OMB Control Number 1660-0143

Expiration: xxxx

**PAPERWORK BURDEN DISCLOSURE NOTICE:**

**FEMA Form 519-0-41 Assessment Survey-Electronic**

Public reporting burden for this data collection is estimated to average 6 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](mailto:FEMA-IA-Survey@fema.dhs.gov).

**Cover Letter Introduction** (Applicants who requested electronic correspondence from FEMA)

**From:** Federal Emergency Management Agency <noreply>

**Sent:** Tuesday, January 5, 2021 1:42 PM

**To:** Applicant @

**Subject:** FEMA Assessment Customer Satisfaction Survey

(Display small logo banner image per DHS/FEMA standards)

Dear $FstNm$ $LastNm$

FEMA is looking for ways to improve services for disaster survivors and your opinion is very important to us.

This survey is voluntary, will take 5-7 minutes to complete, and should be taken by the person in the household most familiar with the FEMA application.

Your answers will not affect the outcome of your application for FEMA assistance.

These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0143.

Please click on the link below to read the Paperwork Burden Disclosure Notice, Privacy Act Statement, and begin the survey.

*URL*

**Start Survey**

Thank you,

Federal Emergency Management Agency

If you experience any technical difficulties while completing the survey, please e-mail [FEMA-IA-Survey@fema.dhs.gov](mailto:FEMA-IA-Survey@fema.dhs.gov) include the survey name (Assessment Customer Satisfaction Survey) and explain the issue.

FEMA is interested in feedback on your experiences following the [Disaster Type] disaster declared on [Declared Date].

**INFORMATION & COMMUNICATIONS**

1. Which one of the following was your **main source** for information about FEMA programs?

◘ FEMA.gov or DisasterAssistance.gov website

◘ FEMA disaster workers

◘ Non-Profit organizations like American Red Cross, churches, schools, etc.

◘ TV, radio, newspapers

◘ Friends, family or neighbors

(Programmer Note: If Q1 response = FEMA.gov or DisasterAssistance.gov websites, or FEMA disaster workers, go to Q2, else go to Q9)

Using a scale of 1 (Poor) to 5 (Excellent), please rate the [Q1 response] information on…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 Poor** | **2** | **3** | **4** | **5 Excellent** |
| 2. Being easy to understand | ◘ | ◘ | ◘ | ◘ | ◘ |
| 3. Answering your questions | ◘ | ◘ | ◘ | ◘ | ◘ |
| 4. Being helpful in your recovery | ◘ | ◘ | ◘ | ◘ | ◘ |
| 5. Explaining what happens next | ◘ | ◘ | ◘ | ◘ | ◘ |
| 6. Providing information in your preferred language | ◘ | ◘ | ◘ | ◘ | ◘ |
| 7. Timeliness | ◘ | ◘ | ◘ | ◘ | ◘ |
| 8. Overall satisfaction with the information | ◘ | ◘ | ◘ | ◘ | ◘ |

**CORRESPONDENCE**

For the next questions, please use the same scale of 1 (Poor) to 5 (Excellent) or select No Experience if a question does not apply to you. How would you rate correspondence or other material you received from FEMA on…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1 Poor** | **2** | **3** | **4** | **5 Excellent** | **No Experience** |
| 9. Clearly explaining eligible or ineligible decisions | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 10. Clearly explaining the purpose of the funds | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 11. Clearly explaining the appeal process | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 12. Timely delivery of the correspondence | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 13. Being helpful in your recovery | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 14. Being easy to understand | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 15. Overall satisfaction with FEMA correspondence | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |

(Programmer Note: If HA and/or ONA = Y go to Q16, If HA and ONA = N go to Q20)

**ASSISTANCE & RECOVERY**

FEMA may provide grants for home repairs and rental assistance. Grants may also be provided for personal property like a vehicle, household items, childcare as well as medical, dental and funeral expenses. For the next questions please use a scale of 1 (Poor) to 5 (Excellent). How would you rate FEMA financial assistance in…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 Poor** | **2** | **3** | **4** | **5 Excellent** |
| 16. Arriving in a reasonable amount of time | ◘ | ◘ | ◘ | ◘ | ◘ |
| 17. Being an important part of your recovery | ◘ | ◘ | ◘ | ◘ | ◘ |
| 18. Helping meet your disaster related needs | ◘ | ◘ | ◘ | ◘ | ◘ |

(Programmer Note: If Q18 response = 1 or 2 go to Q19, if Q18 response = 3, 4, 5 or is null go to Q21)

**ASSISTANCE & RECOVERY**

19. Which one of the following best describes the area where FEMA financial assistance did not meet your disaster related needs?

