



## Specially Adapted Housing Servicing Satisfaction

<b>MARKING INSTRUCTIONS</b>	
Please fill the response oval completely and print clearly.	
<b>USE BLACK OR BLUE INK</b> (NO RED) to complete the survey.	
CORRECT:	INCORRECT:
<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div>

OMB Control No. 2900-0782

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

### 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)

<input type="radio"/> I am the Veteran	<input type="radio"/> I am the caretaker
<input type="radio"/> I am the spouse	<input type="radio"/> Other <i>(Please specify):</i> _____
<input type="radio"/> I am a family member or friend	<input type="radio"/> Prefer not to answer
  
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.

<input type="radio"/> Yes	<input type="radio"/> No <small>(SKIP TO Q46)</small>	<input type="radio"/> Don't know or not sure <small>(SKIP TO Q46)</small>
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3. **At the beginning of the grant application process, how much did you understand the Specially Adapted Housing grant program?**  
(MARK ONLY ONE)

<input type="radio"/> Completely	<input type="radio"/> Mostly	<input type="radio"/> Somewhat	<input type="radio"/> Only a little	<input type="radio"/> Not at all
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4. **Thinking about your most recent Specially Adapted Housing benefit application, what method did you use to apply for your benefit?** (MARK ONLY ONE)

<input type="radio"/> eBenefits.va.gov	<input type="radio"/> Other <i>(Please specify):</i> _____
<input type="radio"/> Mail	<input type="radio"/> Don't know or not sure
<input type="radio"/> In person at a Regional Office	
<input type="radio"/> 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)

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know or not sure
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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)

<input type="checkbox"/> Freedom of choice	<input type="checkbox"/> Your desired modifications
<input type="checkbox"/> Temporary Residence Adaptation grant option	<input type="checkbox"/> Requirements for modifications
<input type="checkbox"/> The grant program and benefits	<input type="checkbox"/> Limits of the grant amount
<input type="checkbox"/> Veteran's responsibility (e.g., selecting contractor, escrow agent, etc.)	<input type="checkbox"/> Your individual concerns
<input type="checkbox"/> Design and construction/remodeling considerations	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> Personal finances	<input type="checkbox"/> Have not met with SAH representative in person
<input type="checkbox"/> Escrow and release of funds	<input type="checkbox"/> Don't know or not sure
  
7. **Was your SAH grant ever delayed?**  

<input type="radio"/> Yes	<input type="radio"/> No <small>(SKIP TO Q9)</small>	<input type="radio"/> Don't know or not sure <small>(SKIP TO Q9)</small>
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8. **If your SAH grant was ever delayed, why was there a delay?** (MARK ALL THAT APPLY)

<input type="checkbox"/> Incomplete/incorrect information	<input type="checkbox"/> Delay on my end
<input type="checkbox"/> Contractor delay	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> SAH agent delay	<input type="checkbox"/> Don't know or not sure

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## Benefit Eligibility and Assessment (Continued)

9. Did you receive written notice from VA that your grant was conditionally approved?  
 Yes     No (SKIP TO q11)     Don't know or not sure (SKIP TO q11)
10. From the time you submitted your SAH application, how long did it take to receive your approval notification? (MARK ONLY ONE)  
 Less than 30 days     More than 30 days     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.
11. Please rate your experience with the SAH grant 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 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) |      |

## 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  
 Yes     No (SKIP TO q31)     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)  
 Yes     No (SKIP TO q16)     Not applicable (SKIP TO q16)     Don't know or not sure (SKIP TO q16)
14. How many times did you have to submit required documentation?   # of Times     Don't know or not sure
15. Why did you have to resubmit required documentation? (MARK ALL THAT APPLY)  
 Incomplete documentation     Other (Please specify): \_\_\_\_\_  
 Design or plan changes     Don't know or not sure  
 SAH agent did not receive documentation
16. Was your SAH agent the same person throughout the entire process (i.e., initial interview, planning, and processing of grant)? (MARK ONLY ONE)  
 Yes (SKIP TO q18)     No     Don't know or not sure (SKIP TO q18)
17. Did the change in SAH agents create a problem for you? (MARK ONLY ONE)     Yes     No     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?   # of Appointments     Don't know or not sure
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:  
 (MARK ONLY ONE PER ROW)
- |   | Unacceptable |     |     | Average |     |     |     | Outstanding |     |      | N/A  |
|---|--------------|-----|-----|---------|-----|-----|-----|-------------|-----|------|------|
|   | 1            | 2   | 3   | 4       | 5   | 6   | 7   | 8           | 9   | 10   |      |
| a. Promptness of scheduling appointments or returning calls | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) | (NA) |
| b. Courtesy of the agent                                    | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) | (NA) |
| c. Knowledge of the agent                                   | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) | (NA) |
| d. Agent's concern for your needs                           | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) | (NA) |
| e. Timeliness of completing your adaptation plan            | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) | (NA) |
| f. Overall SAH agent experience                             | (1)          | (2) | (3) | (4)     | (5) | (6) | (7) | (8)         | (9) | (10) |      |

