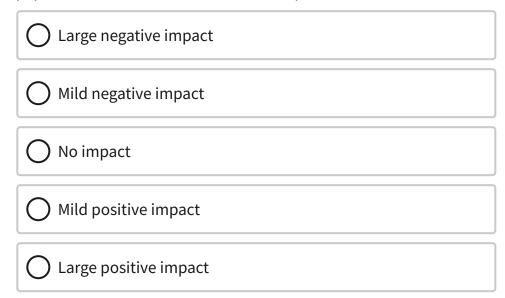
Previewing Touchpoint



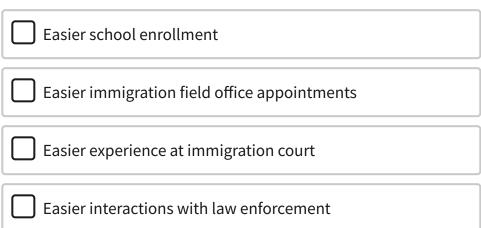
This survey seeks to measure the effectiveness and collect feedback on the Verification of Release (VOR) Card initiative.

A red asterisk (*) indicates a required field.

Overall, what impact does the plastic VOR Card (in addition to the paper VOR form) have on children and sponsors? *



Based on conversations with children or sponsors, how has the VOR Card been helpful? Please select all that apply.

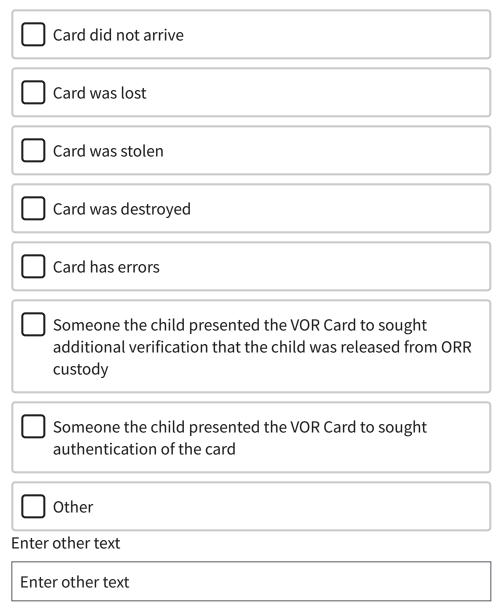


Used to access medical care or get prescription medicine
Used to get a library card
Plastic card is more portable and durable than paper form
Easier to access relevant social services and benefits in their community
Card verifiable and accepted by Federal, state, and local agencies
Child or sponsor knew how to reach the National Call Center
Other
Enter other text
Enter other text

Please elaborate on any positive impacts marked above.

1.

Based on conversations with children or sponsors, which of the following challenges have they had with the VOR Card? Please select all that apply.



Please elaborate on any challenges marked above.

Please tell us any more feedback you have about the VOR Card.

If you interested in sharing more information with us, please write your email below. We may contact you as the VOR Card initiative continues.

Submit

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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather feedback from ORR providers in order to continuously improve our Verification of Release (VOR) Card initiative. Public reporting burden for this collection of information is estimated to average 6 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact ucpolicy@acf.hhs.gov.

An official form of the United States government. Provided by <u>Touchpoints</u> OMB Approval #0970-0401 · Expiration Date 06/30/2024