

## VHA Income Verification Survey

OMB No. 2900-0770

Estimated Burden: 6 minutes
Expiration Date: 9/30/2020

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 6 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery of VA services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

## Instructions

- Use a pencil or black pen.
- Please **SHADE** your answer box completely
- Mark only one box for each question, unless it tells you to "mark all that apply".
- To maintain confidentiality, please do not include your name, address, claim number or any other identifying information.
  - When you have completed the survey, please do not fold or staple, place in the enclosed postage paid envelope and put it in the mail.

## This questionnaire will help the Health Eligibility Center improve it's Income Verification process.

## **Letters/Mailings**

	We send several letters to Veterans during the Income Verification Process. Please rate the following statements on a scale of 1 to 5 with 5 being completely agree.					
		1 (not at all		3	4	5 (completely
	I understood the letters completely					
	The wording was clear and understandable					
	The instructions were easy to understand					
	<u>C</u>	ontacts	with Staff			
	If you contacted the Income Verifica with 5 being completely agree.	tion Staff	, please rate the	following state	ements on a	a scale of 1 to 5
		1 (not at all	2	3	4	5 (completely)
	I felt the staff cared about my concerns					
	I was treated with dignity and respect The answers provided were clear and understandable					
	If you contacted our office, what wa	s the reas	son(s)? (mark all	that apply)		
	Did not u Check nderstan the status d the of mail letters	Provide addition informa on	nal about t ati proces	the No s Dis	e tice of cagree int	Other, enter in comment s
	Incom	e Verific	cation Process	<u>i</u>		
Please rate your understanding of the Income Verification process.						
	Completely Mostly	🔲	Somewhat	Only a little		Not at all
	Which areas would you like to see u	is improv	e? (please selec	t your two mo	st importan	t)
	The waiver and hardship process					
	What are valid dependents					
	What income counts and what does not					
	What is deduct able and how do I find the correct documents to mail in					
	All things considered. please rate ye	our overa	II satisfaction wit	th the Income	Verification	process.
	Excellent Very Good		Good	Fair		Poor
	Comments					
	Comments					
	Comments					