



SURVEY OF VETERANS' SATISFACTION WITH THE INCOME VERIFICATION PROCESS SERVICE

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 it in the enclosed postage-paid envelope and put it in the mail.

OMB Control Number: 2900-0770 Paperwork Reduction Act Statement

The Paperwork Reduction Act of 1995 (PRA) requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the PRA. VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses for this collection are voluntary. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is intended for the improvement of process. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U. S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.57 (b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA health care processing system and associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-929-VETS for mailing information on where to send your comments.

This questionnaire will help the Health Eligibility Center improve its Income Verification process.

Letters/Mailings

Q1 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)	2	3	4	5 (completely)
I understood the letters completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The wording was clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructions were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contacts with Staff

Q2 If you contacted the Income Verification Staff, please rate the following statements on a scale of 1 to 5 with 5 being completely agree.

	1 (not at all)	2	3	4	5 (completely)
I felt the staff cared about my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The answers provided were clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 If you contacted our office, what was the reason(s)? (mark all that apply)

<i>Did not understand the letters</i> <input type="checkbox"/>	<i>Check the status of mail sent</i> <input type="checkbox"/>	<i>Provide additional information</i> <input type="checkbox"/>	<i>Complain about the process</i> ... <input type="checkbox"/>	<i>File Notice of Disagreement</i> <input type="checkbox"/>	<i>Other, enter in comments</i> <input type="checkbox"/>
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Income Verification Process

Q4 Please rate your understanding of the Income Verification process.

Completely....
 Mostly
 Somewhat.....
 Only a little....
 Not at all

Q5 Which areas would you like to see us improve? (please select your two most important)

The waiver and hardship process	<input type="checkbox"/>
What are valid dependents	<input type="checkbox"/>
What income counts and what does not	<input type="checkbox"/>
What is deductible and how do I find the correct documents to mail in	<input type="checkbox"/>

Q6 All things considered. please rate your overall satisfaction with the Income Verification process.

Excellent
 Very Good.....
 Good.....
 Fair
 Poor.....

Q7 Comments