

**Request for Approval under the “Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation”
(OMB Control Number: 1103-0120)**

TITLE OF INFORMATION COLLECTION: Post-event Survey

PURPOSE OF COLLECTION:

What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?

In April 2023, the Deputy Attorney General of the Department of Justice (DOJ) [announced](#) that the agency’s Office for Access to Justice (ATJ) and the Federal Bureau of Prisons (FBOP) would collaborate to develop a civil legal services pilot project in federal prisons. The collaboration, branded as the CLEAR (Civil Legal Empowerment, Access and Reentry) Program, was initiated after a FBOP, ATJ, and National Institute of Corrections (NIC) voluntary survey showed that -- out of the more than 50,000 FBOP Adults in Custody (AICs) who responded -- the [overwhelming majority of AICs stated that they would benefit from civil legal services.](#)

Through CLEAR, ATJ and FBOP will provide civil legal services to AICs at federal prisons in collaboration with a university or legal services provider. Federal Prison Camp (FPC) Bryan has been selected as the initial pilot location and the university collaborator will be Texas A & M University School of Law and Texas A&M Institute for Healthcare Access for the initial pilot.

CLEAR will include three segments: (1) developing and providing self-help materials to address civil legal needs of AICs; (2) conducting a series of Empowerment Workshops for AICs focused on family law, financial-related issues, and public benefits; and (3) creating a Medical Legal Partnership (MLP) focused on pre-release Supplemental Security Income (SSI) mental health claims.

The goals of CLEAR are to:

- Develop scalable materials and implement Empowerment Workshops that will help incarcerated individuals better understand their rights and meet their own civil legal needs.
- Develop and implement an MLP that will help incarcerated individuals with severe mental health issues secure disability benefits, reduce recidivism and improve access to housing and treatment.
- Educate and train lawyers and doctors on how to work successfully with incarcerated and reentering individuals with mental health disabilities.

Evaluating CLEAR is an essential component of the pilot initiative for DOJ leadership to determine whether the program can meet the stated goals and whether the initiative should be expanded. ATJ will not publish or otherwise make public the results of our assessment; the

information will be shared with DOJ leadership only.¹ ATJ is required to provide two reports on CLEAR for DOJ leadership in December 2024 and December 2025.

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

2. Who will you collect the information from?

Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)

ATJ will collect the information from all AICs that participate in the Empowerment Workshops and/or Medical Legal Partnership. Participation in the programs will be completely voluntary and dependent on self-selection and the recommendations of FBOP staff. Participation in the surveys will be completely voluntary and people may opt out of completing the surveys, yet still participate in the programming.

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

(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

At the end of the Empowerment Workshops at FPC Bryan, paper surveys will be available for those interested in completing them. Participants in the MLP will be asked to fill out the surveys at two junctures: 1) after the MLP has submitted their SSI application to the Social Security

¹ If the DOJ Senior Leadership Office, specifically the Office of the Deputy Attorney General, decides to share results of the project evaluation more publicly, that possibility is addressed in the consent forms that AICs will need to sign to participate and are attached for your review.

Administration and 2) one year from the date of the SSI application submission. When they are incarcerated, the surveys will be available in paper form or through a link to SurveyMonkey through in their prison e-mail. After they are incarcerated, they will be made available via mail and text. The text message would include a link to the survey in SurveyMonkey.

4. What will the activity look like?

Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The information collection activity will take the form of surveys. The three post-Empowerment Workshops surveys will have approximately 14 questions. The two MLP-related surveys will have approximately 16 questions.

All surveys will be administered by ATJ only.

5. Please provide your question list.

Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

Please find our questions below and a pre-survey consent form attached. This form, required by FBOP before anyone asks AICs questions, provides AICs an overview of the surveys, as well as the voluntary nature of their participation.

I. Survey for Empowerment Workshops (3 Variants)

(to be administered at the conclusion of the workshop)

FAMILY LAW WORKSHOP SURVEY

For each of the topics listed below, please check the box under the number that indicates your level of knowledge both before and after completing the workshop:

- 1= None** - have no knowledge of the content
- 2 = Low** - know very little about the content
- 3 = Moderate** - have basic knowledge; there is more to learn
- 4 = High** - very knowledgeable about the content

How do you rate your knowledge about the following topics:	Knowledge BEFORE the Workshop				Knowledge AFTER the Workshop			
	1	2	3	4	1	2	3	4

	None	Low	Mod	High	None	Low	Mod	High
Q1. How to represent yourself in family court								
Q2. How to get a child custody order								
Q3. How to get a divorce								
Q4. How to get a protective order								

