

Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 1225-0093 (expires 2/29/2024). Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes per response. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to U. S Department of Labor, DCMWC, 200 Constitution Ave., N. W., Suite C-3520, Washington, DC 20210 or email at DCMWC-public@dol.gov.

CUSTOMER EXPERIENCE SURVEY

Please circle a numerical response for each of the following questions:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I trust the Federal Black Lung Program to fulfill our country's commitment to mine workers and survivors.	5	4	3	2	1	n/a
I am satisfied with the service I received from the Federal Black Lung Program thus far.	5	4	3	2	1	n/a
The claims process is moving at a reasonable pace.	5	4	3	2	1	n/a
I have understood what has been asked of me throughout the process up to this point.	5	4	3	2	1	n/a
The Black Lung Representatives that I interacted with were helpful.	5	4	3	2	1	n/a

Before taking this survey, did you know that the Federal Black Lung Program has a C.O.A.L. portal (Claimant Online Access Link) located on the internet, which you can use to submit documents to a case electronically?

- ☐ Yes, I was aware of the C.O.A.L portal and I have used this tool to access my case file.
☐ Yes, I was aware of the C.O.A.L portal and I have attempted to use this tool but had problems accessing my case file.
☐ Yes, I was aware of the C.O.A.L portal, but I am not interested in using this tool.
☐ No, I was not aware of the C.O.A.L portal.

Do you have internet available to access the C.O.A.L. Portal? ☐ Yes ☐ No

The C.O.A.L. Mine Portal can be found at- https://eclaimant.dol.gov/portal/?program_name=BL

BARRIERS TO ACCESS SURVEY

The OWCP/Federal Black Lung Program is committed to finding ways to remove barriers, advance equity for all, and strives to improve program accessibility and inclusion. Your responses to the questions below will help us improve inclusion and accessibility for the Federal Black Lung program:

1. In your interactions with the Federal Black Lung Program, have you experienced difficulties during the application process? ☐ YES ☐ NO

Difficulties may include policies, practices, procedures, conditions, or obstacles that limit or prevent equitable access to the Federal Black Lung Program.

If yes, please identify where you encountered difficulties. **Check all that apply:**

- ☐ Form Completion ☐ Physician Selection ☐ Physician Scheduling ☐ Physician Examination
☐ Requested Information ☐ Travel Reimbursement ☐ Other: _____

Please identify the reasons below that you believe may have contributed to the difficulties you have faced. **Check all that apply:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Ability or Disability status | <input type="checkbox"/> Age | <input type="checkbox"/> Geographic Location (rural/remote) |
| <input type="checkbox"/> Racial or ethnic identity | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Language/English Proficiency |
| <input type="checkbox"/> Sex/Gender identity | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Shortage of Providers/Doctors |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Religion | <input type="checkbox"/> Socioeconomic Status/Income Level |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ | |

Please provide any additional information that you would like to share about the difficulties you have faced:

2. In your opinion, do miners and survivors generally have problems in filing claims and getting benefits under the Black Lung Benefits Act? ☐ YES ☐ NO

If yes, please identify the reasons below that may contribute to these problems. **Check all that apply:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Ability or Disability status | <input type="checkbox"/> Age | <input type="checkbox"/> Geographic Location (rural/remote) |
| <input type="checkbox"/> Racial or ethnic identity | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Language/English Proficiency |
| <input type="checkbox"/> Sex/Gender identity | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Shortage of Providers/Doctors |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Religion | <input type="checkbox"/> Socioeconomic Status/Income Level |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ | |

Please provide any additional information that you would like to share about the problems miners and survivors may face:

Would you like to speak with a Federal Black Lung Program Representative? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide your name and telephone number: Name: _____ Phone: _____
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Other Comments:

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