

**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: Veterans Family and Community Engagement (VFCE) Veterans Engagement Action Center (VEAC) Email & Exit Surveys

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?

- The Veterans Family and Community Engagement (VFCE) is VA's integrating body to create a shared menu of all community outreach and engagement initiatives.
- The VFCE host Veterans Engagement Action Centers (VEACs) to improve outcomes for Veterans, family members, caregivers, and survivors across the nation. The program was established to proactively assist Veterans in a selected state with a one-stop resource for all their needs. The VEAC brings together VA benefits, healthcare, and other resources in partnership with state VA resources, Rally Point and other Veteran Service Organizations, and local Community Veterans Engagement Boards, or CVEBs.
- The purpose of these surveys is to gather feedback from Veterans, Active Military, Guard/Reservist, Family members, caregivers, and survivors, then provide that feedback to VA leaders to measure the success of the of the outreach event and measure the ease, effectiveness, emotion, and trust from the participants as they exit. These surveys will further allow the Veterans Experience Office (VEO) to measure whether the needs of the participants were met. Additional areas where the survey results will impact:
 - o Identifies gaps and challenges in healthcare, benefits, and service.
 - o Identifies areas for how VA can best support local efforts holistically.
 - o Identifies areas where there may be barriers to access, and outreach tailored to "local communities".

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups, Surveys)
- Customer Feedback Survey
- Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
- Yes
 - No
 - Not a survey

2. How will you collect the information? (Check all that apply)
- Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain

3. 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?)

- Survey respondents will be Veterans, Active Military, Guard/Reservist, family members, caregivers, and survivors that attend a VEAC event. Two different surveys will be administered:

1. VEAC Exit Survey: Outreach event staff will verbally administer the survey to event attendees as the last step in the overall event process. The outreach staff will fill out the web-based survey on behalf of the outreach event participant. The outreach event staff will not note the respondent's name on this survey.

2. VEAC Email Survey: A survey will be sent via email to event attendees that were not able to take the VEAC Exit Survey. The email survey will not be sent to event attendees that opted out of the VEAC Exit Survey. This survey will be linked to the veteran's email address and name. Veterans provide their email address in a registry. SORN Title: Veterans, Dependents of Veterans, and VA Beneficiary Survey Records (43VA008)

4. 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)

- Survey respondents will be Veterans, Active Military, Guard/Reservist, family members, caregivers, and survivors that attend a VEAC event. Two different surveys will be administered:

1. VEAC Exit Survey: Outreach event staff will verbally administer the survey to event attendees as the last step in the overall event process. The outreach staff will fill out the web-based survey on behalf of the outreach event participant.

2. VEAC Email Survey: A survey will be sent via email to event attendees that were not able to take the VEAC Exit Survey. The email survey will not be sent to event attendees that opted out of the VEAC Exit Survey.

5. 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?

- **1. VEAC Exit Survey:** Outreach event staff will verbally administer the survey to event attendees as the last step in the overall event process. The outreach staff will fill out the web-based survey on behalf of the outreach event participant. The survey will consist of 14 questions regarding the success of the of the outreach event and measure the ease, effectiveness, emotion, and trust from the participants as they exit.
- **2. VEAC Email Survey:** A survey will be sent via email to event attendees that were not able to take the VEAC Exit Survey. The email survey will not be sent to event attendees that opted out of the VEAC Exit Survey. The survey will consist of 14 questions regarding the success of the of the outreach event and measure the ease, effectiveness, emotion, and trust from the participants.

6. Please provide your question list.

- Please see attached documents for correct formatting. Some formatting may have been lost due to issues with copy/pasting into this writeup. Additionally, “Required” and “Logic” statements are for explaining survey logic and will not appear on the actual survey.

**TITLE: Veterans Family and Community Engagement (VFCE)
Veterans Engagement Action Center (VEAC) Email Survey**

We want to hear about your experience with the VA Outreach Event. Your answers to these questions directly help us improve our services.

This voluntary survey should take approximately 5 minutes to complete.

1. What best describes you as you're participating in this VA Outreach Event? Required
 - a) Veteran
 - b) Active Military/National Guard/ Reserve
 - c) Family Member
 - d) Caregiver
 - e) Survivor

2. Is this the first time you have interacted with VA? Required
 - a) Yes
 - b) No
 - c) Unsure
 - 3a. Do you currently receive VA health care services or VA benefits, such as compensation, pension, education, home loan, or pre-burial benefits? Required
Logic: Only displays if the answer to Q2 is 'No' or 'Unsure'
 - a) Yes
 - b) No
 - c) Unsure

 - 3b. Please indicate why you may not have interacted with VA. Please select all the following reasons that apply. Required
Logic: Only displays if the answer to Q2 is 'Yes' or 'Unsure'
 - a) I did not know I was eligible for VA health care or benefits.
 - b) I haven't had the time to look into VA health care or benefits.
 - c) I did not wish to apply for any VA health care or benefits.
 - d) I did not know how to apply for VA health care or benefits.
 - e) Other

