

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

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**TITLE OF INFORMATION COLLECTION:** Veteran Transportation 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?*

Veterans Transportation Program (VTP) office manages/oversees Veteran Transportation Services (VTS) throughout the VA enterprise. Currently VTP does not have a customized tool or avenue to assess patient experience, preferences and overall satisfaction with VTS to include vehicles, drivers, systems employed to schedule/manage rides and VA ambulance services. Currently VTP is reactive to customer service and safety issues in that they out when there are complaints. This survey will allow them to be more proactive in identifying trends of safety concerns by the data that the survey will collect and quantify the patient's experience with VA staff and/or volunteers involved with the transportation and quantify the patient's satisfaction with the physical vehicles (i.e. cleanliness, safety features etc.)

**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?)*

Information will be collected from randomly selected Veterans with valid emails, and who have not opted out of VSignals surveys or received a survey within the past 30 days who utilized VA Transportation Services in the past month. Completing survey is completely optional and Veteran can choose to abandon survey at any time.

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)*

*Randomly sampled Veterans will be contacted through an invitation email. A link will be enclosed so the survey may be completed using an online interface, with customized customer information. The survey itself will consist of a handful of questions revolving around a human-centered design, focusing on such elements as trust, emotion, effective, and ease of the interaction. SORN: Veterans, Dependents of Veterans, and VA Beneficiary Survey Records (43VA008)*

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?*

*Randomly sampled Veterans will be contacted through an invitation email. A link will be enclosed so the surveys may be completed using an online interface, with customized customer information. The surveys itself will consist of a handful of questions revolving around a human-centered design,*

*focusing on such elements as trust, emotion, effective, and ease of the interaction.*

6. 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.*

Veteran Transportation survey

I would recommend Veteran Transportation Services to other Veterans. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

It was easy to schedule my transportation.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

It was easy to check the status of my trip when needed.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

My driver was respectful and caring.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

During my transportation I felt safe.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The vehicle used to take me to my appointment was clean and in good condition.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I rely on VA provided transportation to get to my medical appointments.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I was late or missed an appointment within the last 30 days due to VA provided transportation services. **Required**

- Yes
- No

I prefer to use VA transportation services over other transportation options.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

What method of transportation do you prefer to use to get to your medical appointments? (Select only one option)

- Drive self
- Friend/family
- VA Veteran Transportation Services (VTS)
- VA Volunteer Transportation Program (i.e. DAV vans)
- Other Veteran Service Organization transportation
- Public Transportation

I trust VA Veteran Transportation Services for my healthcare transportation needs.

**Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

If additional information is needed, can VA contact you about your feedback? **Required**

- Yes, VA can contact me about my experience.

o No, I do not want VA to contact me about my experience.

VA Emergency Ambulance Survey

I would recommend VA Ambulance services to other Veterans. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The EMTs were respectful and caring.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The EMTs explained things in a way that I could understand.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The EMTs took my health concerns seriously. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

During the ambulance transport I felt safe.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I felt well taken care of by the VA Ambulance staff.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I trust VA Ambulance Services for my healthcare needs. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

If additional information is needed, can VA contact you about your feedback? **Required**

- Yes, VA can contact me about my experience.
- No, I do not want VA to contact me about my experience.

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

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. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

The Survey will take place within a month of utilizing VA transportation services.

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

Yes  No

If Yes, describe:

N/A

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	4,000	5 minutes	333 Hours
<b>Totals</b>	4,000	5 minutes	333 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;
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 and email address of person who developed this survey/focus group/interview:

Name: Todd Stawicki

Email address: todd.stawicki@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: XXXX-XXXX)**

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**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.