

Report; OCSE-34A: Child Support Enforcement Program Collection Report. OMB NO.: 0970-0181.

*Description:* Each State agency administering the Child Support Enforcement Program under Title IV-D of the Social Security Act is required to provide information to the Office of Child Support Enforcement concerning its administrative expenditures and its receipt and disposition of child support payments from noncustodial parents. These quarterly reporting forms enable each State to provide that information, which is used to compute both the quarterly grants awarded to each State and the annual incentive payments earned by each State. This information

is also included in a published annual statistical and financial report, available to the general public.

The Administration for Children and Families received several comments concerning these reporting forms in response to an earlier **Federal Register** notice (71 FR 70406, December 4, 2006). Many of these comments concerned amendments made to the statute governing this program by the "Deficit Reduction Act of 2005" (Pub. L. 109-171, February 8, 2006).

As a result of these comments, ACF is proposing several revisions to these forms to improve data collection capabilities, add additional reporting requirements in compliance with the

amended statute, consolidate or delete existing requirements to eliminate redundancy or unnecessary reporting.

Specifically, the revised reporting documents eliminate the need to provide budget projections (previously included as Part 3 of Form OCSE-396A), eliminate a separate reporting document (OCSE Schedule UDC, previously approved as OMB No. 0970-0268), with the collected information incorporated into Form OCSE-34A and add several data entry lines to accommodate changes in the statute and regulations.

*Respondents:* State agencies administering the Child Support Enforcement Program.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OCSE-396A .....	54	4	8	1,728
OCSE-34A .....	54	4	8	1,728

*Estimated Total Annual Burden Hours:* 3,456.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, FAX: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: July 18, 2007.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 07-3572 Filed 7-23-07; 8:45 am]

**BILLING CODE 4184-01-M**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

##### Submission for OMB Review; Comment Request

*Title:* ANA Consultant and Evaluator Qualifications Form.

*OMB No.:* 0970-0265.

*Description:* The ANA Consultant and Evaluator Qualifications Form is used to collect information from prospective panel reviewers in compliance with 42 U.S.C Section 2991d-1. The form will allow the Commissioner of ANA to select qualified people to review grant applications for Social and Economic Development Strategies for Native Americans (SEDS), Native Language and Preservation Maintenance projects, Environmental Regulatory Enhancement projects, and Environmental Mitigation.

*Respondents:* Native Americans, Native Alaskans, Native Hawaiians and other Pacific Islanders.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ANA Consultant and Evaluator Qualifications Form .....	300	1	1	300

*Estimated Total Annual Burden Hours:* 300.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information

Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it

within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: July 18, 2007.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 07-3573 Filed 7-23-07; 8:45 am]

**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* National Medical Support Notice.

*OMB No.:* 0970-0222.

*Description:* The information collected by State IV-D Child Support Enforcement agencies is used to complete the National Medical Support Notice (NMSN), which is sent to employers of employee/obligors and used as a means of enforcing the health care coverage provisions in a child support order. Primarily, the information the State Child Support Enforcement agencies use to complete the NMSN is information regarding

appropriate persons, which is necessary for the enrollment of the child in employment-related health care coverage, such as the employee/obligor's name, address, and Social Security Number; the employer's name and address; the name and address of the alternate recipient (child); and the custodial parent's name and address. The employer forwards the second part of the NMSN to the group health plan administrator, which contains the same individual identifying information. The plan administrator requires this information to determine whether to enroll the alternate recipient in the group health plan. If necessary, the employer also initiates withholding from the employee's wages for the purpose of paying premiums to the group health plan for enrollment of the child.

*Respondents:* State and Territory agencies administering the Child Support Enforcement program.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
National Medical Support Notice .....	54	97,775	.17	897,575

*Estimated Total Annual Burden Hours:* 897,575.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on

respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: July 18, 2007.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 07-3574 Filed 7-23-07; 8:45 am]

**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* Assets for Independence Program Performance Management and Report to Congress Data Collection Form.

*OMB No.:* New Collection.

*Description:* The Assets for Independence (AFI) program is a program authorized by Section 403 of the Community Opportunities, Accountability, and Training and Educational Services Act of 1998 (the

Act). The Office of Community Services (OCS) within the U.S. Department of Health and Human Services (HHS) administers the AFI program to support innovative asset-building projects that feature Individual Development Accounts (IDAs), financial education, and related services. The Act requires AFI program grantees to submit annual reports to OCS with detailed information about project operations and participant activities. The information collected is used by OCS for performance management and to prepare mandated Reports to Congress.

The AFI Program Performance Management and Report to Congress Data Collection Form is used to collect eight categories of information, as required by the Act. Examples of the types of information collected include: Project features; the number and characteristics of project participants; amounts of participant savings and matching funds deposited in the IDAs; amounts withdrawn from the IDAs; the withdrawal purposes; and current balances in participant IDAs. The data collection form is an online form available on the OCS asset-building Web site. Grantees are provided training and technical assistance in completing the form.