### VFCE Veterans Experience Action Center Event Survey (Initial Email) FINAL

Working Draft, Pre-Decisional, Deliberative document - Internal VA Use Only

**EMAIL SUBJECT LINE:** VFCE VEAC Experience Survey (5 minutes). **EMAIL PREHEADER:** Tell us about your experience with the VEAC event.



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: 2900-0876 Expiration: 03/31/2023 Estimated Burden: 5 minutes

### Your opinion matters.

Dear <First Name Last Name>,

We want to hear about your experience with VA. Please take this 5-minute survey to let us know about your experience with the Veterans Experience Action Center (VEAC) event in <State> between <Start Date> and <End Date>. The more information you share with us, the better we can serve you.

**Take Our Survey** 

Thank you,

#### **Veterans Experience Office**

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the VA Welcome Kit can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <a href="https://www.veteranscrisisline.net">https://www.veteranscrisisline.net</a> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <a href="https://www.va.gov/HOMELESS/">https://www.va.gov/HOMELESS/</a> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

<u>Unsubscribe from this VA Survey</u> | <u>Privacy Policy</u>

private to the extent provided by law.

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 5 minutes 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 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 can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">https://www.reginfo.gov/public/do/PRAMain</a>. Information gathered will be kept

### VFCE Veterans Experience Action Center Event Survey (Follow Up Email) FINAL

Working Draft, Pre-Decisional, Deliberative document - Internal VA Use Only

EMAIL SUBJECT LINE: VFCE VEAC Experience Survey (5 minutes).

**EMAIL PREHEADER:** We still want to hear about your experience with the VEAC event.



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OMB Number: 2900-0876 Expiration: 03/31/2023 Estimated Burden: 5 minutes

### Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience with the Veterans Experience Action Center (VEAC) event in <State> between <Start Date> and <End Date>. Please let us know how we are doing by taking a 5-minute survey regarding your experience.

**Take Our Survey** 

Thank you,

#### **Veterans Experience Office**

Department of Veterans Affairs

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Please do not reply to this email - it is unmonitored.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

Unsubscribe from this VA Survey | Privacy Policy

private to the extent provided by law.

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 5 minutes 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 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 can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">https://www.reginfo.gov/public/do/PRAMain</a>. Information gathered will be kept



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/.

The VA provides free, confidential support 24/7 for Veterans and their family and

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## We want to hear about your experience with the Veterans Experience Action Center (VEAC) event. Your answers to these questions directly

Help us serve you better.

help us improve our services.

This survey should take approximately 5 minutes to complete. Please respond to all questo complete the survey.

