



COMMITTEE ON APPROPRIATIONS

**SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES,
EDUCATION, AND RELATED AGENCIES**

UNITED STATES HOUSE OF REPRESENTATIVES

MARCH 14, 2013

STATEMENT FOR THE RECORD

**CAROLYN W. COLVIN
ACTING COMMISSIONER
SOCIAL SECURITY ADMINISTRATION**

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to update you on our service delivery challenges and what we must do to successfully manage them.

The Social Security Administration (SSA) historically has been a “can-do” agency. Over the years, Congress has asked us to provide the American people with quality service in a timely and effective manner. Our work includes not only our core mission of administering Social Security and Supplemental Security Income (SSI), but also requires the employees in our 1,200 community-based field offices to assist individuals in other areas ranging from applying for Medicare to clarifying their immigration and work authorization status. While we recognize the very important role we play in helping people, and are proud of the service we provide, I must warn you that these levels of service cannot be sustained if we are underfunded.

When we receive adequate, sustained, and predictable funding, our record shows that we deliver on the investment. Unarguably, our most recent success has been drastically reducing the hearings backlog. We are considered among the most efficient and effective agencies in the Federal Government—achieving great success when our “can-do” attitude is matched with sufficient resources. As I will explain further, we are under continuing stress and need your assistance to allow us to maintain the quality service the American people deserve and have come to expect.

Program Overview

The Old-Age, Survivors, and Disability Insurance (OASDI) program, commonly referred to as “Social Security,” protects against loss of earnings due to retirement, death, and disability. Workers, their employers, and self-employed persons finance Social Security through payroll taxes. We also administer the SSI program, funded by general revenues, which provides cash assistance to aged, blind, and disabled persons with very limited means.

In addition to administering these core programs, we handle lesser-known but critical services that bring millions of people to our field offices or prompt them to call us each year. We issue replacement Medicare cards, help administer the Medicare low-income subsidy program, and verify information for other Federal and State programs.

When the American people turn to us for any of these vital services, they expect us to deliver a quality product, and we do everything within our power to deliver it. Whether our customer is a grandmother who asks for a replacement Medicare card, a worker applying for retirement insurance benefits, or an indigent mother with a severely disabled child needing SSI, our purpose is the same: to conscientiously and compassionately serve our customers.

We pride ourselves on delivering caring, high-quality services for all of our customers, although that has become more challenging over the past several years. A large part of that challenge is due to the increased workloads caused by the aging of the Baby Boomers, economic downturns, and the growing demand for us to verify information for other programs. Tighter budgets have exacerbated our ability to serve members of the public who need our services.

If we are to succeed in our mission to serve our current beneficiaries and all Americans seeking help through other important programs, we need sustained, predictable funding that will allow us to hire and train highly-qualified employees to reach an optimal staffing level, having lost many employees through attrition since fiscal year (FY) 2011. Sufficient funding also will allow us to make the right investments in technology to help us to be as efficient as possible, saving time for both the agency and public.

Our employees are our best asset when it comes to serving the public. They have responded heroically to serve every person who comes through our front door or calls us—even as dwindling resources mean we have far fewer employees available to serve the public. In fact, since FY 2011, average daily visitors per employee have increased by 4 percent. In the offices with the highest employee attrition (over 10 percent), average daily visitors per employee have increased by 16 percent.

Shrinking resources and workforce, and rising workloads have resulted in people waiting much longer—and becoming increasingly frustrated. On those increasing occasions when frustration spills over into aggression or even violence, our employees, as well as members of the public, are at risk. Since FY 2011, our employees have been exposed to a nearly 20 percent increase in threats. We owe it to our employees and the people they serve to do everything we can to protect and support them.

Adequate funding enables us to invest in tools and technology, which are vital for delivering quality service. Technology benefits our customers by providing more options to do business with us over the Internet or through self-service kiosks. We must build upon the success of our online tools and recently released *mySocialSecurity*, which provides Internet users a secure way to do business with us. As we perfect these self-service options, we can add more business functions to them, which free our employees to focus on complex work and the customers who most need our help.

