

## ANNUAL BURDEN ESTIMATES—Continued

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Ordering Brochures .....	2,604,802	1	.08	208,384

*Estimated Total Annual Burden Hours:* 613,808.

*Authority:* 42 U.S.C. 666(a)(5)(C) and 652(a)(7).

**Mary B. Jones,**  
ACF/OPRE Certifying Officer.

[FR Doc. 2023–25731 Filed 11–20–23; 8:45 am]

BILLING CODE 4184–41–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for Office of Management and Budget Review; U.S. Repatriation Program Forms (Office of Management and Budget No.: 0970–0474)

**AGENCY:** Office of Human Services, Emergency Preparedness and Response, Administration for Children and Families, United States Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF) is proposing to collect information to support state planning, training, and exercise activities and technical assistance for the United States (U.S.) Repatriation Program through six new forms in addition to the currently approved forms.

**DATES:** *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) must make a decision about 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.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](https://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open

for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

**Description:** The purpose of the U.S. Repatriation Program (Program) is to provide temporary assistance to eligible U.S. citizens and their dependents (repatriates) returned by the Department of State from a foreign country because of destitution, illness, war, threat of war, or a similar crisis, and who are without available resources, or (2) mental illness. Temporary assistance is provided upon their arrival in the U.S. and is available initially for up to 90 days from a repatriate’s date of arrival in the U.S. Temporary assistance is provided in the form of a service loan and is repayable to the U.S. Government.

Temporary assistance is defined in 42 U.S.C. 1313(c) as money payments, medical care, temporary lodging, transportation, and other goods and services necessary for the health or welfare of individuals, including guidance, counseling, and other welfare services provided to them within the U.S. upon their arrival in the U.S. Other goods and services may include clothes, food, assistance with obtaining identification (driver’s license, birth certificate), child care, and translation services.

The ACF Office of Human Services, Emergency Preparedness and Response (OHSEPR), at the U.S. Department of Health and Human Services (HHS), administers the U.S. Repatriation Program.

There are currently eight forms approved under this OMB number. This new request will extend approval of those forms without changes. For more information about these currently approved forms, see [https://www.reginfo.gov/public/do/PRAMain?ref\\_nbr=202204-0970-004](https://www.reginfo.gov/public/do/PRAMain?ref_nbr=202204-0970-004).

Most recently, OHSEPR developed new forms to support the planning, training, and exercise cooperative

agreements with states and the new training and technical assistance center. This notice and the associated request to OMB will add these forms under this OMB number.

The following is a description of the forms and the proposed revisions:

#### Project Narrative

The purpose of this form is for an overall description of planned activities for the entire project period (e.g., years 1, 2, and 3) regarding emergency repatriation planning, training, and exercises.

#### Annual Workplan

The purpose of this form is for an annual workplan for each federal fiscal year for emergency repatriation planning, training, and exercises.

#### Budget and Budget Narrative

This form is to provide a budget and budget narrative for planned activities for each annual workplan regarding planning, training, and exercises for repatriation.

#### Repatriation State Contact List

The purpose is to ensure current and accurate points-of-contact within states and territories for the U.S. Repatriation Program routine and emergency operations.

#### Repatriation Training and Technical Assistance Request

States, territories, counties, and local service providers may use this form to request training and technical assistance on the U.S. Repatriation Program via a web portal account.

#### Post-Training Survey

The purpose of this survey is to receive feedback on trainings to improve the support for and customer experience of states, territories, and local service providers supporting the U.S. Repatriation Program.

**Respondents:** States, Territories, local social service providers, administrative staff.

*Annual Burden Estimates:*

## CURRENTLY APPROVED FORMS

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Emergency Repatriation Eligibility Application .....	1,000	1	.5	500
Emergency Repatriation Reimbursement Request .....	10	1	.3	3
Loan Waiver and Deferral Application .....	100	1	.5	50
Routine Repatriation Reimbursement Request .....	25	10	.3	75
Repatriation Repayment and Privacy Agreement .....	800	1	.17	136
Refusal of Temporary Assistance .....	300	1	.05	15
Temporary Assistance Extension Request .....	25	1	.3	8
Emergency Repatriation Request for Cost Approval and Federal Support ....	5	10	.3	15
Total Annual Burden Hours .....				802

## PROPOSED NEW FORMS

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Project Narrative .....	55	1	.5	28
Annual Workplan .....	55	1	1	55
Budget and Budget Narrative .....	55	1	1	55
Repatriation State Contact List .....	220	2	.25	110
Repatriation Training and Technical Assistance Request .....	500	2	.25	250
Post-Training Survey .....	1000	1	.17	170
Total Annual Burden Hours .....				668

*Estimated Total Annual Burden Hours: 1,470.*

*Authority: 42 U.S.C. 1313, 24 U.S.C. 321–329.*

**Mary B. Jones,**  
ACF/OPRE Certifying Officer.

[FR Doc. 2023–25682 Filed 11–20–23; 8:45 am]

**BILLING CODE 4184–PL–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity: Social Services Block Grant Post-Expenditure Report, Pre-Expenditure Report, and Intended Use Plan (Office of Management and Budget# 0970–0234)

**AGENCY:** Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families' (ACF) Office of Community Services (OCS) is requesting from the Office of Management and Budget (OMB) a three-year extension of the Social Services Block Grant (SSBG) Post-Expenditure Report, Pre-

Expenditure Report, and Intended Use Plan (OMB# 0970–0234). OCS is proposing to make minor editorial modifications to some column titles in the Pre- and Post-Expenditure Reports, for clarification.

**DATES:** *Comments are due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

**Description:** On an annual basis, States and Territories are required to submit the following reports: (1) An Intended Use Plan that provides data and narrative descriptions related to the State's SSBG program. The Intended Use Plan includes details about the delivery of SSBG services and the State agency administering the SSBG Program. ACF is proposing to expand the currently approved information collection to include the collection of States' Intended Use Plans with a model format. Recipients are required to submit their Pre-Expenditure Report no

less than 30 days prior to the start of the period covered by the report. (2) A Pre-Expenditure Report demonstrates the State's anticipated allocation of SSBG funding among the 29 pre-defined SSBG service categories. Historically, States have submitted this report using the Post-Expenditure Report Form, and the associated burden is included in the currently approved information collection. Recipients are required to submit their Intended Use Plan no less than 30 days prior to the start of the period covered by the report, together with the Pre-Expenditure Report. (3) A Post-Expenditure Report details the State's actual use of SSBG funding among each of the 29 service categories. Recipients are required to submit their Post-Expenditure Report within 6 months of the end of the period covered by the report.

The law governing the programs at title XX of the Social Security Act [42 U.S.C. 1397c] mandates States and Territories submit to the Federal administering office an Intended Use Plan and Pre-Expenditure report. These materials are to detail the planned use of funds. At the end of the fiscal year, the law also requires States to provide the Federal agency with a reconciliation of the actual use of grant funds in the Post-Expenditure Report [42 U.S.C. 1397e].