Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Julie Brown, Room N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

#### John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01–1070 Filed 1–11–01; 8:45 am]

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Docket Identifier: HCFA-10006]

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Health Care Financing Administration, DHHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection

Type of Information Request:
Extension of a currently approved
collection; Title of Information
Collection: TWWIIA Demonstration to
Maintain Independence and
Employment Grants; Form No.: HCFA–
10006 (OMB approval #: 0938–0799);
Use: Section 204 of the Ticket To Work
and Work Incentives Act provides for
the establishment of grants for states
that develop and implement

demonstration programs designed to support working people with physical or mental impairments that without medical assistance will result in disability. State agencies will be applying for these grants; Frequency: Annually; Affected Public: State, local or tribal gov't; Number of Respondents: 56; Total Annual Responses: 56; Total Annual Burden Hours: 5,600.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/ regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

#### John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01–1067 Filed 1–11–01; 8:45 am]
BILLING CODE 4120–03–M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [Document Identifier: HCFA-R-315]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Health Care Financing Administration, DHHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Request: Extension of a currently approved collection; Title of Information Collection: Collection of Data on Physician Encounters from Medicare+Choice Organizations; Form No.: HCFA-R-315 (OMB approval #: 0938-0805); Use: HCFA requires physician encounter data from Medicare+Choice organizations to develop and implement a risk adjustment payment methodology as required by the Balanced Budget Act of 1997; Frequency: Monthly; Affected Public: Business and other for-profit, Not-for-profit institutions; Number of Respondents: 300; Total Annual Responses: 75,600,000; Total Annual Burden Hours: 938,700.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/ regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

### John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01–1068 Filed 1–11–01; 8:45 am] BILLING CODE 4120–03–M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Health Resources and Services Administration

# National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is

publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, NW., Washington, DC 20005, (202) 219–9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A–46, Rockville, MD 20857; (301) 443–6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 et seq., provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on July 7, 2000, through September 27, 2000.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information"

relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the

petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading "For Further Information Contact"), with a copy to HRSA addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, Room 8-05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

### **List of Petitions**

- Cathryn Audet on behalf of Joshiah Audet, Portland, Maine, Court of Federal Claims Number 00–0376V
- Kriste Sweeney, Chicago, Illinois, Court of Federal Claims Number 00– 0378V

- Chandria and Lonnie Finley on behalf of Dylon Tyler Finley, Pueblo, Colorado, Court of Federal Claims Number 00–0405V
- Colleen Patricia Berry, Reston, Virginia, Court of Federal Claims Number 00–0407V
- Margaret D. Millar, Moline, Illinois, Court of Federal Claims Number 00– 0409V
- Deena and Tony Beard on behalf of Aaron Beard, Louisville, Kentucky, Court of Federal Claims Number 00– 0417V
- 7. Anthony Tedesco, Mt. Clemens, Michigan, Court of Federal Claims Number 00–0419V
- Gwennette Grisson on behalf of Melik Swans, Philadelphia, Pennsylvania, Court of Federal Claims Number 00– 0421V
- Kelly and William Gertz on behalf of Morgan Gertz, Deceased, Loveland, Colorado, Court of Federal Claims Number 00–0422V
- 10. Kwok Yam Lee on behalf of Michael Kak-Sin Lee, Oakland, California, Court of Federal Claims Number 00– 0423V
- Heather George on behalf of Kelcey
   Gomez, Grand Haven, Michigan,
   Court of Federal Claims Number 00– 0425V
- 12. Patricia and Andrew Walther on behalf of Patricia Ann Walther, Fort Stewart, Georgia, Court of Federal Claims Number 00–0426V
- Melissa Jessee on behalf of Justin Jessee, Norton, Virginia, Court of Federal Claims Number 00–0448V
- 14. Thomas A. Esnough on behalf of Thomas A. Esnough, Jr., Omaha, Nebraska, Court of Federal Claims Number 00–0450V
- 15. Tina and Raymond Dilts on behalf of Jacob T. Dilts, Chesapeake, Virginia, Court of Federal Claims Number 00–0464V
- 16. Allison and James Jackson on behalf of Korey Lynn Jackson, Coral, Florida, Court of Federal Claims Number 00– 0469V
- 17. Marion Tanner on behalf of Aaron Tanner, Nederland, Texas, Court of Federal Claims Number 00–0470V
- Dawn White on behalf of Michael White, Houston, Texas, Court of Federal Claims Number 00–0476V
- Josephine and Alma Leithead on behalf of Julian Leithead, Deceased, Springerville, Arizona, Court of Federal Claims Number 00–0481V
- 20. Darlene Goodman on behalf of Tiffany Goodman, Deceased, Babylon, New York, Court of Federal Claims Number 00–0484V
- 21. Carolyn Collins-Anthonsen, Dolton, Illinois, Court of Federal Claims Number 00–0485 V