Another important part of customer-centric service delivery is partnering with other agencies. Many of those we serve are eligible for benefits and services from other Federal and State agencies. We owe it to our customers—who include Wounded Warriors and homeless veterans—to strengthen our relationships with agencies like the Department of Defense (DoD) and the Department of Veterans Affairs (VA). Coordinating our services with other agencies helps ensure that the most vulnerable among us do not slip through the safety net that Congress created for them. However, without adequate resources, these partnerships will be much harder to sustain.

Looking ahead, we recognize the current fiscal environment may mean reduced resources for us to administer Social Security and SSI. Consequently we—and Congress—will face tough choices and trade-offs. Insufficient resources may mean further reductions in office hours, deferred workloads, and other cost-saving activities that will sadly delay services to our applicants and beneficiaries. We will do what we can to spread out any additional budget cuts across our organization in a way that is manageable for all of our customers and fundamentally fair. We will also do what is best for our employees who have struggled to cover more and more

work. Our goal is to provide balanced service with the resources that we receive. With additional resources, we could hire more, invest in technology that will help us work smarter and faster, and deliver an overall better product to the American people. We have shown time and again that we are a good investment for the American taxpayer.

The Services We Provide and the Challenges We Face

Few government agencies touch as many people as we do. The programs we administer provide a financial safety net for millions of Americans, and many consider them the most successful large-scale Federal programs in our Nation's history. The responsibilities with which we have been entrusted are significant. In FY 2012, we:

- Paid over \$800 billion to almost 65 million beneficiaries;
- Handled over 56 million transactions on our National 800 Number Network;
- Received over 65 million calls to field offices nationwide;
- Served about 45 million visitors in over 1,200 field offices nationwide;
- Completed over 8 million claims for benefits and 820,000 hearing dispositions;
- Handled almost 25 million changes to beneficiary records;
- Issued about 17 million new and replacement Social Security cards;
- Posted over 245 million wage reports;
- Handled over 15,000 disability cases in Federal District Courts;
- Completed over 443,000 full medical continuing disability reviews (CDR); and
- Completed over 2.6 million non-medical redeterminations of SSI eligibility.

We accomplish these tasks, and others, through a nationwide workforce of about 80,000 Federal and State employees. Our employees' number one challenge and priority is to deliver the highest quality service they can to our customers.

Delivering excellence has meant different things at different times. We must change along with our customers' needs, including their preferences for ways of doing business with us. When we first established our field office structure in 1936, there was only face-to-face service. We processed our claims on paper, without computers, and we housed our ever-growing files across the country, making it difficult, if not impossible, to share work between offices.

Now, our customers increasingly embrace and expect the use of online services. In addition to providing better service, our online services save our employees time, allowing them to work on other issues and workloads. In fact, our online claims applications are critical to allowing us to keep up with a surge in retirement and disability claims.

As we change to meet the public's service preferences, we must ensure that we provide excellent service for those who prefer to speak to us on the phone or face-to-face. We are committed to not leaving any of our customers behind in pursuit of new technologies, and we must do everything within our power to serve them in an easily accessible way. However, managing our transition to online processes is a very difficult balancing act, especially in the current fiscal climate and as we see growing numbers of claims.

The current budget situation is exacerbating the negative effects of over two straight years of funding levels nearly a billion dollars below the President's budget requests. With fewer employees to serve our customers, we are seeing serious signs of service deterioration.

Examples include:

- This week, close to 12,000 visitors to our field offices will have to wait over 2 hours to be served, a figure that has almost tripled in just the last 4 months;
- The average wait time for field office visitors without an appointment increasing by 40 percent, from just 21 minutes in FY 2010 to about 30 minutes through January of FY 2013;
- Our 800-number average busy rate increasing from 4.6 percent of all calls in FY 2010 (which equates to 2.6 million calls) to about 15 percent of all calls through January of FY 2013 (which equates to 3.3 million calls and puts us on-pace for a projected 10.5 million calls for FY 2013); and
- Our average speed of answer for the 800-number more than doubling from about 3.5 minutes in FY 2010 to over 7.5 minutes through January of FY 2013.



Above: The public waits to enter our Miami (South), Florida office on January 8, 2013.

