

Contact Survey-Phone

OMB Control Number 1660-0143
Expiration: xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE: FEMA Form 519-0-38 Contact 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. The following survey is voluntary.

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 from FEMA)

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is ___ and my PIN is _____. May I please speak with [Applicant NAME] or the person who [If Type = Phone Contact say "spoke with a FEMA Representative", if Type = Internet Inquiry say "logged into your FEMA online account", or if Type = Inspection say "spoke with a FEMA Inspector] on [Call Date].

(Programmer Note: The Inspection date and contact date will both store in the Call Date field in the sample file)

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 a call back click below, obtain and verify their e-mail address. Explain that the e-mail will be sent within one business day from FEMA-CSA-Survey mailbox).

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.

(Programmer Note: If Phone Contact or Internet Inquiry start with Q1, if Inspection contact start with Q7.)

INFORMATION

The first questions are about information provided to you [if Type = Phone Contact say "by the FEMA Representative" or if Type = Internet Inquiry say "through your online account"] on [Contact Date]. .

Using a 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. Being helpful in your recovery	<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 = Internet Inquiry go to Q18)

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CUSTOMER SERVICE

These questions are about customer service. Using a rating scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the [if Contact Typ Cd = IC say “FEMA Representative” if Contact Typ Cd = IS say “FEMA Inspector”] on the following areas:

	1 Poor	2	3	4	5 Excellent
7. Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Showing interest in helping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Type = Phone Contact go to Q10, if Type = Inspector go to Q28)

Using a scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
10. The amount of time it took for a FEMA representative to answer your call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Q10 response = 1 or 2 go to Q11, else go to Q12)

11. Would an acceptable amount of time for a FEMA representative to answer your call be...

- Less than 2 minutes
- 2 – 3 minutes
- 4 – 5 minutes
- 6 – 7 minutes
- More than 7 minutes

TOLL FREE AUTOMATED INFORMATION SYSTEM

12. When you called FEMA’s toll-free number, did you use the Automated Information System to hear the status of your application prior to talking with the Representative?

- Yes
- No
- Don’t know / Don’t remember

(Programmer Note: If Q12 response = Yes go to Q13, else go to Q27)

Using a rating scale of 1 (Poor) to 5 (Excellent), how would you rate the Automated Information System on...

	1 Poor	2	3	4	5 Excellent
13. Being easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Providing helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providing current information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Using a scale of 1 (Not at all Likely) to 5 being (Very Likely)...

	1 Not at all Likely	2	3	4	5 Very Likely
17. How likely are you to use the Automated Information System to check on your FEMA assistance in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[\(Programmer Note: Go to Q27\)](#)

SELF HELP AT DISASTERASSISTANCE.GOV

The next set of questions are about accessing services through your FEMA online account at DisasterAssistance.gov. Please use a scale of 1 (Not at all Easy) to 5 (Very Easy) or say No Experience if a question does not apply to you. How simple was...

	1 Not at all Easy	2	3	4	5 Very Easy	No Experience
18. Accessing your account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Navigating through your account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Finding helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Viewing correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Uploading documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Receiving text or e-mails about account activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Using the Technical Help Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Likely) to 5 (Very Likely), how likely are you to...

	1 Not at all Likely	2	3	4	5 Very Likely
25. Use the online status check in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Recommend it to a friend or family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Easy) to 5 (Very Easy), how would you rate FEMA on...

	1 Not at all Easy	2	3	4	5 Very Easy
27. Making it easy to check the status of your application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[\(Programmer Note: Go to Q37\)](#)

INSPECTION SERVICES

The next questions are about the FEMA Inspector's contact on [Inspection Date]. Using a scale of 1 (Poor) to 5 (Excellent) please rate the inspector on...

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	1 Poor	2	3	4	5 Excellent
28. Explaining the reason for the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providing easy to understand information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Explaining what happens next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Satisfied) to 5 (Very Satisfied) how satisfied were you with the....

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
32. Timeliness of the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Professionalism of the inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Amount of time spent on the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Overall inspection experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Was the inspector's contact...

- Less than 30 minutes
- 30 – 45 minutes
- More than 45 minutes

DEMOGRAPHICS

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

- Yes
- No

(Programmer Note: If Q37 response = Yes go to Q38 else go to Q47)

38. Is your gender...

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

39. Is your age range...

- Under 25
- 25 to 34
- 35 to 44

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- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to answer

40. Is your marital status...

- Never married
- Married or living with partner
- Separated
- Widowed
- Divorced
- Prefer not to answer

41. Is your current employment status...

- Employed for wages
- Self-employed
- Unemployed
- Homemaker
- Student
- Retired
- Prefer not to answer

42. Which one 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

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43. 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

44. 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
- Prefer not to answer

45. 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 Q45 response = Yes go to Q46, else go to Q47)

46. 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

47. 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.