



# CUSTOMER EXPERIENCE SURVEY

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The process leading up to receiving a decision on my initial home health care claim increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
I am satisfied with the service I received from DEEOIC related to my home health care claim.	5	4	3	2	1	n/a
My questions about home health care have been answered throughout the process.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a decision on my home health care claim.	5	4	3	2	1	n/a
It took a reasonable amount of time to receive a decision on my home health care claim.	5	4	3	2	1	n/a
I understood what was being asked of me throughout the process.	5	4	3	2	1	n/a
The employees I interacted with were helpful.	5	4	3	2	1	n/a

**Do you have additional feedback related to your experience filing for home health care?**

**Would you like to speak with our Customer Experience Team regarding your experience filing your initial home health care authorization?**

Yes  No

**If yes,** please provide your name and telephone number:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



# EQUITY ASSESSMENT

Creating equity in our program means recognizing that different people have different circumstances. Some people face conditions and circumstances that make it more difficult to achieve the same goals.

“Equity data” describes aspects of your personal identity. DEEOIC does not collect this type of data, however we want to know if you feel like your own personal circumstances have made it difficult for you to navigate this program.

OWCP/DEEOIC is committed to finding ways to focus on equity for all, including people who have been historically marginalized or adversely affected by inequality. We strive to best serve all our customers, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. We want to improve program accessibility and inclusion.

**Keeping the above information in mind, please indicate if you've experienced challenges with our program because of your:**

Ability or disability status	<input type="checkbox"/>
Racial or ethnic identity	<input type="checkbox"/>
Age	<input type="checkbox"/>
Sex/Gender identity	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Veteran status	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Social class	<input type="checkbox"/>
Geographic location (rural/remote)	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Based on your selection(s) to the left, how can DEEOIC better address your specific needs?**

<b>Please agree or disagree with the following statements by circling a numerical response:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	5	4	3	2	1	n/a
I am treated fairly by DEEOIC representatives.	5	4	3	2	1	n/a
I am able to find and access the correct information and tools from DEEOIC to achieve my goals.	5	4	3	2	1	n/a