## Request for Approval under the “Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation”

## (OMB Control Number: 1225-0093)

**TITLE OF INFORMATION COLLECTION:** Paper Survey for Soliciting Feedback for Division of Energy Employees Occupational Illness Compensation (DEEOIC)from Authorized Representatives

**PURPOSE OF COLLECTION:** Paper survey designed to gather feedback from Authorized Representatives under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Soliciting feedback on what the program does well, if there are any areas for improvement, and an overall idea of how well we serve our stakeholders in this area. We will use the information to improve our Authorized Representatives’ experiences and identify potential areas for improvement and/or training. We will report the findings of our survey on the Performance.gov website.

**TYPE OF ACTIVITY:** (Check one)

[ ] Customer Research (Interview, Focus Groups)

[ X ] Customer Feedback Survey

[ ] User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ X ] Mail

[ ] Other, Explain

1. Who will you collect the information from?

DEEOIC will collect information from active Authorized Representatives who represent EEOICPA claimants.

1. How will you ask a respondent to provide this information?

DEEOIC will send surveys via U.S. mail and will include a postage-paid return envelope.

1. What will the activity look like?

The mailed package will include a cover letter explaining the purpose of the collection, and a survey with 15 questions (including 2 comment boxes), an optional section where they can include their name and phone number for a call back, and a option to provide an email address to opt-in to our email distribution list. Eleven of fifteen questions include a 1-5 Likert scale response, one is a yes/no, one is a multiple choice, and the last two are open response.

1. Please provide your question list.

1. Please rate your experience with DEEOIC as an Authorized Representative.

* *Outstanding (5)*

* *Above Average (4)*

* *Average (3)*

* *Below Average (2)*

* *Poor (1)*

* *N/A*

1. I trust DEEOIC to fulfill our country’s commitment to nuclear workers and their families.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. I understand my role and responsibilities as an Authorized Representative.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. It took a reasonable amount of time for the claimant to receive a final decision.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. It was easy to complete what I needed to do for the claimant to receive a final decision.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. I have been able to get my questions answered.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. In my role as an Authorized Representative, I have been treated fairly.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. The DEEOIC employees I have interacted with were helpful.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. I have been informed of or have access to resources that indicate the length of time each step in the claims process takes.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. DEEOIC provides the appropriate information and tools necessary to do my job as an Authorized Representative.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. I have been informed about DEEOIC outreach events (webinars, in-person events, AR workshops, etc.).

* *Yes*

* *No*

1. DEEOIC events I have participated in have been helpful.

* *Strongly agree (5)*

* *Agree (4)*

* *Neutral (3)*

* *Disagree (2)*

* *Strongly disagree (1)*

* *N/A*

1. What resources have you found most helpful in understanding the program and assisting your claimant?

* *DEEOIC Website*
* *Resource Center Employees*

* *Claims Examiners*

* *Outreach Events*

* *Other*

1. How can the Energy Program help you better assist the claimant that you represent? (open response)

1. Do you have additional feedback related to your experience as an Authorized Representative? (open response)

1. Would you like to speak with our Customer Experience team?

* *Yes*

* *No*

1. Name (optional, only for call backs)

1. Phone Number (optional, only for call backs)
	1. If you would like to be added to our Program and Policy Updates email distribution list, please provide your current email address:

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

Survey language attached.

1. When will the activity happen?

DEEOIC will send surveys to the identified Authorized Representatives during the 3rd quarter of FY 2022.

1. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [ X ] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden****Hours** |
| Claimants | 2,000 | 5 minutes | 167 |
|  |  |  |  |
| **Totals** |  |  | **167** |

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

**Name: Joshua Novack**

**All instruments used to collect information must include:**

**OMB Control No. 1225-0093**

**Expiration Date: 02/29/2024**