|            | urvey sho              |  | ximately 5 minu                                       | utes to complet                    | te. Please              | respo     | and to all questions  |
|------------|------------------------|--|---|------------------------------------|-------------------------|-----------|---|
|            |                        | cribes you as<br>event? Requ               | you're participired                                   | oating in this \                   | Veterans                | Exper     | rience Action   |
| 0          |                        | •  | Guard/Reserve   |                                    |                         |           |   |
| $\bigcirc$ | Family M Caregive      |  |   |                                    |                         |           |   |
| 0          | Survivor               |  |   |                                    |                         |           |   |
| Is this    | s the first<br>Yes     | time you have                              | e interacted w  | ith VA? Requ                       | iired                   |           |   |
| 0          | No<br>Unsure           |  |   |                                    |                         |           |   |
| O          | Offsure                |  |   |                                    |                         |           |   |
|            |                        |  | health care se<br>an, or pre-bur                      |                                    | •                       | such      | as compensation,  |
| 0          | Yes                    |  |   | Display questi<br>ire" in previous |                         |           |   |
| 0          | No<br>Unsure           |  | you h   | ave interacted                     | with VA?                | ).        |   |
|            | e indicat<br>ns that a |  |   | eracted with V                     | ⁄A. Please              |           | ct all the following  Display question                        |
|            | I did not              | know I was elig                            | gible for <b>VA hea</b>                               | Ith care or be                     | nefits                  | "Unsu     | answer is "Yes" or tre" in the question: s the first time you |
|            |                        |  | o look into <b>VA h</b><br>or any <b>VA healt</b>     |                                    |                         |           | interacted with VA?   |
|            |                        |  | oply for <b>VA hea</b>                                |                                    |                         |           |   |
|            | Other                  |  |   |                                    |                         |           |   |
|            |                        | ion and/or ser<br>all that apply.          |   | receive while                      | attending               | g the d   | outreach event?   |
|            |                        |  | neral Assistanc                                       | е                                  |                         |           |   |
|            |                        | nd Memorial Se<br>er Support               | rvice   |                                    |                         |           |   |
| П          |                        |  | eral Assistance                                       |                                    |                         |           |   |
|            | Commur                 | nity Services                              |   |                                    |                         |           |   |
|            | File a Ne              | ew or Increased                            | I Claim for Bene                                      | efits                              |                         |           |   |
|            | First Tim              | ne Filing a VA C                           | Claim   |                                    |                         |           |   |
|            | General                | Health Care In                             | formation and A                                       | Assistance                         |                         |           |   |
|            | State Be               | enefits                                    |   |                                    |                         |           |   |
|            |                        | th Care Eligibili                          | ty and Enrollme                                       | ent                                |                         |           |   |
| Ш          | Other                  |  |   |                                    |                         |           |   |
| Did yo     | ou have a              | any challenges                             | s attending the                                       | e outreach eve                     | ent? Plea               |           | ect all that apply. Required                                  |
|            | No challe              | enges<br>an appointment                    |   |                                    |                         |           |   |
|            |                        |  | at the time I des                                     | ired                               |                         |           |   |
|            |                        | vith calls (call we<br>ed to resource p    | ent too long, too                                     | o many transfe                     | ers, too lor            | ng to b   | е   |
|            |                        | al failures (drop                          | ped calls, audic                                      | problems)                          |                         |           |   |
| Ш          | Other                  |  |   |                                    |                         |           |   |
| Note:      | only disp              | lay if "Other" is                          | enge you had verselected in prevenue. Please selected | vious question                     |                         |           |   |
| l was      | able to c              | et my informa                              | ntion and/or se                                       | rvice support                      | needs m                 | et at 1   | the outreach  |
| event      |                        | Disagree                                   | Neither Agree   | Agree                              | Stron                   |           | Required  |
| Dis        | sagree<br>1            | 2  | nor Disagree  3                                       | 4                                  | Agre 5                  | <b>;e</b> |   |
| It was     | s easv to              | aet the inform                             | nation and/or s                                       | ervices that I                     | needed a                | at the    | outreach event.   |
| St         | rongly<br>sagree       | Disagree                                   | Neither Agree   | Agree                              | Stron<br>Agre           | gly       | Required  |
|            | 1                      | 2  | 3   | 4                                  | 5                       |           |   |
| l felt ı   | respecte               | d and valued c                             | luring my part  | icipation at th                    | e outread               | ch eve    | ent. Required   |
|            | rongly<br>sagree       | Disagree                                   | Neither Agree nor Disagree                            | Agree                              | Stron<br>Agre           | •         |   |
|            | 1                      | 2  | 3   | 4                                  | 5                       |           |   |
| needs      |                        | e outreach evo                             |   |                                    | al service<br>Stron     |           | ders) to meet my  |
|            | sagree                 | Disagree                                   | nor Disagree  | Agree                              | Agre                    | •         |   |
| I wou      | 1<br>Id recom          | 2<br>nmend this out                        | 3<br>reach event to                                   | 4<br>other Veteral                 | ns. Requ                | uired     |   |
| St         | rongly<br>sagree       | Disagree                                   | Neither Agree nor Disagree                            | Agree                              | Stron<br>Agre           | 0 0       |   |
|            | 1                      | 2  | 3   | 4                                  | 5                       |           |   |
| What       | is your g              | lender?                                    |   |                                    | <u> </u>                |           |   |
|            | Female                 | , 5.1401 i                                 |   |                                    |                         |           |   |
| 0          | Male                   |  |   |                                    |                         |           |   |
| $\bigcirc$ |                        | nder Female<br>nder Male                   |   |                                    |                         |           |   |
| 0          |                        | ary/Third Gend                             | er  |                                    |                         |           |   |
| 0          |                        | Not to Respond                             | d   |                                    |                         |           |   |
| O          | Other                  |  |   |                                    |                         |           |   |
| What □     |                        | <b>nicity do you i</b><br>n Indian or Alas | dentify with? F                                       | Please select a                    | all that a <sub>l</sub> | oply.     |   |

**Finish** 

What ZIP code do you consider your primary residence? (Enter '00000' if using an APO/

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Privacy Policy

Asian

White

FPO) Required

Black or African American

Native Hawaiian or Other Pacific Islander

Hispanic or Latino

### VFCE Veterans Experience Action Center Event Survey (Feedless Link) FINAL

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OMB Number: 2900-0876 Expiration: 03/31/2023 Estimated Burden: 5 minutes

# Thank you for participating in the survey.

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[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Always required on footer]



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/.