## 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.  
 Yes     No (SKIP TO q33)     Don't know or not sure (SKIP TO q33)
21. How long did it take for your new specially adapted house to be built or existing home to be modified? (MARK ONLY ONE)  
 PLEASE CONSIDER ONLY THE TIMEFRAME IT TOOK FROM THE BEGINNING OF CONSTRUCTION TILL THE CONSTRUCTION WAS COMPLETE.  
  # of Months     Don't know or not sure

## Home Modification/Construction Process (Continued)

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**. (MARK ONLY ONE PER ROW)
- |  | Unacceptable          |                       |                       | Average               |                       |                       |                       | Outstanding           |                       |                       | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                       |
| a. Courtesy of the contractor                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Knowledge of the contractor                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Timeliness of the modification/construction process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Overall rating of contractor                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Completion of the Grant Process

23. How many bids did you receive for your desired modifications/adaptations or new home construction? (MARK ONLY ONE)
- # of Bids     Have not yet begun bid process     Don't know or not sure
24. Which adaptive items did you/do you intend to use your SAH grant for? (MARK ALL THAT APPLY)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ramps (exterior or interior)     | <input type="checkbox"/> Accessible bedroom(s)                                     | <input type="checkbox"/> Construction of emergency entrances/exits |
| <input type="checkbox"/> Grab bars                        | <input type="checkbox"/> Flooring  | <input type="checkbox"/> Other (Please specify): _____             |
| <input type="checkbox"/> Wider door opening               | <input type="checkbox"/> Special equipment (e.g., elevators, lifts, track systems) | <input type="checkbox"/> Don't know or not sure                    |
| <input type="checkbox"/> Wider hallways                   | <input type="checkbox"/> Lighting  |  |
| <input type="checkbox"/> Accessible bathroom(s)/shower(s) | <input type="checkbox"/> Garage/carport construction or modification               |  |
| <input type="checkbox"/> Accessible kitchen               |  |  |
25. Was your Specially Adapted Housing grant the amount you expected? (MARK ONLY ONE)
- Yes     No     Don't know or not sure
26. Based on your grant coverage, were you able to obtain all modifications/adaptations that you needed? (MARK ONLY ONE)
- Yes (SKIP TO Q28)     No     Don't know or not sure (SKIP TO Q28)
27. Which desired adaptive items were not covered as a result of an insufficient grant amount? (MARK ALL THAT APPLY)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ramps (exterior or interior)     | <input type="checkbox"/> Accessible bedroom(s)                                     | <input type="checkbox"/> Construction of emergency entrances/exits |
| <input type="checkbox"/> Grab bars                        | <input type="checkbox"/> Flooring  | <input type="checkbox"/> Other (Please specify): _____             |
| <input type="checkbox"/> Wider door opening               | <input type="checkbox"/> Special equipment (e.g., elevators, lifts, track systems) | <input type="checkbox"/> All desired adaptive items were covered   |
| <input type="checkbox"/> Wider hallways                   | <input type="checkbox"/> Lighting  | <input type="checkbox"/> Don't know or not sure                    |
| <input type="checkbox"/> Accessible bathroom(s)/shower(s) | <input type="checkbox"/> Garage/carport construction or modification               |  |
| <input type="checkbox"/> Accessible kitchen               |  |  |
28. What was/is the total cost of your current modification/adaptation project?
- \$       Approximate Cost     Don't know or not sure
29. If not for the SAH grant program, what would your housing situation be?
- Living in assisted living facility     Other (Please specify): \_\_\_\_\_
- Living in the same house or apartment without adaptations     Don't know or not sure
- Living with a family member or a friend
- 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**.
30. Please rate your Specially Adapted Housing grant 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 grant coverage                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Usefulness of benefits or services                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Timeliness of receiving benefit payment or services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Overall rating of benefit payment                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
31. How long has your current SAH application been pending? (MARK ONLY ONE)
- Less than 30 days     7 - 12 months     Not applicable (SKIP TO Q33)
- 1 - 6 Months     More than 1 year     Don't know or not sure

