

economic injury, the number is 9W5200.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008)

Dated: July 21, 2003.

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

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## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages that will require clearance by the Office of Management and Budget (OMB) in compliance with Pub. L. 104-13 effective October 1, 1995, The Paperwork Reduction Act of 1995. The information collection packages that may be included in this notice are for new information collections, revisions to OMB-approved information collections and extensions (no change) of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Written comments and recommendations regarding the information collection(s) should be submitted to the OMB Desk Officer and the SSA Reports Clearance Officer. The information can be mailed and/or faxed to the individuals at the addresses and fax numbers listed below:

#### (OMB)

Office of Management and Budget, Attn: Desk Officer for SSA, New Executive Office Building, Room 10235, 725 17th St., NW., Washington, DC 20503, Fax 202-395-6974.

#### (SSA)

Social Security Administration, DCFAM, Attn: Reports Clearance Officer, 1338 Annex, 6401 Security Blvd., Baltimore, MD 21235, Fax 410-965-6400.

I. The information collections listed below are pending at SSA and will be submitted to OMB within 60 days from the date of this notice. Therefore, your comments should be submitted to SSA within 60 days from the date of this

publication. You can obtain copies of the collection instruments by calling the SSA Reports Clearance Officer at 410-965-0454, or by writing to the address listed above.

1. *Application for Special Age 72-or-Over Monthly Payments—20 CFR, Subpart D, 404.380-.384—0960-0096.* Form SSA-19-F6 is needed to determine if an individual is entitled to Special Age 72 payments. Eligibility requirements will be evaluated based on the data collected on this form. The respondents are individuals who attained age 72 before 1972.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 10.

*Frequency of Response:* 1.

*Average Burden Per Response:* 20 minutes.

*Estimated Annual Burden:* 3 hours.

2. *Statement of Self-Employment Income, CFR Subpart B, 404.101 and Subpart K, 404.1096—0960-0046.* The information collected on Form SSA-766 is used to determine if the individual will have at least the minimum amount of self-employment income needed for one or more quarters of coverage in the current year. Additional quarters of coverage may be credited on the basis of the information obtained, and benefit payments may be expedited where there are sufficient quarters of coverage to give the individual insured status. The respondents are self-employed persons applying for Social Security benefits.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 5,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 5 minutes.

*Estimated Annual Burden:* 417 hours.

3. *Childhood Disability Evaluation Form—20 CFR 416.924-0960-0568.* SSA and State Disability Determination Services (DDS) use the information collected on Form SSA-538 to record medical and functional findings regarding the severity of impairments of the children who claim SSI benefits based on disability. The form is used for initial determinations of eligibility, in appeals, and in initial continuing disability reviews. The respondents are employees of DDS responsible for these determinations.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 750,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 25 minutes.

*Estimated Annual Burden:* 312,500 hours.

4. *Subpart T—State Supplementation Provisions—20 CFR 416.2095-2099—*

*0960-0240.* Section 1618 of the Social Security Act contains pass-along provisions of the Social Security Amendments. These provisions require States that supplement the Federal SSI benefits pass along Federal cost-of-living increases to the individuals who are eligible for State Supplementary benefit payments. If the State fails to keep payments at the required level, it becomes ineligible for Medicaid reimbursement under Title XIX of the Social Security Act. Regulations at 20 CFR 416.2099 require the States to report mandatory minimum and optional supplementary payment data to SSA. The information is used to determine compliance with the law and regulations. The respondents are States that supplement Federal SSI payments.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 26.

*Frequency of Response:* 15 states report quarterly; 11 states report annually.

*Average Burden per Response:* 1 hour.

*Estimated Annual Burden:* 71.

5. *Representative Payee Report-Special Veterans Benefits Form—0960-0621.* SSA needs the information collected on form SSA-2001 to determine whether payments certified to the representative payee have been used properly and whether the representative payee demonstrates concern for the beneficiary's best interest. The form will be completed annually by representative payees receiving Special Veterans Benefit payments on behalf of beneficiaries who are outside of the United States. It will also be required when SSA has reason to believe a representative payee could be misusing the payments. The respondents are representative payees for beneficiaries who are receiving Special Veterans Benefits.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 100.

*Frequency of Response:* 1.

*Average Burden Per Response:* 10 minutes.

*Estimated Annual Burden:* 17 hours.

6. *You Can Make Your Payment by Credit Card—0960-0462.* SSA will use the information on Forms SSA-4588 and SSA-4589 to update the individual's social security record to reflect that a payment has been made on their overpayment and to effectuate payment through the appropriate credit card company. The respondents are Title II (Old-Age, Survivors and Disability Insurance) and Title XVI (Supplemental Security Income) debtors; and citizens requesting material through SSA.