4. Did you have any challenges during the VA Outreach Event? Please select all that apply. Required
 - a) No challenges.

- b) Event time wasn't convenient.
- c) Parking was a challenge.
- d) Location wasn't convenient.
- e) My disabilities made it hard to attend.
- f) Making an appointment.
- g) Call wasn't conducted at the time I desired.
- h) Issues with calls (call went too long, too many transfers, too long to be connected to resource provider)
- i) Technical failures (dropped calls, audio problems)
- j) Other

5. Please describe what challenge you had attending the VA Outreach Event. Required

Logic: Only displays if the answer to Q4 is 'Other'
 [Free Text input]

6. It was easy to get the information and/or services that I needed at the VA Outreach Event. Required

Strongly Disagree Disagree Neither Agree nor Disagree
 Agree Strongly Agree

7. I was able to get my information and/or service support needs met at the VA Outreach Event. Required

Strongly Disagree Disagree Neither Agree nor Disagree
 Agree Strongly Agree

8. I felt respected and valued during my participation at the VA Outreach Event. Required

Strongly Disagree Disagree Neither Agree nor Disagree
 Agree Strongly Agree

9. I trust VA to fulfill our country's commitment to Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree
 Agree Strongly Agree

10. I would recommend this VA Outreach Event to other Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree
 Agree Strongly Agree

11. What race/ethnicity do you identify with? Please select all that apply.

- a) American Indian or Alaska Native
- b) Asian
- c) Black or African American
- d) Hispanic or Latino
- e) Native Hawaiian or Other Pacific Islander
- f) White

12. Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience(s) with VA Outreach Event? Please select from one of the following options. Required
- a) Compliment
 - b) Concern
 - c) Recommendation
 - d) Will not provide additional feedback.
13. Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.
Logic: Does not display when the answer to Q13 is 'Will not provide additional feedback'.
[Free text input]

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 - b) Active Military/National Guard/ Reserve
 - c) Family Member
 - d) Caregiver
 - e) Survivor
2. Is this the first time you have interacted with VA? Required
- a) Yes
 - b) No
 - c) Unsure
- 3a. Do you currently receive VA health care services or VA benefits, such as compensation, pension, education, home loan, or pre-burial benefits? Required

Logic: Only displays if the answer to Q2 is 'No' or 'Unsure'

- a) Yes
- b) No
- c) Unsure

3b. Please indicate why you may not have interacted with VA. Please select all the following reasons that apply.

Required

Logic: Only displays if the answer to Q2 is 'Yes' or 'Unsure'

- a) I did not know I was eligible for VA health care or benefits.
- b) I haven't had the time to look into VA health care or benefits.
- c) I did not wish to apply for any VA health care or benefits.
- d) I did not know how to apply for VA health care or benefits.
- e) Other

4. Did you have any challenges during the VA Outreach Event? Please select all that apply. Required

- a) No challenges.
- b) Event time wasn't convenient.
- c) Parking was a challenge.
- d) Location wasn't convenient.
- e) My disabilities made it hard to attend.
- f) Making an appointment.
- g) Call wasn't conducted at the time I desired.
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- i) Technical failures (dropped calls, audio problems)
- j) Other

5. Please describe what challenge you had attending the VA Outreach Event. Required

Logic: Only displays if the answer to Q4 is 'Other'

[Free Text input]

6. It was easy to get the information and/or services that I needed at the VA Outreach Event. Required

Strongly Disagree Disagree Neither Agree nor Disagree
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9. I trust VA to fulfill our country's commitment to Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree
Agree Strongly Agree

10. I would recommend this VA Outreach Event to other Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree
Agree Strongly Agree

11. What is your gender?

- a) Female
- b) Male
- c) Transgender Female
- d) Transgender Male
- e) Non-Binary/Third Gender
- f) Choose Not to Respond
- g) Other

12. What race/ethnicity do you identify with? Please select all that apply.

- a) American Indian or Alaska Native
- b) Asian
- c) Black or African American
- d) Hispanic or Latino
- e) Native Hawaiian or Other Pacific Islander
- f) White

13. What ZIP code do you consider your primary residence?

(Enter '00000' if using an APO/FPO) Required

[Free text input]

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

- Done.

7. 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.")

- These surveys will be continuous, ongoing surveys to collect and measure the success of VEAC outreach events and measure the ease, effectiveness, emotion, and trust from the participants as they exit.
- We have a 10% response rate to these types of surveys. The VEAC events receive about 120,000 attendees annually. Therefore, we are expecting to receive 12,000 completed surveys per year.

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

[] Yes [X] No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
	12,000	5 minutes	1,000
Totals	12,000	5 minutes	1,000

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;
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. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

Name: Sergio Gazaryan

Email address: sergei.gazaryan@va.gov

All instruments used to collect information must include:

OMB Control No. 2900-0876

Expiration Date: 02/28/2026

HELP SHEET
(OMB Control Number: 2900-0876)

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.