Please rate your level of agreement or disagreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Q5. The workshop content was easy for me to understand and follow					
Q6. The facilitator treated everyone with respect					
Q7. Overall, the workshop was a good use of my time					
Q8. I feel confident I can use what I learned to fix a family law issue					
Q9. The self-help materials were helpful					

1. Were all of your disability or accommodation needs (if any) met so you could fully participate in the workshop?

- a. Yes
- b. No
- c. Not applicable

i. If you answered "No", what accommodations would have supported your full participation? [open response] _____

2. Was the workshop offered in your primary language?

- a. Yes
- b. No

i. If you answered “No”, what language would you want the workshop in?
 [open response] _____

3. Comments Please share your thoughts about the workshop, including what worked well and what could be improved: [open response] _____

GOVERNMENT BENEFITS WORKSHOP SURVEY

For each of the topics listed below, please check the box under the number that indicates your level of knowledge both before and after completing the workshop:

- 1= None** – have no knowledge of the content
- 2 = Low** – know very little about the content
- 3 = Moderate** – have basic knowledge; there is more to learn
- 4 = High** – very knowledgeable about the content

How do you rate your knowledge about the following topics:	Knowledge BEFORE the Workshop				Knowledge AFTER the Workshop			
	1	2	3	4	1	2	3	4
	None	Low	Mod	High	None	Low	Mod	High
Q1. How to apply for food stamps								
Q2. How to appeal a food stamps denial								
Q3. How to apply for health insurance								
Q4. How to appeal a health insurance denial								
Q5. How to apply for disability benefits								
Q6. How to appeal a disability benefits denial								
Q7. How to get help with a food stamps, health insurance or disability benefits denial								

Please rate your level of agreement or disagreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Q8. The workshop content was easy for me to understand and follow					
Q9. The facilitator treated everyone with respect					
Q10. Overall, the workshop was a good use of my time					
Q11. I feel confident I can use what I learned to apply for benefits					
Q12. The self-help materials were helpful					

1. Were all of your disability or accommodation needs (if any) met so you could fully participate in the workshop?

- a. Yes
- b. No
- c. Not applicable
 - i. If you answered "No", what accommodations would have supported your full participation? [open response] _____

2. Was the workshop offered in your primary language?

- a. Yes
- b. No
 - i. If you answered "No", what language would you want the workshop in? [open response] _____

4. Comments Please share your thoughts about the workshop, including what worked well and what could be improved: [open response] _____

DEBT/FINANCIAL MATTERS WORKSHOP SURVEY

For each of the topics listed below, please check the box under the number that indicates your level of knowledge both **before** and **after** completing the workshop:

1= None - have no knowledge of the content

2 = Low – know very little about the content

3 = Moderate – have basic knowledge; there is more to learn

4 = High – very knowledgeable about the content

How do you rate your knowledge about the following topics:	Knowledge BEFORE the Workshop				Knowledge AFTER the Workshop			
	1 None	2 Low	3 Mod	4 High	1 None	2 Low	3 Mod	4 High
Q1. How to manage debt								
Q2. Your rights when dealing with debt collectors								
Q3. What to do when your identity has been stolen								
Q4. How to renew or apply for new IDs (Identification Documents)								
Q5. What to do if you have trouble opening a bank account								
Q6. Your rights when dealing with prepaid debit card issues								

Please rate your level of agreement or disagreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Q7. The workshop content was easy for me to understand and follow					
Q8. The facilitator treated everyone with respect					
Q9. Overall, the workshop was a good use of my time					
Q10. I feel confident I can use what I learned to manage debt					
Q11. The self-help materials were helpful					

1. Were all of your disability or accommodation needs (if any) met so you could fully participate in the workshop?

- a. Yes
- b. No
- c. Not applicable

i. If you answered “No”, what accommodations would have supported your full participation? [open response] _____

2. Was the workshop offered in your primary language?

- a. Yes
- b. No

i. If you answered “No”, what language would you want the workshop in? [open response] _____

3. Comments Please share your thoughts about the workshop, including what worked well and what could be improved: [open response] _____

II. Surveys for Participants in the MLP Program (Pre-Release & Followup)

(to be administered prior to release, at the time of application submission; and at 1 year after application submission)

SURVEY FOR MLP PARTICIPANTS - Pre-Release

For each of the topics listed below, please check the box under the number that indicates your level of knowledge **before starting** the MLP Program, compared to your knowledge **now**:

- 1= None** - have no knowledge of the content
- 2 = Low** - know very little about the content
- 3 = Moderate** - have basic knowledge; there is more to learn
- 4 = High** - very knowledgeable about the content

How do you rate your knowledge about the following topics:	Knowledge BEFORE the Workshop				Knowledge AFTER the Workshop			
	1 None	2 Low	3 Mod	4 High	1 None	2 Low	3 Mod	4 High
Q1. Understanding of eligibility for SSI								
Q2. Steps to take to appeal an SSI denial								
Q3. How to get help if I have a civil (non-criminal) legal problem in the future								

