

## Initial Survey-Phone

OMB Control Number 1660-0143  
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**PAPERWORK BURDEN DISCLOSURE NOTICE:** Public reporting burden for this data collection is estimated to average 8 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 (1660-0143) **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 Individual Assistance applicants’ customer satisfaction with FEMA services.

**ROUTINE USE(S):** This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally. For more information on how DHS may share this data, please see DHS/FEMA/PIA-035 Customer Satisfaction Analysis System (CSAS), available at <https://www.dhs.gov/privacy>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist FEMA is making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual’s ability to qualify for or receive FEMA Individual Assistance.

## Initial Survey-Phone

### Introduction – Phone Survey (Applicants who requested US Mail correspondence from FEMA)

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_ and my PIN is \_\_\_\_\_. My I please speak with [Applicant NAME] or the person who applied for FEMA disaster assistance on [Application Date]?

*If no:* Thank you for your time and have a good day/evening.

*If yes:* FEMA is looking for ways to improve services and your opinion is very important. Would you volunteer to take 5-8 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 an electronic survey rather than call back, obtain and verify their e-mail address. Explain that the e-mail will be sent within one business day from FEMA-CSA-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 1660-0143. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

### INFORMATION

These questions are **about information given to you when you applied for FEMA assistance**. Using a rating scale of 1 (Poor) to 5 (Excellent), please rate the information on...

	1 Poor	2	3	4	5 Excellent
1. Being easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Providing helpful referrals to other agencies or organizations like the Small Business Administration or American Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explaining what happens next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing information in your preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall satisfaction with the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer note: If Type flag = Phone or DSAT go to Q7 if Internet go to Q12)

### CUSTOMER SERVICE

Please use the same scale and rate the representative, **who assisted with your application**, on...

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	1 Poor	2	3	4	5 Excellent
7. Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Showing interest in helping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. And on overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Type Flag = DSAT go to Q16)

Using a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
10. The amount of time it took for a FEMA representative to answer your call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Q10 response = 1 or 2 go to Q11, else go to Q16)

11. Would an acceptable amount of time, to wait for a FEMA representative to answer your call, be...?

- Less than 2 minutes
- 2 – 3 minutes
- 3 - 5 minutes
- 5 – 7 minutes
- More than 7 minutes

(Programmer Note: Go to Q16)

### FEMA APPLICATION AT DISASTERASSISTANCE.GOV

Think back to when you **applied for FEMA assistance online at the DisasterAssistance.gov website**. Please use a scale of 1 (Not at all Easy) to 5 (Very Easy) or if you had no experience with that service say No Experience. How simple was...

	1 Not at all Easy	2	3	4	5 Very Easy	No Experience
12. Finding where to apply online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Navigating the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Finding helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Using the Technical Help Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a rating scale of 1 (Not at all Easy) to 5 (Very Easy)...

	1 Not at all Easy	2	3	4	5 Very Easy
16. How would you rate the simplicity of completing your application for FEMA assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(Programmer Note: If Q16 response = 1 or 2 go to Q17 else go to Q18).

17. Which **one** of the following best describes why the FEMA application was not easy to complete...

- Took too long to complete application
- Questions were not easy to understand
- Terminology was confusing
- Information requested was not easily available
- DisasterAssistance.gov website was slow or inaccessible
- Information on what to do next was not easy to understand
- Waiting for an available agent took too long

### DISASTER RECOVERY CENTER

18. Have you recently visited a FEMA Disaster Recovery Center?

- Yes
- No

(Programmer Note: If Q18 response = Yes go to Q19 else go to Q31)

19. Which **one** of the following was your **main source** of information about FEMA Disaster Recovery Center **locations and services**?

- Community group like club, church, school
- Disaster workers
- Flyers, signs, billboards, posters
- Newspaper, radio, television
- Word of mouth like friends, family, neighbors, employer, landlord
- FEMA website
- State or Local Government websites or notices
- Social media

For the next question please use a scale of 1 (Poor) to 5 (Excellent) or if you had no experience with that service say No Experience. How would you rate the **Disaster Recovery Center** on the following:

	1 Poor	2	3	4	5 Excellent	No Experience
20. Public awareness of the center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Easy to understand brochures and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Caring customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Assistance in your preferred language including American Sign Language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Handicap accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Being helpful in your recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DEMOGRAPHICS

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31. We're almost done. Would you volunteer to answer a few demographic questions for statistical purposes?

- Yes
- No

(Programmer Note: If Q31 response = Yes go to Q32, else go to Q40)

32. What gender do you identify as?

- Female
- Male
- Prefer not to answer

33. Is your age range...

- Under 25
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to answer

34. Is your marital status...

- Single
- Married
- Separated
- Widowed
- Divorced
- Prefer not to answer

35. Is your current employment status...

- Employed for wages
- Self-employed
- Unemployed

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- Homemaker
- Student
- Retired
- Prefer not to answer

36. Which of the following best describes your highest level of formal education?

- Did not complete high school
- High school graduate / GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Prefer not to answer

37. Which of the following is your race or ethnic group? You may select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

38. Do you or anyone in your household have a disability that affects your ability to carry out activities of daily living or requires an assistive device such as, but not limited to, a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen or other similar medically-related devices or services?

- Yes
- No

(Programmer Note: If Q38 response = Yes go to Q39, else go to Q40)

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39. Are the devices or services used to assist with any of the following? (You may select all that apply.)

- Mobility
- Cognitive, Developmental Disabilities, Mental Health
- Hearing and/or Speech
- Vision
- Self-Care
- Independent Living
- Other

40. Your opinion is very valuable to us. May we contact you later to ask additional questions?

- Yes
- No

### Closing

Thank you for your time. Have a good day/evening.