

EMAIL SUBJECT LINE: VA Liaison Program Experience Survey (<X> minutes).

EMAIL PREHEADER: Tell us about your experiences working with the VA Liaison Program.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: <4 minutes>

Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this <X> minute survey to let us know about your experience with the VA Liaison Program. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

Veterans Experience Office
Department of Veterans Affairs

Whether you’re just getting out of the service or you’ve been a civilian for years, the VA Welcome Kit can help guide you to the benefits and services you’ve earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

¹We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.² By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA.³ VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans.⁴ This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of <# minutes> to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Required if Service Recovery. 3). Required unless exception.4). Always required on footer]

EMAIL SUBJECT LINE: We still want to hear about your VA Liaison Program experience. (<X> minutes)

EMAIL PREHEADER: Tell us about your experiences working with the VA Liaison Program.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
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Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience with the VA Liaison Program. Please let us know how we are doing by taking a <X> minute survey regarding your experience.

Take Our Survey

Thank you,

Veterans Experience Office

Department of Veterans Affairs

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Help us serve you better.

We want to hear about your recent experience with VA Liaison <VA Liaison’s name> who is located at <Military Base>. The VA Liaison is a VA employee that helped you during your transition to coordinate your health care with VA.

This survey should take approximately <X> minutes to complete. Please respond to all questions in order to continue the survey.

✗ One or more items on this page require your attention.

Do you recall your meeting with VA Liaison <VA Liaison’s name>?

- ☐

Yes, I met with a VA Liaison.

[Logic: go to CX Survey]
- ☐

No, I do not recall meeting with a VA Liaison.

[Logic: go to Close Out page]

Next

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Help us serve you better.

We want to hear about your recent experience with VA Liaison <VA Liaison’s name> who is located at <Military Base>. The VA Liaison is a VA employee that helped you during your transition to coordinate your health care with VA. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take approximately <X> minutes to complete. Please respond to all questions in order to continue the survey.

✖ One or more items on this page require your attention.

✖ Error: This is required.
It was easy to get connected with the VA Liaison Program.

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

✖ Error: This is required.
It was easy to work with VA Liaison <VA Liaison’s name>.

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

✖ Error: This is required.
My initial VA appointments were scheduled in a timely manner after speaking with VA Liaison <VA Liaison’s name>.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	○

✖ Error: This is required.
VA Liaison <VA Liaison’s name> presented information and next steps that were relevant and easy for me to understand.

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

✖ Error: This is required.
I felt reassured by the guidance provided by VA Liaison <VA Liaison’s name>.

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

✖ Error: This is required.
I felt that VA Liaison <VA Liaison’s name> listened and considered my health care needs.

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

✖ Error: This is required.
I am satisfied with how VA Liaison <VA Liaison’s name> was able to coordinate my care.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	○

✖ Error: This is required.
My interaction with the VA Liaison Program helped build my trust in VA.

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

✖ Error: This is required.
After working with VA Liaison <VA Liaison’s name>, I feel more confident that I will receive the care I need from VA.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your interactions with the VA Liaison Program?

✖ Error: This is required.
Please select from one of the following options.

Select your response

[Logic]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

✖ Error: This is required.
Can VA contact you about your feedback?

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

Would you like to volunteer your demographic information to help VA better serve you?

- ☐ Yes [Logic: proceed to Demographics page]
- ☐ No [Logic: skip Demographics page]

Next

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VA



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Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

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Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your thoughts and feedback in order to continuously improve your experience with VA services.

Visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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