



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 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 deductable 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