

classroom education, mental health services, and health care. Pursuant to Exhibit 1, part A.2 of the *Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK (C.D. Cal. 1996))*, care provider facilities, on behalf of ORR, shall arrange for appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination

(including screening for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the minor was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control; administration of prescribed medication and special diets; appropriate mental health interventions when necessary for each minor in their care.

The forms are to be used as worksheets for clinicians, medical staff,

and the health department to compile information that would otherwise have been collected during the initial medical or dental exam. Once completed, the forms will be given to shelter staff for data entry into ORR's electronic data repository known as the 'UAC Portal'. Data will be used to record UC health on admission and for case management of any identified illnesses/conditions.

*Respondents:* Clinicians, Health Department staff, Office of Refugee Resettlement Grantee staff.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
<b>Estimated Respondent Burden for Responding</b>				
Initial Medical Exam Form (including Appendix A: Supplemental TB Screening Form) .....	150	270	0.17	6,885
Initial Dental Exam Form .....	150	27	0.08	324

Estimated Total Burden Hours: 7,209.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
<b>Estimated Respondent Burden for Recordkeeping</b>				
Initial Medical Exam Form (including Appendix A: Supplemental TB Screening Form) .....	150	270	0.08	3,240
Initial Dental Exam Form .....	150	27	0.08	324

Estimated Total Annual Burden 3,564.  
**Additional Information:** Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 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. Email 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, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn:

Desk Officer for the Administration for Children and Families.

**Robert Sargis,**  
*Reports Clearance Officer.*  
 [FR Doc. 2015-19001 Filed 8-3-15; 8:45 am]  
**BILLING CODE 4184-01-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

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

*Title:* Trafficking Victim Assistance Program Data.

*OMB No.:* 0970-NEW.

*Description:* The Trafficking Victims Protection Act of 2000 (TVPA), as amended, authorizes the Secretary of Health and Human Services (HHS) to expand benefits and services to foreign nationals in the United States who are

victims of severe forms of trafficking in persons. Such benefits and services may include services to assist potential victims of trafficking. (Section 107(b)(1)(B) of the TVPA, 22 U.S.C. 7105(b)(1)(B)).

The Administration for Children and Families (ACF) intends to award cooperative agreements in fiscal year 2015 to approximately three organizations that will ensure national coverage. The awarded organization must provide comprehensive case management and referrals to qualified persons, either directly through its own organization or by partnering with other organizations through contracts or both.

Persons qualified for services under this grant are victims of a severe form of trafficking in persons who have received certification from HHS; potential victims of a severe form of trafficking who are actively seeking to achieve HHS certification; family members with derivative T visas, and minor dependent children of foreign

victims of severe forms of trafficking in persons or potential victims of trafficking.

To help measure each grant project's performance and the success of the program in assisting participants, to assist grantees to assess and improve their projects over the course of the project period, and to fulfill instructions for a consolidated report to several committees of the House of Representatives, ACF proposes to collect information from TVAP grant project participants through the grantees

on a monthly, quarterly, or annual basis, including participant demographics (age, sex, and country of origin), type of trafficking experienced (sex, labor, or both), immigration status during participation, types of health screening and medical services received, the names of the entities providing medical services, and the amount of money expended on each type of medical service provided.

This information will help ACF assess the project's performance in assisting victims of trafficking and will better

enable TVAP grantees to meet the program objectives and to monitor and evaluate the quality of case management services provided by any subcontractors. ACF will also include aggregate information in reports to Congress to help inform strategies and policies to assist victims of human trafficking.

Respondents: Individual participants in TVAP projects.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Request for Information .....	1250	1	.25	312.5

*Estimated Total Annual Burden Hours:* 312.5.

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**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2015-19035 Filed 8-3-15; 8:45 am]

**BILLING CODE 4184-01-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

##### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* 45 CFR 303.7—Provision of Services in Intergovernmental IV-D; Federally Approved Forms.

*OMB No.:* 0970-0085.

*Description:* Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, amended 42 U.S.C. 666 to require State Child Support Enforcement (CSE) agencies to enact the Uniform Interstate Family Support Act (UIFSA) into State law by January 1, 1998. Section 311(b) of UIFSA requires the States to use forms mandated by Federal law. 45 CFR 303.7 also requires child support programs to use federally-approved forms in intergovernmental IV-D cases unless a country has provided alternative forms as a part of its chapter in a Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries.

*Respondents:* State agencies administering a child support program under title IV-D of the Social Security Act.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Transmittal #1—Initial Request .....	54	19,440	0.17	178,459.20
Transmittal #1—Initial Request Acknowledgement * .....	54	19,440	0.05	52,488.00
Transmittal #2—Subsequent Action .....	54	14,580	0.08	62,985.60
Transmittal #3—Request for Assistance/Discovery .....	54	2,700	0.08	11,664.00
Uniform Support Petition .....	54	6,480	0.05	17,496.00
General Testimony .....	54	6,480	0.33	115,473.60
Declaration in Support of Establishing Parentage .....	54	2,700	0.15	21,870.00
Locate Data Sheet .....	54	388	0.05	1,047.60
Notice of Determination of Controlling Order .....	54	54	0.25	729.00
Letter of Transmittal Requesting Registration .....	54	14,310	0.08	61,819.20
Personal Identifiable Information (PII) Form * .....	54	37,584	0.05	101,476.80
Request for Change of Support Payment Location Pursuant to UIFSA 319(b) * .....	54	27,000	0.05	72,900.00
Estimated Total Annual Burden Hours: .....				698,409.00

\*—New Forms