

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number:2900-0876)**

TITLE OF INFORMATION COLLECTION:

MOVE! Maintenance Pilot Program Survey

PURPOSE OF COLLECTION:

The VA MOVE! Weight Management Program intends to ensure the quality of customer service and satisfaction provided to Veterans aligns with the VA Secretary's priority. The survey will provide information from Veterans about their experience and satisfaction with the MOVE! Maintenance Pilot Program. The survey will be instrumental to the VA MOVE! Weight Management Program in their efforts to improve the quality of service delivery and to help shape the direction and focus of MOVE! and the Veteran experience. The information will also be used to evaluate how well facility-based MOVE! programs are meeting Veteran and program goals.

In order to capture the voice of the Veterans who have participated in the MOVE! Maintenance Pilot Program, the Veteran Experience Office (VEO) will leverage VSignals to collect feedback through a short, low burden customer experience survey delivered as a URL and QR code for distribution. The survey is completed via a web-based survey design and contains questions to identify customer satisfaction and customer service areas that may need improvement. The survey will in no way collect nor share personally identifiable information. The participant can choose to exit the survey at any time before submitting their survey response.

A new question is being added for Veterans to identify the specific facility. Veterans will be asked to answer the question of the specific location for completing the MOVE! Maintenance program to better evaluate the service points for the program.

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 survey will be offered to all Veterans who have participated in the MOVE! Maintenance Pilot Program. There will be the following statement asking the participants to take the survey:

"We want to hear about your experience with the MOVE! Maintenance sessions. By responding to this survey, you will directly help us improve the program, and provide better support to Veterans like you."

Participants will choose whether they want to click on the link and whether they want to participate after opening the survey. The participant can choose to exit the survey at any time before submitting their survey response.

4. How will you ask a respondent to provide this information?

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5. What will the activity look like?

In order to capture the voice of the Veterans who have participated in the MOVE! Maintenance Pilot Program, the Veteran Experience Office (VEO) will leverage VSignals to collect feedback through a short, low burden customer experience survey delivered as a URL and QR code for distribution. The survey is completed via a web-based survey design and contains questions to identify customer satisfaction and customer service areas that may need improvement. The survey will in no way collect nor share personally identifiable information. The participant can choose to exit the survey at any time before submitting their survey response.

The burden time is 3 minutes for completion.

6. Please provide your question list.
See Attached.

7. When will the activity happen?

The survey will be offered to all Veterans who have participated in the MOVE! Maintenance Pilot Program upon completion.

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

☐ Yes ☒ No

If Yes, describe:

XXX

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	200	3 minutes	10 hours
			10 hours
Totals	200	3 minutes	

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: Brian Brown

Email address: brian.brown3@va.gov

All instruments used to collect information must include:

OMB Control No. XXXX-XXXX

Expiration Date: XX/XX/XXXX

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.