

Assessment Survey-Electronic

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.

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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

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 include the survey name (Assessment Customer Satisfaction Survey) and explain the issue.

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(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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Being an important part of your recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Helping meet your disaster related needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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

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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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Money for personal property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Money to move to a new residence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Delayed or denied insurance settlement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Delayed FEMA appeal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Lack of affordable and accessible housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Lack of time to make repairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Lack of contractors and or materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Medical or disability condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Unemployed as a result of the disaster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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 | <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. Helpfulness of the inspector | <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"/> |

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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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Easy access to services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Easy to understand information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Information that was helpful in your recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Timely information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Information in your preferred language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. And on meeting your expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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- 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

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- 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

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(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.