

sample size of 528. The baseline and follow up questionnaires contain questions about participants' socio-

demographic information, health and healthcare, sexual activity, substance use, and other psychosocial issues.

There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per respondent (in hours)	Total annual burden (in hours)
Prospective Participant	Outreach Recruitment Assessment (screener).	160	1	5/60	13
Prospective Participant	Limited Locator Form	160	1	5/60	13
Enrolled Participant	RCT Informed Consent Form	80	1	10/60	13
Enrolled Participant	Participant Contact Information Form.	80	1	10/60	13
Enrolled Participant	Baseline Questionnaire	80	1	1	80
Enrolled Participant	Client Satisfaction Survey	40	3	5/60	10
Enrolled Participant	3-month follow up Questionnaire	100	1	1	100
Enrolled Participant	6-month follow up Questionnaire	170	1	1	170
Enrolled Participant	Success Case Study Informed Consent Form.	10	1	10/60	2
Enrolled Participant	Success Case Study Interview	10	1	1.5	15
Total					429

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014-19827 Filed 8-20-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-14-0278]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited 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) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB Control No. 0920-0278, expires 12/31/2014)—Revision—National Center for

Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on "utilization of health care" in the United States. The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. NCHS is seeking OMB approval to extend this survey for an additional three years and make minor modifications to survey questionnaires.

The purpose of NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs), emergency departments (EDs), and ambulatory surgery locations (ASLs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general.

NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920-0234), which provides similar data concerning patient visits to physicians' offices. NAMCS and NHAMCS are the principal sources of

data on ambulatory care provided in the United States.

NHAMCS provides a range of baseline data on the characteristics of the users and providers of hospital ambulatory medical care. Data collected include patients' demographic characteristics, reason(s) for visit, providers' diagnoses, diagnostic services, medications, and disposition. These data, together with

trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local

governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Hospital Chief Executive Officer	Hospital Induction	458	1	1.5	687
Ancillary Service Executive	Ambulatory Unit Induction	1,750	1	15/60	438
Physician/Registered Nurse/Medical Record Clerk.	ED Patient Record form	33	100	7/60	385
Physician/Registered Nurse/Medical Record Clerk.	OPD Patient Record form	23	200	14/60	1,073
Physician/Registered Nurse/Medical Record Clerk.	AS Patient Record Form	23	100	7/60	268
Medical Record Clerk	Retrieving Patient Records (ED, OPD, and AS).	696	133	1/60	1,543
Ancillary Service Executive—Reabstraction.	Reabstraction Telephone Call	72	1	5/60	6
Medical Record Clerk—Reabstraction.	Pulling and re-filing Patient Records (ED, OPD, and AS).	72	10	1/60	12
Total					4,412

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Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

[FR Doc. 2014-19826 Filed 8-20-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Job Search Assistance (JSA)
Strategies Evaluation.

OMB No.: 0970-0440.

Description: The Administration for Children and Families (ACF) is proposing a data collection activity as part of the Job Search Assistance (JSA) Strategies Evaluation. The JSA evaluation will aim to determine which JSA strategies are most effective in moving TANF applicants and recipients into work. The impact study will randomly assign individuals to contrasting JSA approaches and then compare their employment and earnings to determine their relative effectiveness. The implementation study will describe services participants receive under each approach as well as provide operational lessons gathered directly from practitioners.

The proposed information collection activity consists of: (1) Baseline data collection: Collection of baseline data

from TANF recipients at the time of enrollment in the study; (2) Implementation study site visits: Conducting site visits for the purpose of documenting the program context, program organization and staffing, the components JSA services, and other relevant aspects of the TANF program. During the visits, site teams will interview key administrators and line staff using a semi-structured interview guide; and (3) a JSA staff survey. This on-line survey, administered to TANF supervisory and line staff involved in JSA activities, will be used as part of the implementation study to systematically document program operations and the type of JSA services provided across the study sites.

Respondents: JSA program staff and individuals enrolled in the JSA study.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Baseline information form	25,000	8,333	1	0.2	1667
JSA staff Survey	660	220	1	0.5	110
Implementation study site visits	300	100	1	1	100