**OMB Control Number 1660-NW103**

**Expiration XXX**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

**FEMA Form 519-0-46 (Transitional Sheltering Assistance - Phone Survey)**

Public reporting burden for this data collection is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (PROGNEW) NOTE: Do not send your completed form to this address.

**PRIVACY ACT STATEMENT**

**AUTHORITY**: Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRA Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, “Setting Customer Service Standards”; and its March 23, 1995 Memorandum addendum, “Improving Customer Service”; Executive Order 13411 “Improving Assistance for Disaster Victims”; Executive Order 13571 “Streamlining Service Delivery and Improving Customer Service”; and the related June 13, 2011 Memorandum “Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service.”

**PRINCIPAL PURPOSE(S):** DHS/FEMA collects this information to measure Individual Assistance applicants’ customer satisfaction with FEMA services.

**ROUTINE USE(S):** This information is used for the principal purpose noted above and will not be shared outside of DHS/FEMA, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), or as required by law. The Department's system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist FEMA is making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual’s ability to qualify for or receive FEMA Individual Assistance.

**Introduction – Phone Survey** (Applicants who requested US mail will be surveyed by telephone)

Hello, I’m calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_\_. May I please speak with [Applicant Name] or the person most familiar with their FEMA application?

*If no:* Thank you for your time and have a good day/evening.

*If yes:* FEMA is looking for ways to improve services and your opinion is very important. Would you volunteer to take 8-10 minutes to answer some questions?

*If no:* What would be a better time to call back? Thank you for your time and have a good day/evening. (Note: if respondent requests electronic survey rather than call back click below, obtain and verify e-mail address. Explain e-mail will be sent within 1 business day from FEMA-CSA-Survey mailbox).

Enter e-mail address

Verify e-mail address

*If yes:* These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number (New OMB Number). Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

**Please click Next to begin the survey:**

**INFORMATION**

FEMA’s Transitional Sheltering Assistance provided you with sheltering accommodations at a participating hotel or motel. The first set of questions are about information provided by FEMA prior to, during and after your stay. Using a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the information on:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Poor | 2 | 3 | 4 | 5 Excellent | No Information received  |
| 1. Being easy to understand |  |  |  |  |  |  |
| 2. Answering your questions |  |  |  |  |  |  |
| 3. Being helpful  |  |  |  |  |  |  |
| 4. Explaining what happens next |  |  |  |  |  |  |
| 5. Overall satisfaction with information |  |  |  |  |  |  |

FEMA may have provided Transitional Sheltering information to you through a variety of methods. Please provide your opinion about each method using a rating scale of 1 to 5, with 1 being Not at all Effective and 5 being Very Effective, or saying Not applicable if you did not receive information using that method. How would you rate information provided by:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Not at Effective | 2 | 3 | 4 | 5 Very Effective | Not Applicable |
| 6. E-mail |  |  |  |  |  |  |
| 7. Text message |  |  |  |  |  |  |
| 8. Phone call or message received from FEMA |  |  |  |  |  |  |
| 9. Phone call you made to FEMA’s helpline |  |  |  |  |  |  |
| 10. DisasterAssistance.gov website |  |  |  |  |  |  |
| 11 FEMA Evacuee Hotel List website |  |  |  |  |  |  |

**CUSTOMER SERVICE**

The next set of questions are about the level of customer service provided by FEMA staff. Using a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate FEMA Representatives on:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | 1 Poor | 2 | 3 | 4 | 5 Excellent | Did not talk to FEMA Representative |
| 12. Courtesy |  |  |  |  |  |  |
| 13. Showing interest in helping |  |  |  |  |  |  |
| 14. Overall customer service  |  |  |  |  |  |  |

**ACCOMMODATIONS**

Using a scale of 1 to 5, with 1 being Not at all Satisfied and 5 being Very Satisfied, how would you rate the Transitional Sheltering provided by FEMA on the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied | Not Applicable |
| 15. Ease in finding a TSA participating hotel/motel with room availability |  |  |  |  |  |  |
| 16. Accessibility for household members with disabilities and/or access functional needs |  |  |  |  |  |  |
| 17. Conveniently located |  |  |  |  |  |  |
| 18. Access to public transportation |  |  |  |  |  |  |
| 19. Access to food services |  |  |  |  |  |  |
| 20. Clean and well-maintained |  |  |  |  |  |  |
| 21. Accepting household pets |  |  |  |  |  |  |
| 22. Overall satisfaction with the accommodations |  |  |  |  |  |  |

**OVERALL EXPERIENCE**

Thinking back on your overall Transitional Sheltering Hotel/Motel experience, using a rating scale of 1 to 5, with 1 being Poor and 5 being Excellent, how would you rate FEMA on:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Poor | 2 | 3 | 4 | 5 Excellent |
| 23. Making it easy to know your eligibility status |  |  |  |  |  |
| 24. Timeliness of extension eligibility or ineligibility notifications |  |  |  |  |  |
| 25. Helping to meet sheltering needs caused by the disaster |  |  |  |  |  |

26. What suggestions do you have for improving FEMA’s Transitional Sheltering Assistance? (500 Character Maximum)

**Demographics**

27. We’re almost done. Would you volunteer to answer a few demographic questions for statistical purposes?

* Yes
* No

(Programmer Note: If Q27 response = Yes go to 28 else go to Q34)

28. Is your gender…

* Female
* Male
* Prefer not to answer

29. Is your age range..

* Under 25
* 25 to 34
* 35 to 44
* 45 to 54
* 55 to 64
* 65 to 74
* 75 or older
* Prefer not to answer

30. Is your marital status…

* Single
* Married
* Separated
* Widowed
* Divorced
* Prefer not to answer

31. Is your current employment status…

* Employed for wages
* Self-employed
* Unemployed
* Homemaker
* Student
* Retired
* Prefer not to answer

32. Which of the following best describes your highest level of formal education:

* Did not complete high school
* High school graduate / GED
* Some college
* Associate degree
* Bachelor’s degree
* Master’s degree
* Doctoral degree
* Prefer not to answer

33. Which of the following is your race or ethnic group? You may select all that apply.

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Other Pacific Islander
* White
* Prefer not to answer

34. Your opinion is very valuable to us, may we contact you at a later date to ask some additional questions?

* Yes
* No

**CLOSING Phone Survey**

Thank you for your time. My name is \_\_\_\_\_ and my ID number is \_\_\_\_\_\_\_. Have a good day/evening.