We have done everything within our power to minimize the effects on our customers, including enacting several cost-saving measures. We have:

- Consolidated 41 field offices and closed 490 contact stations since FY 2010, in addition to foregoing plans to open eight needed new hearings offices and a new teleservice center;
- Reduced the hours that our field offices are open to the public to complete late-day interviews without using overtime;
- Developed an acquisitions savings plan that realized over \$460 million in savings in FYs 2010 and 2011;
- Reduced travel in accordance with the President's Executive Order on Promoting Efficient Spending, which has saved \$28.6 million since FY 2010;
- Eliminated unnecessary spending in areas such as printing, supplies, and relocation, which has saved \$52.4 million since FY 2010; and
- Reduced agency-sponsored conferences from 112 in FY 2010 to 13 in FY 2012, saving over \$7 million.

However, the core of our work is people-based. If we do not have enough employees to keep up, our customers can expect to wait longer in our offices, on the phone, and for disability decisions at all levels. At the estimated sequestration level, we would operate with \$11.134 billion in FY 2013 for our Limitation on Administrative Expenses account, a decrease of \$386 million from our current continuing resolution operating level of \$11.520 billion. At this stage of our planning, sequestration will result in the loss of over 3,400 employees due to attrition in FY 2013 that we would be unable to replace.

As a result, we estimate that pending levels of initial disability claims will rise by over 140,000 claims, and on average, applicants will have to wait about 2 weeks longer for a decision on an initial disability claim and nearly a month longer for a disability hearing decision. Visitors in our field offices will wait significantly longer, and callers to our 800-number will wait almost 10 minutes for us to answer.

These service issues have created unfortunate and potentially dangerous consequences. As customers have had to wait longer and longer for services, we are seeing an increasing number of threats to our employees, guards, and members of the public in our offices. In 2012, our offices received and processed nearly 4,000 incidents of threat or violence against our employees, guards, and facilities. In several assaults, weapons were used, and on November 30, 2012, our Casa Grande, Arizona office was attacked by an individual using an incendiary device. In just the first 3 weeks of this year, we experienced over 500 incidents, many of which were directed towards our employees.

We expect that the tight fiscal climate will persist, and we are realistic about the tough choices we will continue to face. Even if we receive the same amount of, or slightly higher, funding compared to FY 2012, we will lack adequate funding to replace all the employees we expect to lose due to attrition. This diminishing return is because many of our fixed costs—e.g., salaries, health care benefits, rent, postage, guards—will continue to rise each year and consume a larger part of our fixed budget, leaving insufficient funding to hire new employees. Staffing losses are already creating uneven service across the Nation, and the disparities will grow without adequate, sustained, and predictable funding.

We are evaluating how we can best deliver services to our customers given the current environment. We will make smart, balanced choices about how we deploy the resources that we receive. With funding at the current continuing resolution level for the full year, we would be able to hire about 2,000 employees between now and the end of the fiscal year to replace critical losses and to help mitigate the effects on the public. However, in this fiscal environment and in spite of all our best efforts, we know we will not be able to timely complete all of the work for which we are responsible.

Initial Disability Claims and Hearings Backlog

We are trying to keep pace with the elevated level of new disability claims. Over the past five years, the initial disability claims we received increased by about a third. Due to significant increases in employee productivity, technology, and policy improvements, we have so far been able to keep pace with this workload and while maintaining—and even improving—quality.

Our easy-to-use online application for applying for disability, retirement, and Medicare—iClaim—has been a huge success. Applicants can now file for benefits online at their own pace and on their own schedule. The percentage of applications filed online continues to increase. In FY 2012, more than 1.1 million Social Security Disability Insurance (SSDI) claimants, or 38.5 percent of SSDI claimants, filed online, which was almost 8 times greater than in FY 2007, prior to iClaim. Through January 2013, 43.3 percent of SSDI claimants filed online.

We continually identify ways to streamline the disability claims process. Since last April, adults who file online now have the option of electronically signing and submitting the authorization form we use to obtain evidence. Over 94 percent of eligible adults have chosen to electronically submit the authorization form. Ultimately, we expect this improvement will further reduce processing times by eliminating the need for mailing paper authorization forms.

We know we cannot just focus our efforts on speed. Quality is integral to our disability processes. We have developed and implemented the electronic Claims Analysis Tool (eCAT), a web-based application, to help State disability determination services (DDS) examiners apply policies correctly throughout the disability decision-making process. eCAT uses “intelligent pathing,” which prompts users to consider the appropriate questions based on the unique characteristics of each case. We fully implemented eCAT last year and made it mandatory for use in every DDS.

