

VRRAP Introduction Email

V8 DRAFT 3/24/2022

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

EMAIL SUBJECT LINE: VRRAP Experience Survey (2 minutes).
EMAIL PREHEADER: Tell us about your VRRAP experience.

VA



**U.S. Department
of Veterans Affairs**

OMB Number: 2900-XXXX
Expiration: XX/XX/XXXX
Estimated Burden: 2 minutes

Your opinion matters.

Dear [First Name Last Name],

The Department of Veterans Affairs (VA), Education Service team (EDU) would like to hear from you about your experience with the Veteran Rapid Retraining Assistance Program (VRRAP), and kindly ask that you respond to this 2-minute survey. This survey is one of five surveys that you may receive as follow-up to your participation in the VRRAP Program. Completion of the survey is voluntary, and the results will assist us to continue to innovate and support you along your vocational journey.

Thank you and we wish you the best on your future career goals.

[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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 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 # 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.

Privacy Policy [logic: Hyperlink: <https://www.va.gov/privacy-policy/>]

EMAIL SUBJECT LINE: We still want to hear about your VRRAP experience (2 minutes).
EMAIL PREHEADER: Tell us about your VRRAP experience.

VA



U.S. Department
of Veterans Affairs

OMB Number: 2900-XXXX
Expiration: XX/XX/XXXX
Estimated Burden: 2 minutes

Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience with the Veteran Rapid Retraining Assistance Program (VRRAP). Please let us know how we are doing by taking a 2 minute survey regarding your experience.

[Take Our Survey](#)

Thank you,

Veterans Experience Office

Department of Veterans Affairs

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U.S. Department of Veterans Affairs

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OMB Number: 2900-XXXX
Expiration: XX/XX/XXXX
Estimated Burden: 2 minutes

Help us serve you better.

Thank you for taking the Veteran Rapid Retraining Assistance Program (VRRAP) Post-Employment Survey! Your feedback is important to VA Education Service (EDU) in further improving VRRAP and other future EDU programs.

Please do not include any form of Personally Identifiable Information (PII) in your responses. If you have questions about your specific situation, please reach out to the Education Call Center at 888-442-4551.

This survey should take approximately 2 minutes to complete.

Did you receive postsecondary credentials? Required

- Yes [Logic: continue to next question]
- No [Logic: Skip next two questions]

When did you receive postsecondary credentials? Required

[Logic: Only display if "yes" is selected in the first Question]

- I received postsecondary credentials before finding employment
- I received postsecondary credentials after finding employment

Which of the following postsecondary credentials did you receive while enrolled in or after completing the program? Please select all that apply. Required

[Logic: Only display if "yes" is selected in the first Question]

- Industry-recognized certificate or certification
- A certificate of completion of an apprenticeship
- A license recognized by a State or the Federal Government
- An associate or bachelor's/baccalaureate degree
- Other postsecondary credential not listed above

Are you still employed with the employer you reported initially to VA on the employment certification form? Required

- I am still employed with the same employer
- I am still employed but with a different employer
- I am still employed but looking to change employers
- I am no longer employed
- I am self-employed
- Other

I am satisfied with the VRRAP application process, communication, and timeliness of payments.

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

Did you work with a Career Connector at Hiring Our Heroes? [Click here for more information.](#) Required

- Yes
- No [Logic: redirect to: <https://www.hiringourheroes.org/career-services/>]

I was satisfied working with the Career Connectors. Required

[Logic: only display if user selects yes on "did you work with a career connector at Hiring our Heroes"]

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

Please provide any additional details about your experience working with the Career Connectors.

[Logic: only display if user selects yes on "did you work with a career connector at Hiring our Heroes"]

0/400

I trust VA to fulfill our country's commitment to Veterans.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience(s) with VRRAP? Please select from one of the following options.

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.

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my VRRAP experience.
- No, I do not want VA to contact me about my VRRAP experience.

Would you like to volunteer your demographic information to help VA better serve you? Required

- Yes [Logic proceed to Demographics page]
- No [Logic skip Demographics page]

[Next](#)

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Expiration: XX/XX/XXXX
Estimated Burden: <TIME>

Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. Your responses can help us improve VA care and services. Thank you for your participation.

How would you describe your race? 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

How would you describe your gender?

- Male
- Female
- Non-Binary/ Third Gender
- Prefer not to say

Finish

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Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously to improve your experience with VA services.

Please visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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