

Initial Survey-Phone

OMB Control Number 1660-0143

Expiration: xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE: FEMA Form 519-0-36 Initial Survey-Phone

Public reporting burden for this data collection is estimated to average 8 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 (1660-0143) **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 GPRA 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 USE(S): 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. For more information on how DHS may share this data, please see DHS/FEMA/PIA-035 Enterprise Customer Survey System (ECSS), available at <https://www.dhs.gov/privacy>.

DISCLOSURE: The disclosure of information on this form is strictly voluntary and will assist FEMA is 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-IA-Survey@fema.dhs.gov.

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Introduction – Phone Survey (Applicants who requested US Mail correspondence from FEMA)

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is ____ and my PIN is _____. My I please speak with [Applicant NAME] or the person who applied for FEMA disaster assistance on [Application Date]?

If no: Thank you for your time and have a good day/evening.

If yes: FEMA is looking for ways to improve services and your opinion is very important. Would you volunteer to take 7-9 minutes to answer some questions?

If no: What would be a better time to call back? Thank you for your time and have a good day/evening. (Note: if respondent requests an electronic survey rather than call back, obtain and verify their e-mail address. Explain that the e-mail will be sent within one business day from FEMA-CSA-Survey).

Enter e-mail address

Verify e-mail address

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0143. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

INFORMATION

The first questions are **about information given to you when you applied for FEMA assistance**. Using a rating scale of 1 (Poor) to 5 (Excellent), please rate the information on...

	1 Poor	2	3	4	5 Excellent
1. Being easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Providing helpful referrals to other agencies or organizations like the Small Business Administration or American Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explaining what happens next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing information in your preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall satisfaction with the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer note: If Type flag = Phone or DSAT go to Q7 if Internet go to Q12)

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including American Sign Language.						
28. Handicap accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Being helpful in your recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

31. We're almost done. Would you volunteer to answer a few demographic questions for statistical purposes?

- Yes
- No

(Programmer Note: If Q31 response = Yes go to Q32, else go to Q41)

32. Is your gender...

- Female
- Male
- Other (e.g., transgender, nonbinary, or gender variant)
- Prefer not to answer

33. Is your age range...

- Under 25
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to answer

34. Is your marital status...

- Never married
- Married or living with partner
- Separated
- Widowed
- Divorced

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Prefer not to answer

35. Is your current employment status...

Employed for wages

Self-employed

Unemployed

Homemaker

Student

Retired

Prefer not to answer

36. Which of the following best describes your highest level of formal education?

Did not complete high school

High school graduate / GED

Some college

Associate degree

Bachelor's degree

Master's degree

Doctoral degree

Prefer not to answer

37. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes

No

38. Please select the racial category or categories that you most closely identify with. Select as many as apply.

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

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- Prefer not to answer

39. Do you or anyone in your household have a disability that affects your ability to carry out activities of daily living or requires an assistive device such as, but not limited to, a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen or other similar medically-related devices or services?

Yes

No

(Programmer Note: If Q39 response = Yes go to Q40, else go to Q41)

40. Are the devices or services used to assist with any of the following? (You may select all that apply.)

- Mobility
- Cognitive, Developmental Disabilities, Mental Health
- Hearing and/or Speech
- Vision
- Self-Care
- Independent Living
- Other

41. Your opinion is very valuable to us. May we contact you later to ask additional questions?

Yes

No

Closing

Thank you for your time. Have a good day/evening.