

EMAIL SUBJECT LINE: How Was Your Experience Receiving Your Application Decision for VA Education Benefits?

EMAIL PREHEADER: Tell us about your experience receiving the application decision with receiving VA Education Benefits.



OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Your opinion matters.

Dear <First Name Last Name>,

We care about your trust and satisfaction with VA. Please take this [5 minute survey](#) to let us know about your experience receiving your application decision for VA Education Benefits. What did we get right or how we can improve? 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 988 (Press 1) or 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](#)

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. 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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 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. 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 5 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.

Privacy Policy [logic: Hyperlink: <https://www.va.gov/privacy-policy/>]

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Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience receiving your application decision for VA Education Benefits. Tell us if we got it right or how we can serve you better by taking this [5 minute survey](#).

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Help us serve you better.

We want to hear about your experience with receiving your application decision for VA education benefits. By responding to this survey, you will directly help us improve, and provide better support to beneficiaries like you.

This survey should take you approximately 5 minutes to complete.

I trust VA to effectively administer my education benefits. REQUIRED

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

After submitting my benefits application, I understood the education benefits I was entitled to.

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

After submitting my application, I understood how and when I would receive my benefits.

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

I understood how to get information about the status of my education benefits application.

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

After I submitted my application for benefits, I received my Certificate of Eligibility (COE) within the expected timeframe.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience(s) receiving the application decision? Please select from one of the following options.

Select your response

Compliment

Concern

Recommendation

Will not provide additional feedback

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

0/400

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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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.

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

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Middle Eastern or North African

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

- ☐ Male
- ☐ Female
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say
- ☐ Other

REQUIRED

Which sexual orientation do you most identify with? Please select all that apply.

- ☐ Heterosexual or Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Prefer not to say
- ☐ Other

REQUIRED

Do you have a disability? (i.e., recorded or regarded as having a physical or mental impairment which substantially limits one or more major life activities)

- ☐ Yes
- ☐ No

Is English the language you prefer to speak in your everyday life?

- ☐ Yes
- ☐ No

Finish

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Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to learn where we can make improvements to increase your trust and satisfaction with VA.

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

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