

**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,

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## Help us serve you better.

Thank you for taking the Veteran Rapid Retraining Assistance Program (VRRAP) 60-Day 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 attend [Educational Institute] using VRRAP?** Required

Yes [Logic: Display the high demand occupation question if selected]

No [Logic: Display the educational institution question if selected]

**Please provide the name of the educational institution that you attended through VRRAP.** [Logic: only display when the user selects no in the previous question] Required

**Please select the name of the high-demand occupation that you are pursuing.**

Select your response ▼

Management Occupations

Business and Financial Operations Occupations

Computer and Mathematical Occupations

Architecture and Engineering Occupations

Life, Physical, and Social Science Occupations

Community and Social Service Occupations

Legal Occupations

Educational Instruction and Library Occupations

Arts, Design, Entertainment, Sports, and Media Occupations

Healthcare Practitioners and Technical Occupations

Healthcare Support Occupations

Protective Service Occupations

Personal Care and Service Occupations

Sales and Related Occupations

Office and Administrative Support Occupations

Construction and Extraction Occupations

Installation, maintenance, and repair Occupations

Production Occupations

Transportation and Material Moving Occupations

Other

**Did you complete/graduate from the program?** Required

Yes

No

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

- 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
- I did not receive any postsecondary credentials while enrolled in or after completing the program
- Other postsecondary credential not listed above

**I would recommend this educational institute to other Veterans.** Required

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

**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

**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 recommendation about your experience(s) with VRRAP? Please select from one of the following options.**

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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