

**LONG TERM RECOVERY STUDY – RECONSTRUCTION II: 24 MONTHS - PHONE
QUESTIONNAIRE FOUR**

OMB Control Number 1660-0130
Expiration: XXX XX, 20XX

**PAPERWORK BURDEN DISCLOSURE NOTICE:
FEMA Form 104-FY-21-106**

Public reporting burden for this data collection is estimated to average 15 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 (1660-0130) **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 GPRM 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 USES:

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, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), 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 Individual Assistance program; failure to provide the information requested will not impact an individual's ability to qualify for or receive FEMA Individual Assistance. Questions regarding this form may be submitted via email to FEMA-Program-Survey@fema.dhs.gov.

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Introduction

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is ____ and my PIN is _____. May I please speak with [Applicant NAME].

If applicant is not currently available: What would be a better time to call back? Thank you for your time and have a good day/evening. **(Enter call back date/time disposition)**

(Interviewer note: The FEMA applicant is the only person that can complete this questionnaire. We will schedule and use indefinite call backs when someone other than the applicant answers. Definite call backs will be used if the applicant requests a different date/time. This is a longitudinal survey and we must talk to the same person for each of the four interviews.)

If respondent declines to talk or is no longer available for contact: Thank you for your time and have a good day/evening. **(Enter decline disposition)**

If yes: Thank you for continuing to help FEMA is looking for ways to improve disaster recovery services. This is the final interview in the long-term recovery study. In our previous interview we talked about disaster warnings, preparedness, and your needs during the first few weeks and months after the disaster. Today's interview focuses on your current level of recovery and the continued impact to your household and community.

Would you volunteer to participate in today's 15 to 20 minute interview?

If no: Thank you for your time and have a good day/evening. **(Offer call back and enter date and time or if appropriate enter decline disposition)**

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

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OVERALL RECOVERY

In the previous interview, we discussed topics related to your level of recovery. Today’s interview will continue those discussions and you will find that some of the same questions are asked again. That helps us understand progress since the last time we talked.

This survey is related to the [Disaster Type] that occurred in [Disaster Month, Disaster Year]. Please think about your current circumstances compared to prior to the disaster. Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement.

	1 Strongly Disagree	2	3	4	5 Strongly Agree	Don't know or No opinion
1. I have a safe and livable place to stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have necessary personal property like furniture, appliances, and clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My household income is at the same or a higher level than prior to the disaster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My household expenses are at the same level as prior to the disaster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My current stress level is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Community resources and services are available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of **1 (Not at all Recovered)** to **5 (Completely Recovered)**, how would you rate your household's...

	1 Not at all Recovered	2	3	4	5 Completely Recovered
7. Overall level of recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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COMMUNITY RECOVERY

This section of the survey is about **community recovery** and uses a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**. Please indicate your level of agreement with each statement or you may also respond with **Not Applicable** or **Don't Know**. I now have normal access and availability to:

	1 Strongly Disagree	2	3	4	5 Strongl y Agree	Not Applicable or Don't Know
8. Child and day care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Educational institutions like schools, colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Care for pets, service and support animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Businesses like grocery, department stores, pharmacies,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Medical services, doctors, dentists, hospitals, home healthcare, personal assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Senior centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Emergency services like fire, EMS, police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Local government offices and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Community organizations and faith-based groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Streets, roads, bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Entertainment and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEMA ASSISTANCE

FEMA may provide grants for home repairs, rental assistance, personal property like a vehicle, households items, childcare, as well as medical, dental and funeral expenses. Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. FEMA financial assistance:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
20. Arrived in a reasonable amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Was an important part of my recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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22. Helped meet my disaster related needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Programmer Note: If Q22 response = 1, 2, or 3 go to Q23 else go to Q24.)

23. Which of the following best describes areas where FEMA financial assistance did not meet your disaster related needs? [Select all that apply.]

- Home repairs
- Rental assistance
- Personal property
- Childcare expenses
- Medical, dental or funeral expenses
- Disability related repairs or improvements
- Other (Specify 50 characters)

24. What additional disaster recovery services and assistance do you currently need? (300 characters)

25. What changes have you made to be better prepared for future disasters? (300 characters)

26. Based on your disaster experience, what additional comments or suggestions do you have? (300 characters)

CLOSING

The information you provided today is extremely important in helping improve recovery in future disasters. Your assistance in providing feedback over the past 24 months is appreciated.

Thank you for your time.