◘ Home repairs

◘ Rental assistance

◘ Personal property

◘ Childcare expenses

◘ Medical, dental or funeral expenses

**ASSISTANCE & RECOVERY**

20.Which one of the following best describes why your disaster related needs for [Q19 Response] were not met?

◘ Not all damages were eligible for FEMA assistance

◘ Amount of FEMA financial assistance was too little

◘ Repair or replacement costs were too high

◘ Rental assistance was not enough

◘ Not all personal property was eligible for FEMA assistance

◘ Insurance settlement is pending

◘ FEMA appeal is pending

**RECOVERY**

Using a scale of 1 (Not at all Recovered) to 5 (Completely Recovered)…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **Not at all Recovered** | **2** | **3** | **4** | **5**  **Completely Recovered** |
| 21. How would you rate your current level of recovery? | ◘ | ◘ | ◘ | ◘ | ◘ |

(Programmer Note: If Q21 response = 1, 2 or 3 go to Q22, if Q21 response = 4 or 5 and inspection date is not null got to Q32 or if Q21 response = 4 or 5 and inspection date is null go to Q36, if Q21 response is null go to Q36)

**RECOVERY**

Please think about the causes for delay in your recovery. After reviewing the list below, select “Yes” if that is a cause for delay, “No” if it is not, or “No Experience” if a cause does not apply to you.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **No Experience** |
| 22. Money for home repairs | ◘ | ◘ | ◘ |
| 23. Money for personal property | ◘ | ◘ | ◘ |
| 24. Money to move to a new residence | ◘ | ◘ | ◘ |
| 25. Delayed or denied insurance settlement | ◘ | ◘ | ◘ |
| 26. Delayed FEMA appeal | ◘ | ◘ | ◘ |
| 27. Lack of affordable and accessible housing | ◘ | ◘ | ◘ |
| 28. Lack of time to make repairs | ◘ | ◘ | ◘ |
| 29. Lack of contractors and or materials | ◘ | ◘ | ◘ |
| 30. Medical or disability condition | ◘ | ◘ | ◘ |
| 31. Unemployed as a result of the disaster | ◘ | ◘ | ◘ |

(Programmer Note: If inspection date is not null go to Q32, if inspection date is null go to Q36)

**INSPECTION**

FEMA conducted your inspection on [Inspection Date]. Please use a rating 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 | ◘ | ◘ | ◘ | ◘ | ◘ |
| 33. Professionalism of the inspector | ◘ | ◘ | ◘ | ◘ | ◘ |
| 34. Helpfulness of the inspector | ◘ | ◘ | ◘ | ◘ | ◘ |
| 35. Overall inspection experience | ◘ | ◘ | ◘ | ◘ | ◘ |

**CUSTOMER SERVICE & EXPECTATIONS**

Based on your overall experience with FEMA and using a scale of 1 (Poor) to 5 (Excellent), how would you rate FEMA on providing…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 Poor** | **2** | **3** | **4** | **5 Excellent** |
| 36. Caring customer service | ◘ | ◘ | ◘ | ◘ | ◘ |
| 37. Easy access to services | ◘ | ◘ | ◘ | ◘ | ◘ |
| 38. Easy to understand information | ◘ | ◘ | ◘ | ◘ | ◘ |
| 39. Information that was helpful in your recovery | ◘ | ◘ | ◘ | ◘ | ◘ |
| 40. Timely information | ◘ | ◘ | ◘ | ◘ | ◘ |
| 41. Information in your preferred language | ◘ | ◘ | ◘ | ◘ | ◘ |
| 42. And on meeting your expectations | ◘ | ◘ | ◘ | ◘ | ◘ |

43. Which one of the following is your preferred method for interacting with FEMA?

◘ Internet

◘ In Person

◘ By Telephone

**DEMOGRAPHICS**

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

◘ Yes

◘ No

(Programmer Note: If Q44 response = Yes go to Q45 else go to Q54)

**DEMOGRAPHICS**

45. Is your gender…

◘ Female

◘ Male

◘ Other (e.g., transgender, nonbinary, or gender variant)

◘ Prefer not to answer

46. 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

**DEMOGRAPHICS**

47. Is your marital status…

◘ Never married

◘ Married or living with partner

◘ Separated

◘ Widowed

◘ Divorced

◘ Prefer not to answer

48. Is your current employment status…

◘ Employed for wages

◘ Self-employed

◘ Unemployed

◘ Homemaker

◘ Student

◘ Retired

◘ Prefer not to answer

**DEMOGRAPHICS**

49. 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

**DEMOGRAPHICS**

50. 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

51. 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

**DEMOGRAPHICS**

52. 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 Q52 response = Yes go to Q53 else go to Q54)

53. 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

(Programmer Note: No Header for this screen.)

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

◘ Yes

◘ No

Thank you for your time.