

**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: Customer Experience Survey for claimants who are attending Black Lung Outreach events.

PURPOSE OF COLLECTION: Paper survey designed to allow claimants to provide feedback of their experience at outreach events. We will use this information to improve our claimant experience to improved outreach events.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- 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
- Mail
- Other, Explain If customer request a call they will receive a call back and their concerns and/or comments will be documented.

2. Who will you collect the information from?

The Black Lung Program will collect information from miners and survivors that attend outreach events and are willing to voluntarily complete the outreach survey.

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

The respondent will be asked if they would like to complete the paper survey and place in a box or as they exit the outreach event.

4. What will the activity look like?

The survey will consist of **6 customer experience questions** in which the claimant will have the option to select from Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, or N/A.

- One Question regarding how the claimant heard about the outreach events.
- One Question asking if they applied for black lung benefits before?
- One Question asking if there was any barriers or concerns that kept them from applying or made applying difficult. If the claimant responds yes, there is a question asking what those barriers were.
- Space for Other General Comments or Suggestions for improving our Service.

5. Please provide your question list.
See attachment.

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

6. When will the activity happen?

The survey will be available for completion as the claimant exits the outreach event.

7. 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	500	5 Minutes	42
Totals	500	5 Minutes	42

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: Kenny Lowe, Equity Coordinator

All instruments used to collect information must include:

OMB Control No. 1225-0093

Expiration Date: 02/29/2024