



U.S. Department
of Veterans Affairs

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 988 (Press 1), or dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to VACOPaperworkReducAct@va.gov. VA will not disclose your personal information to third parties outside VA without your consent or when immediately responding to an expressed concern or need for immediate information or resources.

This voluntary survey should take you approximately 5 minutes to complete.

OMB Number: 2900-0912
Expiration: 09/30/2025
Estimated Burden: 5 minutes

What best describes you as you're participating in this VA Outreach Event?

<input type="radio"/> Veteran
<input type="radio"/> Active Military/National Guard/ Reserve
<input type="radio"/> Family Member
<input type="radio"/> Caregiver
<input type="radio"/> Survivor

Is this the first time you have interacted with VA?

Yes

No

Unsure

Do you currently receive VA health care services or VA benefits, such as compensation, pension, education, home loan, or pre-burial benefits?

Yes

No

Unsure

Please indicate why you may not have interacted with VA. Please select all the following reasons that apply.

**** (Logic: Only displays if answer to previous question is 'Yes' or 'Unsure')**

I did not know I was eligible for VA health care or benefits.

I haven't had the time to look into VA health care or benefits.

I did not wish to apply for any VA health care or benefits.

I did not know how to apply for VA health care or benefits.

Other

Did you have any challenges during the VA Outreach Event? Please select all that apply.

<input type="checkbox"/> No challenges.
<input type="checkbox"/> Event time wasn't convenient.
<input type="checkbox"/> Parking was a challenge.
<input type="checkbox"/> Location wasn't convenient.
<input type="checkbox"/> My disabilities made it hard to attend.
<input type="checkbox"/> Making an appointment was difficult.
<input type="checkbox"/> Call wasn't conducted at the time I desired.
<input type="checkbox"/> Issues with calls (call went too long, too many transfers, too long to be connected to resource provider)
<input type="checkbox"/> Technical failures (dropped calls, audio problems)
<input type="checkbox"/> Other

Please describe what challenge you had attending the VA Outreach Event. Please do not include any personally identifiable information such as Name, Social Security Number, Veteran ID, or medical information, but do provide details about your challenge.

****Logic: Only displays if the previous answer is 'Other'**

It was easy to get the information and/or services that I needed at the VA Outreach Event.

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

I was able to get my information and/or service support needs met at the VA Outreach Event.

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

I felt respected and valued during my participation at the VA Outreach Event.

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

I trust VA to fulfill our country's commitment to Veterans.

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

I would recommend this VA Outreach Event to other Veterans.

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

What is your sex?

Male

Female

What race/ethnicity do you identify with? Please select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

What ZIP code do you consider your primary residence?

(Enter '00000' if using an APO/FPO).

We are asking this question so that we can help determine the best location for future VEAC events.

Finish

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0912, and it expires 09/30/2025. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports

Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0912 in any correspondence. Do not send your completed VA Form to this email address.