**OMB Control Number 1660-NW103**

**Expiration XXX**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

**FEMA Form 519-0-49(Temporary Housing Units- Electronic 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 – Electronic** (Applicable for sample records where the applicant requested electronic correspondence from FEMA)

FEMA is looking for ways to improve the quality of our services and your opinion is very important. This questionnaire should be completed by the person in the household most familiar with the Temporary Housing Unit provided by FEMA. The survey will take 8-10 minutes to complete.

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.

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

**INFORMATION**

The first set of questions relate to the Temporary Housing Unit Program **Information provided by FEMA**. 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 |
| 1. Being easy to understand |  |  |  |  |  |
| 2. Answering your questions |  |  |  |  |  |
| 3. Being helpful  |  |  |  |  |  |
| 4. Explaining what happens next |  |  |  |  |  |
| 5. Overall satisfaction with information |  |  |  |  |  |

**CUSTOMER SERVICE**

The next set of questions are about customer service. Using the same rating 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 |
| 6. Courtesy |  |  |  |  |  |  |
| 7. Showing interest in helping |  |  |  |  |  |  |
| 8. Overall customer service  |  |  |  |  |  |  |

**ASSISTANCE WITH TEMPORARY HOUSING**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied | Don’t Know/ Do Not Remember or Not Applicable |
| 9. Timeliness of availability for move in |  |  |  |  |  |  |
| 10. Being equipped with basic household items |  |  |  |  |  |  |
| 11. Conveniently located |  |  |  |  |  |  |
| 12. Accommodating household members with access and functional needs |  |  |  |  |  |  |

Using the same rating scale how would you rate the **housing** **provided by FEMA** on…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied | Have not had any maintenance services  |
| 13. Quality of maintenance services |  |  |  |  |  |  |

(Programmer Note: If Q13 Response = Have not had any maintenance services go to Q15 else go to Q14)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
| 14. and on timeliness of maintenance services |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
| 15. Overall how satisfied are you with FEMA’s temporary housing unit? |  |  |  |  |  |

Using a scale of 1 to 5, with 1 being Not at all Easy and 5 being Very Easy, how would you rate FEMA on making it easy to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Not at all Easy | 2 | 3 | 4 | 5 Very Easy |
| 16. Obtain a temporary housing unit |  |  |  |  |  |
| 17. Renew continuation of housing assistance |  |  |  |  |  |
| 18. Move out of temporary housing |  |  |  |  |  |

19. What suggestions do you have for improving FEMA’s Temporary Housing Assistance Program? (500 Character Maximum)

**DEMOGRAPHICS**

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

* Yes
* No

(Programmer Note: If Q20 response = Yes go to 21 else go to Q27)

21. Is your gender…

* Female
* Male
* Prefer not to answer

22. 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

23. Is your marital status…

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

24. Is your current employment status…

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

25. 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

26. Which of the following is your race and 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

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

* Yes
* No

**CLOSING ELECTRONIC SURVEY**

Press any key or click on the X button to submit your survey. Thank you for your time. Have a good day/evening.