

**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: Survivor Survey

PURPOSE OF COLLECTION:

The Veterans Benefits Administration (VBA) is responsible for providing and/or managing a wide array of services to Veterans and their family members. The Office of Survivors Assistance (OSA) serves as a resource for all benefits and services furnished to eligible spouses and dependents of deceased Veterans and Service members.

OSA currently does not have a standardized ability to capture and use customer feedback at outreach events. The Veterans Experience Office (VEO) in partnership with OSA will leverage VSignals to collect feedback through a short, low burden customer service survey delivered as a URL/QR code for distribution to event attendees. OSA will use the feedback received to measure survivor sentiment and trust surrounding their experience applying for and accessing benefits and services from VA.

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, the survey will be delivered as a URL/QR code for distribution to event attendees
3. Who will you collect the information from?

The target audience will be attendees at events where OSA is present which will include spouses and dependents of deceased Veterans and Service members.

4. How will you ask a respondent to provide this information?
Attendees at OSA attended events will be provided the survey through a link/QR code.

5. What will the activity look like?

The survey will consist of 15 questions. Attendees at events where OSA is present will be offered the opportunity to complete a survey through a link/QR code. The survey will be completed using an online interface. The survey itself will consist of questions revolving a human-centered design focusing on such elements as trust, emotion, and ease of the interaction.

6. Please provide your question list.
See attached.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

7. When will the activity happen?

The activity will happen throughout the year at outreach events attended by the OSA.

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

☐ Yes ☒ No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Survivor Survey	1,000	5 minutes	83
Totals	1,000	5 minutes	83

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: Juan Jackson

Email address: juan.jackson@va.gov

All instruments used to collect information must include:

OMB Control No. 2900-0876

Expiration Date: 02/28/2026

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.