- 22. Leticia E. Vega-Christiansen, Antioch, California, Court of Federal Claims Number 00–0488V
- 23. Jacque and Dick Ransom on behalf of Jasper Maulden, Deceased, Rockingham, North Carolina, Court of Federal Claims Number 00–0494V
- 24. Stephanie Tedesco on behalf of Bianca Tedesco, Danbury, Connecticut, Court of Federal Claims Number 00–0511V
- Patricia and Paul Bell on behalf of Katherine Bell, Miami, Florida, Court of Federal Claims Number 00–0515V
- Danielle Beers, Fort Wainwright, Alaska, Court of Federal Claims Number 00–0530V
- 27. Maria Cristina Veliz on behalf of Joshua Guerra, Miami, Florida, Court of Federal Claims Number 00–0535V
- Stacy and Frank Stratman on behalf of Hayden Stratman, Vienna, Virginia, Court of Federal Claims Number 00– 0536V
- 29. Alicia Alba on behalf of Raymond Alba, Vienna, Virginia, Court of Federal Claims Number 00–0537V
- 30. Shannon and Gary White on behalf of Mitchel Trenton White, Kalispell, Montana, Court of Federal Claims Number 00–0546V
- 31. Pamela J. Curtis, Houston, Texas, Court of Federal Claims Number 00– 0548V
- 32. Cheryl and Michael Kulkusky on behalf of Kody Kulkusky, Taneytown, Maryland, Court of Federal Claims Number 00–0549V
- 33. Becky and Gregory Lilly on behalf of Trent Malcolm Lilly, Portage, Michigan, Court of Federal Claims Number 00–0550V
- 34. Christopher Peeler on behalf of Robert Peeler, Indianapolis, Indiana, Court of Federal Claims Number 00– 0552V
- 35. Malicia Lorraine and Gladstone Tulloch on behalf of Natalia Destiny Tulloch, Deceased, Orlando, Florida, Court of Federal Claims Number 00– 0556V
- 36. Susan and Robert Vignato on behalf of Anthony Dean Vignato, Sterling, Virginia, Court of Federal Claims Number 00–0562V
- 37. Carolann Dougherty on behalf of Roseann Dougherty, Vienna, Virginia,

- Court of Federal Claims Number 00– 0570V
- 38. Jane and Marc Jaszewski on behalf of Jillian Marie Jaszewski, St. Paul, Minnesota, Court of Federal Claims Number 00–0581V

Dated: January 8, 2001.

#### Claude Earl Fox,

Administrator.

[FR Doc. 01–1057 Filed 1–11–01; 8:45 am]

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **Indian Health Service**

Health Professions Preparatory, Pregraduate, and Indian Health Professions Scholarship Programs

AGENCY: Indian Health Service, HHS.

**ACTION:** Notice of Availability of Funds for Health Professions Preparatory, Pregraduate, and Indian Health Professions Scholarship Programs for Fiscal Year (FY) 2001.

SUMMARY: The Indian Health Service (IHS) is publishing a Notice of Availability of Funds for Health Professions Preparatory, Pregraduate, and Indian Health Professions Scholarship Programs for Fiscal Year (FY) 2001.

The IHS announces the availability of approximately \$3,593,000 to fund scholarships for the Health Professions Preparatory and Pregraduate Scholarship Programs for FY 2001 awards. These programs are authorized by section 103 of the Indian Health Care Improvement Act (IHCIA), Pub. L. 94–437, as amended by Pub. L. 100–713, Pub. L. 102–573, and Pub. L. 104–313.

The Indian Health Scholarship (Professions), authorized by section 104 of the IHCIA, Pub. L. 94–437, as amended by Pub. L. 100–713, by Pub. L. 102–573, and by Pub. L. 104–313 has approximately \$8,372,000 available for FY 2001 awards. Full-time and parttime scholarships will be funded for each of the three scholarship programs.

Full-time and part-time scholarships will be funded for each of the three scholarship programs.

The Indian Health Professions Preparatory Scholarship is listed as No. 93.123 in the office of Management and Budget Catalog of Federal Domestic Assistance (CFDA). The Health Professions Pregraduate Scholarship is listed as No. 93.971, and the Indian Health Scholarship (Professions) is listed as No. 93.972 in the CFDA.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Education and Community-Based Programs. Potential applicants may obtain a copy of Healthy People 2010, (Full Report; Stock No. 017-001-00474-0) or *Healthy* People 2010 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone 202-783-3238).

**DATE:** The application deadline for both new and continuing applicants is April 1, 2001. If April 1 falls on the week-end, the application will be due on the following Monday. Applications shall be considered as meeting the deadline if they are received by the appropriate Scholarship Coordinator on the deadline date or postmarked on or before the deadline date.

(Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.) Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

ADDRESSES: Application packets may be obtained by calling or writing to the addresses listed below. The application form number is IHS 856, 856–2 through 856–8, 815, 816, 818 (approved under OMB No. 0917–0006, expires 04/30/01).

IHS Area Office and States/Locality served	Scholarship coordinator/Address
Aberdeen Area IHS:	
Iowa, Nebraska, North Dakota, South Dakota	Ms. Lila Topalian, Scholarship Coordinator, Aberdeen Area IHS, Federal Building, Room 309, 115 4th Avenue, SE, Aberdeen, SD 57401, Tele: 605–226–7553.
Alaska Area Native Health Service:	
Alaska	Ms. Rea Bavilla, Scholarship Coordinator, Alaska Area IHS, 4141 Ambassador Drive, Rm. 349, Anchorage, Alaska 99508, Tele: 907–729–1332.
Alburguerque Area IHS:	