

Temporary Housing Units (THU) Survey- Electronic

FEMA LOGO (TOP LEFT FIRST
PAGE ONLY)

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PAPERWORK BURDEN DISCLOSURE NOTICE:

Public reporting burden for this data collection is estimated to average 8 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0143) **NOTE:** Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRA Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards"; and its March 23, 1995 Memorandum addendum, "Improving Customer Service"; Executive Order 13411 "Improving Assistance for Disaster Victims"; Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service"; and the related June 13, 2011 Memorandum "Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service."

PRINCIPAL PURPOSE(S): DHS/FEMA collects this information to measure Individual Assistance applicants' customer satisfaction with FEMA services.

ROUTINE USE(S): This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), or as required by law. The Department's system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

DISCLOSURE: The disclosure of information on this form is strictly voluntary and will assist FEMA is making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual's ability to qualify for or receive FEMA Individual Assistance. Questions regarding this form may be submitted via email to FEMA-Program-Survey@fema.dhs.gov.

Begin Survey

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INFORMATION

Using a scale of 1 (Poor) to 5 (Excellent), how would you rate the Temporary Housing Program Information provided by FEMA on...

	1 Poor	2	3	4	5 Excellent
1. Being easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Answering your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Being helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explaining what happens next	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall satisfaction with information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CUSTOMER SERVICE

Using the same rating scale, please rate FEMA Representatives on...

	1 Poor	2	3	4	5 Excellent	Did not talk to FEMA Representative
6. Courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Showing interest in helping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Overall customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TEMPORARY HOUSING ASSISTANCE

Using a scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how would you rate the housing provided by FEMA on the following areas:

	1 Not at all Satisfied	2	3	4	5 Very Satisfied	Don't Know or Not Applicable
9. Timeliness of availability for move in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Being equipped with basic household items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Being conveniently located	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Accommodating household members with access and functional needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Quality of maintenance or repair services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Timeliness of maintenance or repair services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
15. Overall, how satisfied are you with FEMA's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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temporary housing unit?					
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Using a scale of 1 (Not at all Easy) to 5 (Very Easy), how would you rate FEMA on making it easy to...

	1 Not at all Easy	2	3	4	5 Very Easy	Don't Know or Not Applicable
16. Obtain a temporary housing unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Renew continuation of housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Programmer Note: If VACATEDDT is not null go to Q18 else go to Q19)

Using a scale of 1 (Not at all Easy) to 5 (Very Easy), how would you rate FEMA on making it easy to...

	1 Not at all Easy	2	3	4	5 Very Easy	Don't Know or Not Applicable
18. Move out of temporary housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. What suggestions do you have for improving FEMA's Temporary Housing Assistance Program? (500 Character Maximum)

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DEMOGRAPHICS

20. We're almost done. Would you volunteer to answer a few demographic questions for statistical purposes?

- Yes
- No

(Programmer Note: If Q20 response = Yes go to 21 else go to Q27)

Q21. Is your gender...

- Female
- Male
- Other (e.g., transgender, nonbinary, or gender variant)
- Prefer not to answer

Q22. Is your age range...

- Under 25
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to answer

Q23. Is your marital status...

- Never married
- Married or living with partner
- Separated
- Widowed
- Divorced

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Prefer not to answer

Q24. Is your current employment status...

Employed for wages

Self-employed

Unemployed

Homemaker

Student

Retired

Prefer not to answer

Q25. Which of the following best describes your highest level of formal education?

Did not complete high school

High school graduate / GED

Some college

Associate degree

Bachelor's degree

Master's degree

Doctoral degree

Prefer not to answer

Q26. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes

No

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Q27. Please select the racial category or categories that you most closely identify with. Select as many as apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Q28. Do you or anyone in your household have a disability that affects your ability to carry out activities of daily living or requires an assistive device such as, but not limited to, a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen or other similar medically-related devices or services?

Yes

No

(Programmer Note: If Q28 response = Yes go to Q29, else go to Q30)

Q29. Are the devices or services used to assist with any of the following? (You may select all that apply.)

- Mobility
- Cognitive, Developmental Disabilities, Mental Health
- Hearing and/or Speech
- Vision
- Self-Care
- Independent Living
- Other

Q30. Your opinion is very valuable to us. May we contact you later to ask additional questions?

Yes

No

Close

Thank you for your time.