

Public Assistance Initial Customer Satisfaction Survey

OMB Number: (1660 - 0107)

Expiration Date: 09/30/2020

PAPERWORK BURDEN DISCLOSURE NOTICE:

FEMA Form 519-0-32 (Survey)

Public reporting burden for this survey is estimated to average 6 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 (1660-0107) 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 Public 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-009 - Hazard Mitigation Disaster Public Assistance and Disaster Loan Programs, 79 FR 16015 (March 24, 2014), 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 in making improvements to its Public Assistance program; failure to provide the information requested will not impact the provision of FEMA Public Assistance to qualified entities.

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Introduction - Phone survey (Applicants who have not responded to the email survey after 2 weeks will be contacted by phone, or those who do not have an email address.)

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is _____. May I please speak with [Contact Name] or the person who worked with FEMA's Public Assistance Program for the [Disaster Type] that was declared on [Declaration Date] under [Disaster Number]?

If no: Mark Attempt

If yes: We would like to ask some questions about your initial experience with the FEMA Public Assistance Program. FEMA is looking for ways to improve the quality of our service based on your opinions. Would you volunteer to take 4-6 minutes to answer some questions?

If no: What would be a better time to call back? Thank you for your time and have a good day/evening.
(Note: if respondent requests electronic survey rather than a call back click below, obtain and verify e-mail address).

Request Electronic Survey

Enter e-mail address

Verify e-mail address

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0107. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

Please click Next to begin the survey:

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This survey is related to Disaster Number [DR No] declared on [Declaration date]. You should have received a phone call from your assigned Program Delivery Manager, or representative. When answering these questions, please consider your overall experience with the staff you have come in contact with during the Public Assistance process, also known as PA.

Initial Phone Call

Using a rating scale of 1 to 5, with 1 being Not at all Informative and 5 being Very informative...

(Programmer note: if "Did not have phone call, skip to Q3)

| | 1 Not at all Informative | 2 | 3 | 4 | 5 Very Informative | Don't remember/ Didn't have a phone call |
|------------------------------------------------------------------------------------------------------|--------------------------------|---|---|---|--------------------------|---------------------------------------------------|
| 1. How informative was the initial phone call in letting you know what to do next in the PA process? | | | | | | |

During the phone call, your representative should have scheduled an initial one-on-one meeting, also known as the Recovery Scoping Meeting. Using a rating scale of 1 to 5, with 1 being Not at all Prepared and 5 being Very Prepared...

| | 1 Not at all Prepared | 2 | 3 | 4 | 5 Very Prepared |
|------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|-----------------------|
| 2. How prepared do you feel that the phone call made you for attending the one-on-one meeting? | | | | | |

Recovery Scoping Meeting

Using a rating scale of 1 to 5, with 1 being Not at all Helpful and 5 being Very Helpful, how helpful was your representative in accomplishing the following tasks during your one-on-one meeting:

| | 1 Not at all Helpful | 2 | 3 | 4 | 5 Very Helpful |
|-----------------------------------------------------------------|-------------------------------|---|---|---|----------------------|
| 3. Developing a project timeline | | | | | |
| 4. Gathering required documentation | | | | | |
| 5. Developing a list of projects based on your damage inventory | | | | | |
| 6. Providing an overall understanding of the PA process | | | | | |

7. Which of the following topics, if any, do you wish would have been described in more detail? You may select all that apply.

- Hazard mitigation
- Environmental planning
- Historic preservation concerns
- Other (Programmer note: open ended text box, 100 characters)

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None of the above

8. Did your representative explain that you had 60 days from the one-on-one meeting to identify all damage?

- Yes
- No
- Don't know / Don't remember

Site Inspection

9. Has FEMA conducted a site inspection? (Programmer note: If "yes", skip to Q9a, if "no" or "scheduled for a future date", skip to Q10)

- Yes
- No
- Scheduled for a future date

Using a rating scale of 1 to 5, with 1 being Not at all Satisfied and 5 being Very Satisfied...(Programmer note: If 3 or below, skip to Q9b, if 4 or 5 skip to Q9c)

| | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
|--------------------------------------------------------|------------------------------|---|---|---|---------------------|
| 9a. Overall, how satisfied were you with inspector(s)? | | | | | |

9b. Which of the following are reasons you were not very satisfied with your inspector(s)? You may select all that apply.

- Was not on time to appointment
- Did not explain information thoroughly
- Did not answer questions satisfactorily
- Did not instill confidence in the process
- Other (Programmer note: open ended text box, 100 characters)

| | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
|------------------------------------------------------------------------|------------------------------|---|---|---|---------------------|
| 9c. How satisfied were you with the timeliness of the site inspection? | | | | | |

| | 1 Not at all Knowledgeable | 2 | 3 | 4 | 5 Very Knowledgeable |
|-----------------------------------------------------------------------------|----------------------------------|---|---|---|----------------------------|
| 9d. How knowledgeable was your site inspector(s) in validating your damage? | | | | | |

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Using a rating scale of 1 to 5, with 1 being Not at All Knowledgeable and 5 being Very Knowledgeable...

Customer Service & Expectations

Thinking about your experiences with staff and various meetings, using a rating scale of 1 to 5, with 1 being Not at all Satisfied and 5 being Very Satisfied, how satisfied were you with the following:

| | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
|-------------------------------------------------------------------------|---------------------------------|---|---|---|------------------------|
| 10. Timeliness of the initial phone call from the representative | | | | | |
| 11. Timeliness of the one-on-one meeting | | | | | |
| 12. Helpfulness of the staff in guiding you through the PA process | | | | | |
| 13. Simplicity of the PA process | | | | | |
| 14. At this point in time, the overall satisfaction with the PA program | | | | | |

Demographics

15. Previous to the current disaster, have you ever applied for PA disaster assistance with FEMA??

- Yes
- No

16. Did you choose to continue your application for assistance after meeting with the staff?

- Yes
- No

17. Do you have any comments or suggestions for improvement based on your experience with the PA program so far?

(Programmer note: open text box 250 characters)

CLOSING Phone Survey

We may contact you at a later date to follow-up on your experiences.

Thank you for your time. My name is _____ and my ID number is _____. Have a good day/evening.