Request for Approval under the "Fast Track Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0704-0553)

TITLE OF INFORMATION COLLECTION: Military OneSource Triage Experience Survey

PURPOSE: The purpose of this triage-specific customer survey is to measure the experience of the Military OneSource triage process in connecting callers with in-house programs and resources. The survey would be sent following an individual's interaction with their triage consultant via phone or live chat. The Military OneSource Triage Experience Survey will allow MCSP to better understand and gain a more actionable and accessible view of the triage experience.

DESCRIPTION OF RESPONDENTS: Survey respondents would be Military OneSource users (e.g., service member, family members, service providers) who had just finished an interaction with a Military OneSource triage consultant. The triage-specific survey would be deployed via phone and live chat by programs that do not currently survey users. The survey is voluntary and would only be sent to users who provided the triage consultant permission to be contacted for feedback. In the eCMS case management system, this agreement is tracked through the '*Satisfaction Feedback*' field.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [**X**] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [ ] Other:_____

CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6. The 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 future.

Name: <u>Erika Slaton, Director, Military Community Support Programs</u>

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [**X**] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [ ] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	960	2 minutes	32
Totals	**960**	**2 minutes**	**32**

The estimated burden of time per response averages 2 minutes.

PUBLIC COST: The estimated annual cost to the public is <u>$1007.</u>

The respondent's mean hourly wage was determined by using all occupations ($31.48) from the BLS website https://www.bls.gov/oes/current/oes_nat.htm#00-0000.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents
1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
                                                                    [X] Yes   [ ] No

The survey is voluntary and would only be sent to users who provided the triage consultant permission to be contacted for feedback.
Potential respondents are:
  * Users who interact with a Military OneSource triage consultant via phone or live chat. These users include active-duty service members, military families, and service providers.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
        [**X**] Web-based or other forms of Social Media
        [**X**] Telephone
        [ ] In-person
        [ ] Mail
        [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [**X**] No