0 0	Level thresholds Lighting
8. V	hich adaptive items do you feel are necessary for living i Ramps (exterior or interior) Grab bars Wider door opening	0 0 0	Level thresholds Lighting Garage/carport construction or modification
8. V	/hich adaptive items do you feel are necessary for living i Ramps (exterior or interior) Grab bars Wider door opening Wider hallways	0 0 0 0 0	Level thresholds Lighting Garage/carport construction or modification Construction of emergency entrances/exits

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