

# 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.

# VA



## U.S. Department of Veterans Affairs

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 <https://www.veteranscrisisline.net> 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 <https://www.va.gov/HOMELESS/> 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.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

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 <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

# 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.

# VA



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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,

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Department of Veterans Affairs

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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 <https://www.va.gov/HOMELESS/> to receive confidential support.

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

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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 <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.



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## Help us serve you better.

We want to hear about your experience with the Veterans Experience Action Center (VEAC) event. Your answers to these questions directly help us improve our services.

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

### What best describes you as you're participating in this Veterans Experience Action Center (VEAC) event? [Required](#)

- Veteran
- Active Military/National Guard/Reserve
- Family Member
- Caregiver
- Survivor

### Is this the first time you have interacted with VA? [Required](#)

- Yes
- No
- Unsure

### Do you currently receive VA health care services or VA benefits, such as compensation, pension, education, home loan, or pre-burial benefits? [Required](#)

- Yes
- No
- Unsure

Note: Display question only if answer is "No" or "Unsure" in previous question (Is this the first time you have interacted with VA?).

### Please indicate why you may not have interacted with VA. Please select all the following reasons that apply. [Required](#)

- I did not know I was eligible for VA health care or benefits
- I haven't had the time to look into VA health care or benefits
- I did not wish to apply for any VA health care or benefits
- I did not know how to apply for VA health care or benefits
- Other

Note: Display question only if answer is "Yes" or "Unsure" in the question: "Is this the first time you have interacted with VA?"

### What information and/or services did you receive while attending the outreach event? Please select all that apply. [Required](#)

- Appeals Status and General Assistance
- Burial and Memorial Service
- Caregiver Support
- Claims Status and General Assistance
- Community Services
- File a New or Increased Claim for Benefits
- First Time Filing a VA Claim
- General Health Care Information and Assistance
- State Benefits
- VA Health Care Eligibility and Enrollment
- Other

### Did you have any challenges attending the outreach event? Please select all that apply. [Required](#)

- No challenges
- Making an appointment
- Call wasn't conducted at the time I desired
- Issues with calls (call went too long, too many transfers, too long to be connected to resource provider)
- Technical failures (dropped calls, audio problems)
- Other

### Please describe what challenge you had with attending the VEAC event. [Required](#)

Note: only display if "Other" is selected in previous question (Did you have any challenges attending the outreach event? Please select all that apply.)

### I was able to get my information and/or service support needs met at the outreach event. [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

### It was easy to get the information and/or services that I needed at the outreach event. [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

### I felt respected and valued during my participation at the outreach event. [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

### I trust VA and its community partners (state/county/local service providers) to meet my needs from the outreach event. [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

### I would recommend this outreach event to other Veterans. [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

### What is your gender?

- Female
- Male
- Transgender Female
- Transgender Male
- Non-Binary/Third Gender
- Choose Not to Respond
- Other

### What race/ethnicity do you identify with? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

### What ZIP code do you consider your primary residence? (Enter '00000' if using an APO/FPO) [Required](#)

Finish

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
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# 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]



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- Family Member
- Caregiver
- Survivor

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- Yes
- No
- Unsure

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**Please describe what challenge you had with attending the VEAC event.** [Required](#)

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**I would recommend this outreach event to other Veterans.** [Required](#)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**What race/ethnicity do you identify with? Please select all that apply.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

**Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience(s) with VEAC events? Please select from one of the following options.** [Required](#)

Select your response ▼

- Compliment
- Concern
- Recommendation
- Will not provide additional feedback

**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, or medical information, but do provide details about your experience.**

**Finish**

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