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## We want to hear about your experience with the Veterans Experience Action Center (VEAC) event. Your answers to these questions directly

Help us serve you better.

help us improve our services.

This survey should take approximately 5 minutes to complete. Please respond to all questions to complete the survey

| Center (VEA)  Veterar  | scribes you as   | s vou're particip  | ating in this   | veterans Exp   |   |  |  |  |  |
|--|--|--|---|--|---|--|--|--|--|
|  | '  |  |   | rotorano Exp   | erience Action  |  |  |  |  |
| → ACTIVE!  |  | l Guard/Reserve  |   |  |   |  |  |  |  |
| Family   | Member   |  |   |  |   |  |  |  |  |
| O Caregiv  | /er  |  |   |  |   |  |  |  |  |
| O Survivo  | or   |  |   |  |   |  |  |  |  |
| Is this the fire   | st time you hav  | ve interacted wi   | th VA? Req  | uired  |   |  |  |  |  |
| Yes  |  |  |   |  |   |  |  |  |  |
| ○ No ○ Unsure  |  |  |   |  |   |  |  |  |  |
| Onloare  |  |  |   |  |   |  |  |  |  |
|  |  | A health care se<br>oan, or pre-buri   |   | · · · · · · · · · · · · · · · · · · ·  | n as compensation   |  |  |  |  |
| O Yes  |  |  |   | tion only if ansv<br>s guestion (Is t  | wer is "No" or<br>his the first time  |  |  |  |  |
| O No   |  |  | ave interacted  | •  |   |  |  |  |  |
| O Unsure   |  |  |   |  |   |  |  |  |  |
| Please indica  | ate why you ma<br>apply. Require   | ay not have inte   | racted with \   | VA. Please sel   | ect all the followin  |  |  |  |  |
| _  |  | ed<br>igible for <b>VA hea</b> l   | Ith care or b   | only   | e: Display question if answer is "Yes" of sure" in the question                                     |  |  |  |  |
| ☐ I haver  | "Is this the first time you haven't had the time to look into <b>VA health care or benefits</b> have interacted with VA  |  |   |  |   |  |  |  |  |
| l did no   | t wish to apply  | for any <b>VA healtl</b>   | h care or bei   | nefits   |   |  |  |  |  |
| _  | t know how to a  | apply for <b>VA heal</b>   | th care or be   | enefits  |   |  |  |  |  |
| Other  |  |  |   |  |   |  |  |  |  |
|  | ation and/or se<br>t all that apply.   |  | eceive while  | attending the  | outreach event?   |  |  |  |  |
| Appeal   | s Status and Ge  | eneral Assistance  | e   |  |   |  |  |  |  |
| Burial a   | and Memorial S   | ervice   |   |  |   |  |  |  |  |
| Caregiv  | er Support   |  |   |  |   |  |  |  |  |
| Claims   | Status and Ger   | neral Assistance   |   |  |   |  |  |  |  |
| _  | unity Services   |  |   |  |   |  |  |  |  |
| File a N   | lew or Increase  | d Claim for Bene   | efits   |  |   |  |  |  |  |
| _  | First Time Filing a VA Claim   |  |   |  |   |  |  |  |  |
| _  | General Health Care Information and Assistance   |  |   |  |   |  |  |  |  |
|  | Benefits   | lity and Enrollme  | ınt   |  |   |  |  |  |  |
| ☐ Other  | aiti Gare Eligioi  | mty and Emonine  |   |  |   |  |  |  |  |
| Did you have   | any shallongs  | o ottonding the  | outrooch ov   | vant? Places a   | alast all that apply  |  |  |  |  |
| _  |  | es attending the   | outreach ev   | ent? Please s  | elect all that apply Required   |  |  |  |  |
| <b>—</b><br><b>—</b>   | llenges<br>an appointmer   | ıt.  |   |  |   |  |  |  |  |
| _  | an appointmen  |  |   |  |   |  |  |  |  |
| ∐ Call wa  | sn't conducted   | at the time I desi   | red   |  |   |  |  |  |  |
| Issues   | with calls (call v   | vent too long, too   |   | ers, too long to   | be  |  |  |  |  |
| Issues connec  | with calls (call v<br>ted to resource  | vent too long, too   | o many transf   | ers, too long to   | be  |  |  |  |  |
| Issues connec  | with calls (call v<br>ted to resource  | vent too long, too<br>provider)  | o many transf   | ers, too long to   | be  |  |  |  |  |
| Issues connection Technical Other  | with calls (call valued to resource call failures (drop  | vent too long, too<br>provider)<br>oped calls, audio   | many transf<br>problems)  |  | Poquired  |  |  |  |  |
| Issues connection   Issues connection   Technic   Other  Please description   Note: only dis   | with calls (call valued to resource cal failures (droperties what chall play if "Other" is   | vent too long, too<br>provider)  | many transformation problems)  with attending vious question  | g the VEAC ev  | ent. Required   |  |  |  |  |
| Issues connection   Issues connection   Technic   Other  Please description   Note: only dis   | with calls (call valued to resource cal failures (droperties what chall play if "Other" is   | vent too long, too<br>provider)<br>oped calls, audio<br>enge you had w<br>s selected in prev   | many transformation problems)  with attending vious question  | g the VEAC ev  | ent. Required   |  |  |  |  |
