



U.S. Department
of Veterans Affairs

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans** (NCCHV) by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

OMB Number: 2900-0770
Expiration: 09/30/2020
Estimated Burden: 2 minutes

Help us serve you better

We want to hear about how easy it is for you to access information about the MISSION Act and where you look for this information. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 2 minutes to complete.

I have tried to receive healthcare benefits by using the MISSION Act. Required

- Yes
- No

It is easy for me to find information about the MISSION Act.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

If I had questions about the MISSION Act, VA helped me find the answers.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

For more information about the MISSION Act, please visit the VA MISSION Act website here: <https://www.missionact.va.gov/>

Please select from the options below to identify the nearest VA Medical Centers and VA Community-Based Outpatient Clinics where you could receive care. Required

Which State or Territory is your primary VA Healthcare Facility in?

Which City is your primary VA Healthcare Facility in?

Which is your nearest primary VA Healthcare Facility?

Which ZIP code do you live in? (Enter '00000' if using an APO/FPO.) Required

Finish

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services to which you may currently be receiving. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers are located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. Information gathered will be kept private to the extent provided by law.

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Thank you for choosing VA

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA services.

Please visit [VA.gov](https://va.gov) to explore benefits, resources, and information at VA.

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