

Initial Survey-Electronic

OMB Control Number 1660-0143

Expiration: xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE: FEMA Form 519-0-37 Initial Survey-Electronic

Public reporting burden for this data collection is estimated to average 4 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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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 Initial 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 3-5 minutes to complete, and should be taken by the person in the household who applied for FEMA assistance.

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 (Initial Customer Satisfaction Survey) and explain the issue.

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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)

CUSTOMER SERVICE

Using a rating scale of 1 (Poor) to 5 (Excellent), please rate the FEMA representative **who assisted with your application** on...

	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 Flag = DSAT go to Q16)

Using a rating 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 Q16)

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

(Programmer Note: Go to Q16)

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FEMA APPLICATION AT DISASTERASSISTANCE.GOV

The next questions are about applying for FEMA assistance online at the DisasterAssistance.gov website. Please use a scale of 1 (Not at all Easy) to 5 (Very Easy) or if you had no experience with that service select No Experience. How simple was...

	1 Not at all Easy	2	3	4	5 Very Easy	No Experience
12. Finding where to apply online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Navigating the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Finding helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Using the Technical Help Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EASE OF APPLYING

Using a rating scale of 1 (Not at all Easy) to 5 (Very Easy)...

	1 Not at all Easy	2	3	4	5 Very Easy
16. How would you rate the simplicity of completing your application for FEMA assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Q16 response = 1 or 2 go to Q17 else go to Q18).

EASE OF APPLYING

17. Which **one** of the following best describes why the FEMA application was not easy to complete...

- Took too long to complete application
- Questions were not easy to understand
- Terminology was confusing
- Information requested was not easily available
- DisasterAssistance.gov website was slow or inaccessible
- Information on what to do next was not easy to understand
- Waiting for an available agent took too long

DISASTER RECOVERY CENTER

18. Have you recently visited a FEMA Disaster Recovery Center?

- Yes
- No

(Programmer Note: If Q18 response = Yes go to Q19 else go to Q31)

DISASTER RECOVERY CENTER

19. Which **one** of the following was your **main source** of information about FEMA Disaster Recovery Center **locations and services**?

- Community group like club, church, school
- Disaster workers

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- Flyers, signs, billboards, posters
- Newspaper, radio, television
- Word of mouth like friends, family, neighbors, employer, landlord
- FEMA website
- State or Local Government websites or notices
- Social media

DISASTER RECOVERY CENTER

For the next questions please use a scale of 1 (Poor) to 5 (Excellent) or if you had no experience with that service select No Experience. How would you rate the **Disaster Recovery Center** on the following:

	1 Poor	2	3	4	5 Excellent	No Experience
20. Public awareness of the center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Easy to understand brochures and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Caring customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Assistance in your preferred language including American Sign Language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

DEMOGRAPHICS

32. Is your gender...

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

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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

DEMOGRAPHICS

34. Is your marital status...

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

35. Is your current employment status...

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

DEMOGRAPHICS

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

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- 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

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
- Prefer not to answer

DEMOGRAPHICS

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)

DEMOGRAPHICS

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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

(Programmer Note: No Header for this screen.)

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

- Yes
- No

Thank you for your time.