We continue to make significant progress in developing the Disability Case Processing System (DCPS). DCPS will replace the 54 different systems that support the DDSs with 1 national system based on state-of-the-art technology. This system will include eCAT. Additionally, DCPS will allow us to systematically support policy changes in a faster way, and it will promote more consistency among the DDSs. DCPS will also provide efficiencies that will make it easier to modify our system, making changes in 1 rather than 54. We expect that the new system will improve documentation of our decisions. We are testing the initial version of DCPS, released in September 2012, in the Idaho DDS. We are incrementally increasing functionality and plan to expand to the Illinois DDS in April 2013 and the Missouri DDS in July 2013.

We rely upon doctors, hospitals, and others in the health care field to timely provide the millions of medical records that we need. Traditionally, this has been a very time-consuming, paperbound part of the disability decision process. We are leveraging the rapid developments of electronic health records and health IT in the medical community to improve our disability business processes. However, with the advent of standards-based computer exchanges, we have successfully shown that, with the consent of our claimants, we can nearly instantaneously access medical records. As health IT becomes the industry standard, the volume of medical records that we receive through health IT will rapidly increase, and the speed and accuracy of our disability decisions should improve significantly. We, along with Congress, will have much improved management information to support further enhancements to the disability process. We are working very closely with the Department of Health and Human Services' Office of the National Coordinator for Health IT and with the Centers for Medicare and Medicaid Services to align our work with the national strategy for health IT. In addition, we are working with DoD and VA to implement health IT exchanges to improve our collection of medical records.

Streamlining and updating our business processes will help us to decide claims more quickly without disadvantaging the claimant. Last year, we issued a rule to give our adjudicators greater flexibility in how they analyze disability cases. In certain cases, if we find that a claimant is able to do other work based solely on his or her age, education, and residual functional capacity, we can deny the claim without requiring—as our prior rule did—the adjudicator to determine whether the claimant is able to perform his or her past relevant work.

The President's 2013 Budget proposed another program simplification called the Work Incentives Simplification Pilot (WISP). The current set of work incentive policies and post-entitlement procedures has become very difficult for the public to understand and for us to administer effectively. The goal of WISP is to conduct a test of simplified SSDI work rules, subject to rigorous evaluation protocols, which may encourage beneficiaries to work, reduce our administrative costs, and help eliminate improper payments.

To help us identify disability cases that we should clearly allow, we continue to update the Listing of Impairments (Listings). The Listings describe for each major body system the impairments considered severe enough to prevent an adult from working or, for children, impairments that cause marked and severe functional limitations. We have completed comprehensive body system listing revisions for 10 of the 14 adult and childhood body systems and plan to complete the rest by the end of FY 2014.

We are successfully using the Compassionate Allowances and Quick Disability Determinations processes to fast-track disability determinations for individuals who are obviously severely disabled. Since October 2009, we have used these processes to expedite claims for over 510,000 disability claimants, while maintaining a very high accuracy rate and processing the cases in days or weeks, rather than months. Approving clearly eligible claimants early in the process benefits persons with severe disabilities and, at the same time, allows us to focus our attention on the more ambiguous cases. We continuously research other conditions to identify those we should capture under our Compassionate Allowances or our Quick Disability Determinations processes.

To make consistent, better-informed decisions on whether claimants meet our disability criteria, we have started the difficult process of overhauling our main vocational tool, the Dictionary of Occupational Titles, which the Department of Labor (DOL) largely stopped updating in the late 1970s. We are working with DOL to collect new data for occupations at the detailed occupational level. In July 2012, we signed an interagency agreement with the Bureau of Labor Statistics to pilot the collection of detailed occupational information that could support a new Occupational Information System that would address our needs.

We also partner with the National Institutes of Health (NIH), which allows us to work with each of NIH's 27 institutes to support our disability program research and development. In 2008, we executed an interagency agreement with NIH's Clinical Research Center to conduct short- and long-term research on improving the disability determination process. Under this agreement, NIH analyzes our existing data to provide recommendations for expanding the list of Compassionate Allowances and updating the Listings. The collaboration has also informed our efforts to incorporate functional information into the disability criteria.

