

Form Questions

1. Which of these best describes you?
 - ☐ An individual or family who currently does NOT have Marketplace health insurance but is interested in getting Marketplace health insurance
 - ☐ An individual or family who currently has Marketplace health insurance
 - ☐ A friend or family member helping someone else who is interested in marketplace health insurance.
 - ☐ A Marketplace certified assister or navigator
 - ☐ A Marketplace certified broker or agent
 - ☐ An insurance company representative
 - ☐ None of these

2. What is the main reason you came to Find Local Help today?
ROTATE
 - ☐ Get help with information about Marketplace health insurance (like how it works, what's covered, or cost information)
 - ☐ Finding information about Medicaid or the Children's Health Insurance Program
 - ☐ Get help with completing-an application
 - ☐ Get help with shopping and comparing plans
 - ☐ Get help enrolling in or re-enrolling in a plan
 - ☐ Find someone who can assist me in person
 - ☐ Find someone who can assist me by phone
 - ☐ Find someone who can assist me virtually or online
 - ☐ Find someone who can assist me in my own language
 - ☐ None of these reasons

3. Were you able to successfully complete the activity you came to do during your visit today?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable – did not attempt activity

4. How can we improve this page? (open-ended)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0938-1382]. This information collection is voluntary and will be used to improve the content and design of the Find Local Help page on the English and Spanish language web sites for www.healthcare.gov. The time required to complete this information collection is estimated to average less than 2 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary. We do not pledge confidentiality as we are not collecting any PII or PHI or other proprietary information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.