## Completion of the Grant Process (Continued)

32. What is the reason your grant application is pending? (MARK ALL THAT APPLY)
- Need to submit required documentation       Waiting for confirmation from contractor       Other
- Waiting for confirmation from VA       Don't know or not sure
33. How much do you currently understand the Specially Adaptive Housing grant program? (MARK ONLY ONE)
- Completely       Mostly       Somewhat       Only a little       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.
- eBenefits.va.gov       Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): \_\_\_\_\_
- Social media websites (e.g., Facebook, Twitter, etc.)       Other Veterans
- Mail from VA (e.g., notification/ratings letter)       Other (Please specify): \_\_\_\_\_
- In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office)       Don't know or not sure
- Transition Assistance Program/Disabled Transition Assistance Program briefings
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)
- eBenefits.va.gov       Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): \_\_\_\_\_
- Social media websites (e.g., Facebook, Twitter, etc.)       Disabled Veterans' Outreach Program
- Other websites (excluding VA or social media sites)       Friends or family
- Phone       Other (Please specify): \_\_\_\_\_
- Mail       Don't know or not sure
- E-mail       None of the above
- In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office)
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)
- Weekly       Quarterly (every 3 months)       Annually (once per year)       Don't know or not sure
- Monthly       Semi-annually (twice per year)       Never
37. How would you like to receive information from VA about Specially Adapted Housing benefits or services? (MARK ALL THAT APPLY)
- Phone       In person at a Regional Office
- Mail       Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): \_\_\_\_\_
- E-mail       Other (Please specify): \_\_\_\_\_
- VA website       Don't know or not sure
- Social media websites (e.g., Facebook, Twitter, etc.)

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.

38. Please rate your experience in obtaining information about your Specially Adapted Housing grant 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 accessing information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clarity of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Frequency of information provided by VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Usefulness of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Overall rating of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## 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)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU HAVE COMPLETED THE ENTIRE GRANT PROCESS AND ALL OF YOUR FUNDS HAVE BEEN DISBURSED, PLEASE ANSWER Q40. OTHERWISE, PLEASE SKIP TO Q41.

40. Do your housing adaptations help you live more independently? (MARK ONLY ONE)  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)

(MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Based on your experiences with VA, how likely are you to recommend to other Veterans VA benefits or services? (MARK ONLY ONE)

Definitely will not  Probably will not  Probably will  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)

Strongly disagree  Neither agree nor disagree  Somewhat agree  
 Somewhat disagree  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)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I got the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt like a valued customer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I trust VA to fulfill our country's commitment to Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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## 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)

- |  |  |
|--|--|
| <input type="radio"/> Current home meets my needs                      | <input type="radio"/> Application/grant process was too complex          |
| <input type="radio"/> Do not want to use the grant                     | <input type="radio"/> Grant amount was not large enough to meet my needs |
| <input type="radio"/> Plan on using the grant in the future            | <input type="radio"/> Elected to use alternate source of funding         |
| <input type="radio"/> Application/grant process was too time consuming | <input type="radio"/> Other (Please specify): _____                      |





### Reasons for not using the SAH Grant (Continued)

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)

- I was not aware I was eligible
- Plan on using the grant in the future
- No longer need the grant
- Did not have enough help from VA
- Application/grant process was too complex
- Grant amount was not large enough to meet my needs
- Elected to use alternate source of funding
- Waiting for response from VA
- Unable to find a contractor willing to complete the required adaptations for the grant amount
- Other (Please specify): \_\_\_\_\_

### About You

48. Which adaptive items do you feel are necessary for living independently? (MARK ALL THAT APPLY)

- Ramps (exterior or interior)
- Grab bars
- Wider door opening
- Wider hallways
- Accessible bathroom(s)/shower(s)
- Accessible kitchen
- Accessible bedroom(s)
- Elevators, ramps, or entrances on ground floor
- Level thresholds
- Lighting
- Garage/carport construction or modification
- Construction of emergency entrances/exits
- Other (Please specify): \_\_\_\_\_
- Don't know or not sure

234332/0216/9

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

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

