

	Percent
For Economic Injury: Businesses and Small Agricultural Cooperatives Without Credit Available Elsewhere .....	2.953

The number assigned to this disaster for physical damage is 353212 and for economic injury is 9W5300.

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

Dated: July 25, 2003.

**Hector V. Barreto,**  
Administrator.

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## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities; Proposed Request and Notice of Office of Management and Budget (OMB) Approvals

The Social Security Administration (SSA) publishes a list of information collection packages that will require clearance by the 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, approval of existing 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 SSA Reports Clearance Officer listed below:

(SSA), Social Security Administration, DCFAM, Attn: Reports Clearance Officer, 1338 Annex Bldg., 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. *Statement for Determining Continuing Eligibility, Supplemental Security Income Payment—20 CFR, subpart B, 416.204—0960-0145.* SSA uses from SSA-8202-BK to conduct low- and middle-error-profile (LEP-MEP) telephone or face-to-face redetermination (RZ) interviews with Supplemental Security Income (SSI) recipients and representative payees. The information collected during the interview is used to determine whether SSI recipients have met and continue to meet all statutory and regulatory requirements for SSI eligibility and whether they have been, and are still receiving, the correct payment amount. Form SSA-8202-OCR-SM (Optical Character recognition-Self Mailer) collects information similar to that collected on Form SSA-8202-BK. However it is used exclusively in LEP RZ cases on a 6-year cycle. The respondents are recipients of SSI benefits or their representative payees.

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

	Respondents	Frequency of response	Average burden per response (min.)	Estimated annual burden (hours)
SSA-8202-F6 .....	920,000	1	19	291,333
SSA-8202-OCR-SM .....	800,000	1	9	120,000
Total Burden .....				411,333

2. *Statement for Determining Continuing Eligibility; Supplemental Security Income Payment(s)—20 CFR, subpart B, 416.204—0960-0416.* SSA uses the information collected on form SSA-8203-BK for high-error-profile (HEP) redeterminations of disability to determine whether SSI recipients have met and continue to meet all statutory and regulatory requirements for SSI eligibility and whether they have been, and are still receiving, the correct payment amount. The information is normally completed in field offices by personal contact (face-to-face or

telephone interview) using the automated Modernized SSI Claim System (MSSICS). The respondents are recipients of title XVI SSI benefits.

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

*Number of Respondents:* 920,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 19 minutes.

*Estimated Annual Burden:* 291,333 hours.

3. *Vocational Rehabilitation Provider Claim—20 CFR, subpart V, 404.2104, 404.2108, 404.2113, 404.2117, 404.2121, 416.2204, 416.2208, 416.2213 and*

*416.2217—0960-0310.* The information collected on Form SSA-199-U2 and through these current rules is used by SSA to determine if State vocational rehabilitation agencies are providing appropriate services, including referrals when necessary and whether those claims for services should be paid. The respondents are the 80-100 State vocational rehabilitation agencies and alternate participants who offer vocational and employment services for SSA beneficiaries.

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

CFR sections	Number of respondents	Frequency of response	Average burden per response (min.)	Estimated annual burden (hours)
404.2108 & 416.2208 SSA-199 .....	90 .....	145 (on average) .....	23	5,003
404.2117 & 416.2217 .....	80 .....	1 .....	160	80
404.2121 & 416.2221 .....	90 (500 total responses for all participants)	1 .....	100	833