We have worked hard to reduce the hearings backlog. Our results illustrate the enormous good that can be achieved with a dedicated commitment of resources to an important agency workload. With more judges and employees to decide cases, as well as wider use of video hearings, we reduced average processing time from an all-time high of 532 days in August 2008 to a low of 340 days in October 2011. However, because of cutbacks in the budget, average processing time started trending upwards in FY 2012 and is currently at 382 days. Without adequate funding, our gains in this area will soon be a distant memory.

Improving quality is also a crucial part of our efforts to improve our appeals processes. With additional staffing and funding to invest in systems that capture structured data, we have been able to not just review hearing-level decisions, but also analyze them for adjudicative trends, patterns of errors, and other anomalies. Our analysis has led us to develop and then refine tools such as "How MI Doing?" and the electronic Bench Book, which provide detailed information to our adjudicators and help them improve their accuracy and policy compliance. In 2010, we established the Division of Quality within the Office of Appellate Operations. Through its review of a random sample of fully favorable unappealed hearing-level decisions, the Division of Quality has been able to examine how our administrative law judges (ALJ) and hearing offices are adjudicating cases. These reviews have led to the agency restructuring its training programs, materials, tools, and software to better support our ALJs and hearing offices. Together, these efforts to improve quality have driven a dramatic decline in programmatic errors and unexpected outcomes, resulting in substantial cost savings and a decrease in overpayments to claimants.

Moreover, our agency still suffers from a shortage of ALJs. While we have hired over 850 new ALJs since FY 2007, historically high ALJ attrition and dramatic workload growth leave us short on adjudicatory capacity. The Office of Personnel Management's ALJ register is virtually exhausted and we will end FY 2013 far short of our hiring target.

Though we have attempted to meet our ALJ hiring needs by doubling our number of senior ALJs, we will not be able to make further progress on reducing our backlog until we get more ALJs. Hearing requests continue to come in at high levels in FY 2013, but we do not expect to

have the ability to hire ALJs until the third or fourth quarter of FY 2014. Until we can hire more ALJs, reducing our average processing time will be impossible. For now, the best we can deliver is a stable average processing time.

Finally, as we have reduced processing times for hearings and the hearing backlog itself, we have seen a significant increase in Federal District Court filings whereby claimants appeal unfavorable decisions. In FY 2012, 16,831 cases were filed in the Federal District Courts, which represent a 7.7 percent increase over the 14,236 filings of FY 2011 and an 18 percent increase over the 12,952 filings of FY 2010. We anticipate even more court filings in FY 2013, possibly as many as 18,600. While attorney productivity in the briefing of these cases has increased by 8 percent since 2010, we will be hard-pressed to meet the court deadlines of such a growing caseload.

Program Integrity Work

We are committed to protecting program dollars from waste, fraud, and abuse. We must maintain the public's trust by effective stewardship of program dollars and administrative resources. Our ability to identify and pursue improper payments is ultimately determined by available resources.

I am pleased to report that our hard-working, dedicated employees continue to improve our efforts to prevent, detect, and recover improper payments. As a result, the Social Security program is among the most accurate in the Federal Government. However, despite our high accuracy rates, due to the sheer size of our programs, even a small percentage of inaccuracies results in billions of dollars of improper payments. Further reducing our error rates is difficult due to our programs' complexities.

Each year, we complete periodic medical reevaluations, or CDRs, to determine if beneficiaries are still disabled. We also perform SSI redeterminations to review non-medical factors, such as income and other non-home resources. These reviews save billions of program dollars with only a small investment of administrative funds. In the past few years, we have substantially increased the number of CDRs and SSI redeterminations.

In FY 2012, we completed more than 440,000 or over 100 percent more SSDI and SSI medical CDRs than we did in 2007. For the FY 2013 President's Budget, we estimated that every dollar spent on CDRs will yield about \$9 in program savings over 10 years, including savings accruing to Medicare and Medicaid. We have also significantly increased the number of SSI childhood CDRs that we complete each year. In FY 2012, we completed over 150 percent more of these cases than we did in FY 2011.

The Budget Control Act of 2011 (BCA) authorized a level of program integrity funding that would have allowed us to complete 569,000 medical CDRs in FY 2012—a 65 percent increase over the FY 2011 CDR level. The Administration strongly supports the program integrity cap adjustments authorized by the BCA, which would put Social Security on a 10-year path to eliminate the backlog in program integrity reviews. Unfortunately, our FY 2012 appropriations did not provide the BCA level of funding for program integrity work; therefore, we were able to

complete only 443,000 medical CDRs in FY 2012. If we had received funding for CDRs in FY 2012 at the full BCA funding level as compared to what was actually funded, we estimate OASDI, SSI, Medicare and Medicaid program savings of roughly an additional \$800 million in FYs 2012-22 under FY 2013 Budget assumptions.

