

Office of Refugee Resettlement

# UAC Satisfaction Survey Aggregate Data

Care Provider Name:

Enter provider name here.

Fiscal Year:

Enter fiscal year here.

Quarter	1. Did you like living at this shelter?				
	Yes, very much	Mostly	It was okay	Not much	Not at all
Q1					
Q2					
Q3					
Q4					
<b>Annual Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This information collection requires providers to provide aggregate data from UAC Satisfaction Survey forms for trend analysis and improvement of services. The burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have any comments regarding this collection of information please contact infocollection@acf.hhs.gov.

2. Did you feel safe during your time at this shelter?					3. Do you feel prepared to live outside this shelter with your sponsor?				
I felt very safe	I felt safe most of the time	I felt safe sometimes	I felt unsafe	I felt very unsafe	I am very prepared	I am mostly prepared	I'm a little prepared	I'm a little unprepared	I'm not prepared at all
0	0	0	0	0	0	0	0	0	0

Collection allows ORR care service provision. Public reporting reviewing instructions, gathering information (8 U.S.C. § 1232). Subject to the requirements of comments on this collection of