

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"**
(OMB Control Number: 2900-0876)

**TITLE OF INFORMATION COLLECTION: Enterprise Contact Center
Council (ECCC) Veterans Exposure Team-Health Outcomes Military
Exposures (VET-HOME) Survey**

PURPOSE OF COLLECTION:

The Veteran Experience Office has been commissioned to measure the satisfaction of Veterans that call or are called by the VET-HOME Call Center to include their interaction with call center staff. Veterans Experience Office (VEO) will be conducting a brief transactional survey on persons who recently interacted with the Call Center. The survey is completed via an automated telephone design. It will consist of a handful of questions revolving around a human-centered design, focusing on such elements as trust; satisfaction; quality; and employee helpfulness.

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?

Veterans that call the VET-HOME Call Center.

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)

The survey will be offered to Veterans that are called by the VET-HOME call center. It will be completed via an automatic telephone design.

4. What will the activity look like?

The survey will consist of four questions, offered via an automatic telephone design. It will be offered at the conclusion of their call with the VET-HOME Call Center. It will consist of a handful of questions revolving around a human-centered design, focusing on such elements as trust; satisfaction; quality; and employee helpfulness.

5. Please provide your question list.
See Attached.

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

6. When will the activity happen?
The survey will take place after a call with the VET-HOME Call Center. The survey will be completed via an automated telephone design.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
[] Yes [X] No
If Yes, describe:

BURDEN HOURS

The average calls per year is 800,000. The survey response rate is about 5%.

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals and Households	40,000	5 minutes	3,333
Totals	40,000	5 minutes	3,333

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; and,
7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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All instruments used to collect information must include:

OMB Control No. 2900-0876

Expiration Date: 02/28/2026

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.