The President's Budget requests \$1 billion for SSA program integrity in FY 2013, which would allow us to complete the BCA levels of program integrity, including 650,000 medical CDRs. However, under the current continuing resolution, we expect to complete only 435,000.

In FY 2012, we completed 2.6 million SSI redeterminations or 150 percent more than we completed in FY 2007. For the FY 2013 President's Budget, we estimated that every dollar spent on SSI redeterminations will yield about \$6 in program savings over 10 years, including savings for the Medicaid program.

We are always looking for smarter ways to handle our work. We developed a predictive model that selects the most advantageous cases to consider for work reviews to decrease improper payments in the SSDI program. The model prioritizes a workload of more than half-a-million cases per year, for which we must evaluate earnings.

At the end of FY 2011, we nationally implemented an initiative called Access to Financial Institutions (AFI). AFI enables us to check the bank accounts of SSI applicants and recipients to determine if their assets exceed our program eligibility requirements. Assuming we had used our current account verification process on a long-term basis, the account verifications we would complete in FY 2013 would yield an estimated \$365 million in lifetime SSI program savings consistent with a return on investment of about \$9 to \$1.

Building upon our AFI success, we are exploring the use of commercial databases to help us identify undisclosed non-home real property held by SSI applicants and recipients. This automated approach has the potential of helping us uncover unreported assets that may result in ineligibility for SSI payments.

We continue to expand our SSI Telephone Wage Reporting System. This system has allowed us to increase the volume and timeliness of wage reports we receive, therefore, reducing wage-related errors. These telephone reports generally are accurate and require no additional evidence, which saves time in our field offices.

Similarly, we have begun testing an SSI Mobile Wage Reporting application for smartphones, which allows recipients and representative payees to use their smartphones to report monthly wage information at their convenience. This alternate method of wage reporting will help reduce delays between a recipient's reporting an income change and the update to our systems. We have offered the mobile application to a small number of users and will gradually expand its availability. We expect new tools such as these for wage reporting will help reduce improper SSI payments.

In response to the growing problem posed by identity theft and direct deposit fraud, we have expanded measures to protect our beneficiaries' payments. Beneficiaries can request a block to

prevent changes to their records to optimize security access and prevent criminals from re-directing payments to a fraudulent account. Since implementing this service in November 2012, nearly 7,000 beneficiaries have taken advantage of this option. To date, we have prevented 941 potential fraud attempts. We will continue to devise ways to prevent fraud and collaborate with the Office of the Inspector General to protect our customers' payments and identities.

Conclusion

Thank you for this opportunity to update you on our service delivery challenges and what we must do to successfully manage them. We believe serving the public successfully begins with evaluating the range of customer experiences at SSA. Whenever a customer asks for help, we must do everything within our power to deliver a quality product.

Over the past few years, in this fiscal climate, it has grown increasingly difficult for us to provide high-quality service to all of our customers on all of our service fronts. With the resources we receive, we must invest in all of our employees across all areas of the agency, giving them the tools they need to make the right decision the first time. Expanding upon our partnerships with other agencies will also help ensure that none of our customers slip through the safety net. By offering our customers more options to do business with us over the Internet or through self-service kiosks, we can further energize our service delivery and make it more customer-centric.

While we cannot be everything to everyone, we will do the best with the resources we have. Service suffers as a result of inadequate funding and we continue to face tough choices and trade-offs. However, we will do what we can to spread out any additional budget cuts across our organization in a way that is manageable for all of our customers and employees and in a way that is fundamentally fair. What Congress can do to help us is to provide us with adequate, sustained, and predictable funding. We could hire more, invest in the technology that will help us work smarter and faster, and deliver an overall better product—a quality return on investment to the American people.

Appendix A



Above: The public waits outside the Queens Card Center in New York, New York on February 19, 2013.

Appendix B



Above: The public waits outside our Anaheim, California office on January 17, 2013.

Appendix C



Above: The public waits for service in our Perrine, Florida office on January 8, 2013.