| Issues connect | with calls (call vited to resource cal failures (dropped)  ribe what chall play if "Other" is outreach event"  | vent too long, too<br>provider)<br>oped calls, audio<br>enge you had w<br>s selected in prev   | problems)  with attending vious questionall that apply.)  | g the VEAC ev  | Required ent. e any challenges  |  |  |  |  |
| Issues connection Technical Technical Other  Please description of the Image of the | with calls (call vited to resource cal failures (dropped)  ribe what chall play if "Other" is outreach event"  | vent too long, too<br>provider)<br>oped calls, audio<br>enge you had we<br>selected in prevents Please select a  | problems)  with attending vious questionall that apply.)  | g the VEAC ev  | ent. Required eany challenges   |  |  |  |  |
| Issues connection Technical Technical Other  Please description of the Image of the | with calls (call vited to resource cal failures (droped play if "Other" is outreach event"   | vent too long, too provider) oped calls, audio enge you had we selected in prevent a select a | problems)  with attending vious questionall that apply.)  | t needs met a  | Required ent. e any challenges  |  |  |  |  |
| Issues connection Technical Technical Other  Please description Note: only districted attending the  I was able to event.  Strongly Disagree  1  | with calls (call vited to resource cal failures (droped and failures (dr | enge you had we selected in prevent ation and/or service.  Neither Agree nor Disagree  3   | problems)  with attending vious questionall that apply.)  rvice support  Agree  | g the VEAC even (Did you have strongly Agree 5   | Required any challenges  t the outreach Required  |  |  |  |  |
| Issues connect Technic Technic Other  Please description of the Iwas able to event.  Strongly Disagree  1  It was easy to the It was easy to the Issues connect to the Iwas easy to the Issues connect to the Iwas easy to the Issues connect to the Iwas easy easy easy easy easy easy easy ea   | with calls (call vited to resource cal failures (droped and failures (dr | enge you had we selected in prevent ation and/or selected and ation ation and ation and ation and ation and ation ation ation at  | problems)  with attending vious questionall that apply.)  rvice support  Agree  | t needs met at Strongly Agree  1 needed at the   | Required ent. e any challenges  |  |  |  |  |
| Issues connection Technical Technical Other  Please description Note: only districted attending the  I was able to event.  Strongly Disagree  1  | with calls (call vited to resource cal failures (droped and failures (dr | enge you had we selected in prevent ation and/or service.  Neither Agree nor Disagree  3   | problems)  with attending vious questionall that apply.)  rvice support  Agree  | g the VEAC even (Did you have strongly Agree 5   | ent. Required any challenges  t the outreach Required   |  |  |  |  |
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or medical information, but do provide details about your experience.

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID,

Finish

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. By filling out

this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 5 minutes 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 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 can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">https://www.reginfo.gov/public/do/PRAMain</a>. Information gathered will be kept private to the extent provided by law.

Privacy Policy

Select your response

Compliment

Recommendation

Will not provide additional feedback

Concern

### VFCE Veterans Experience Action Center Event Survey (Email Invite) FINAL

Working Draft, Pre-Decisional, Deliberative document – Internal VA Use Only



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: 2900-0876 Expiration: 03/31/2023 Estimated Burden: 5 minutes

# Thank you for participating in the survey.

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 5 minutes 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 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 can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">https://www.reginfo.gov/public/do/PRAMain</a>. Information gathered will be kept private to the extent provided by law.

[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Always required on footer]