

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

TITLE OF INFORMATION COLLECTION: Compassionate Contact Corps

PURPOSE OF COLLECTION:

The Compassionate Contact Corps is a virtual social prescription program where trained volunteers are matched with Veterans that are experiencing loneliness or are socially isolate. The purpose of this service level measurement is three-fold:

- 1) To collect customer experience data from participants and volunteers in Compassionate Contact Corps program
- 2) To help field staff and national office identify areas of improvement
- 3) To better understand the reasons Veterans and volunteers in the Compassionate Contact Corps provide positive or negative feedback

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?
The population consists of Veterans and caregivers who participate in the Compassionate Contact Corps.

4. How will you ask a respondent to provide this information?
Facility coordinators will email the survey to Veterans and volunteers that participate in the Compassionate Contact Corps. Veterans and volunteers will choose whether they want to click

on the link, or whether they want to participate after opening the survey.

5. What will the activity look like?

The activity will be an electronic survey that takes 5 minutes to complete.

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.

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

Done

7. When will the activity happen?

The survey will be emailed to Veterans and volunteers within 3 months of the survey being approved by OMB.

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

[] Yes [X] No

If Yes, describe:

XXX

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Veterans	1,000	5 minutes	84
Volunteers	700	5 minutes	58
Totals	1,700	5 minutes	142

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: Juan Jackson

Email address: juan.jackson@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)

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.