Please rate your level of agreement or disagreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Q4. I feel confident I can take the next steps in the SSI application process					
Q5. The legal team is giving me enough help with my SSI application.					
Q6. I feel confident I will submit a complete SSI application.					
Q7. I am satisfied with how my SSI case is going.					
Q8. The legal team treats me with respect.					
Q9. Overall, participating in the MLP is a good use of my time					

Please rate your level of agreement or disagreement with each of the following statements:

Q10. Participating in the MLP has...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Improved my overall well-being					
Improved my overall mental health					
Opened up better options for my reentry					
Improved my ability to advocate for myself					

1. Are all of your disability or accommodation needs (if any) being met so you can fully participate in the MLP?

- a. Yes
- b. No
- c. Not applicable
 - i. If you answered "No", what accommodations would have supported your full participation? [open response] _____

2. Does the legal team communicate with you in your primary language(s)?

- a. Yes
- b. No

i. If you answered “No”, what language(s) would you want the legal team to use? [open response] _____

3. Comments: Please share your thoughts about the MLP, including what is working well and what could be improved, and any benefits or challenges you have experienced: [open response] _____

SURVEY FOR MLP PARTICIPANTS - Follow-up

For each of the topics listed below, please check the box under the number that indicates your level of knowledge:

- 1= None** – have no knowledge of the content
- 2 = Low** – know very little about the content
- 3 = Moderate** – have basic knowledge; there is more to learn
- 4 = High** – very knowledgeable about the content

How do you rate your knowledge about the following topics:	1 None	2 Low	3 Mod- erate	4 High
Q1. Understanding if I am eligible for SSI				
Q2. Steps to take to appeal an SSI denial				
Q3. How to get help if I have a civil (non-criminal) legal problem in the future				

Please rate your level of agreement or disagreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Q4. I feel confident I can take the next steps in the SSI process					
Q5. The legal team gave me enough help with my SSI application.					
Q6. I submitted a complete SSI application.					
Q7. I am satisfied with the outcome of my SSI application.					

Q8. The help I got from the MLP had a positive impact on the outcome of my SSI application.					
Q9. Overall, participating in the MLP has been a good use of my time					
Q10. The outcome of my SSI application was fair.					

Please rate your level of agreement or disagreement with each of the following statements:

Q11. Participating in the MLP has...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Improved my overall well-being					
Improved my overall mental health					
Reduced my stress level					
Opened up better options for my reentry					
Improved my ability to advocate for myself					
Made my financial situation better					
Made my health care situation better					
Made my housing situation better					

1. Have you been approved to receive SSI benefits?

- a. Yes
- b. No – I was denied SSI
- c. No decision yet
 - i. If you answered “Yes”, have you started receiving benefits?
 1. Yes
 2. No
 - ii. If you answered “No”, why were you denied, and are you planning to appeal? [open response] _____

 - iii. If you answered “No decision yet”, what is the current state of your case? [open response] _____

2. How has your mental health and wellbeing been affected by participating in the MLP (if at all)? [open response] _____

3. How has your re-entry been affected by participating in the MLP (if at all)? [open response]

4. What has been the most important impact of the MLP on you overall (if any)? [open response] _____

5. Have you had any issues with language or disability access while trying to get your SSI benefits?

a. Yes

b. No

c. Not applicable

i. If you answered "Yes", please describe the issues and what would fix them. [open response] _____

6. **Comments:** Please share any other thoughts about the MLP, including what works well and what could be improved, and any benefits or challenges you have experienced: [open response] _____

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

6. When will the activity happen?

Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

The post-Empowerment Workshop surveys will be administered immediately following the Empowerment Workshops, which are currently slated for July 25, August 22, and September 12, 2024. The MLP-related surveys will be administered after an AIC's SSI application is

submitted and one year from the date of the SSI application submission. (The dates of the SSI submissions and, thus, the post-application submission dates will vary, depending on how quickly medical records are gathered in an AIC's case).

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

Yes No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals (Presentation/Event Participants)	40	10 min	7 hours
Individuals (Presentation/Event Participants)	40	10 min	7 hours
Individuals (Presentation/Event Participants)	40	10 min	7 hours
Individuals (Presentation/Event Participants)	25	20 min	8 hours
Individuals (Presentation/Event Participants)	25	20 min	8 hours
Totals	170	70 minutes	37 hours

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: Nina Wu

All instruments used to collect information must include:

OMB Control No. 1103-0120

Expiration Date: 11/30/2024

HELP SHEET
(OMB Control Number: 1103-0120)

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.