

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 03/19/2020

Department of Health and Human Services
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Jose Arrieta
FOR CLEARANCE OFFICER: Debbie Kramer

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 03/18/2020

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Emergency

ICR REFERENCE NUMBER: 202003-0970-007

AGENCY ICR TRACKING NUMBER: ORR

TITLE: Medical Complaint Form, Contact Investigation Form: Non-TB Illness, and Contact Investigation Form

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0970-0509

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 09/30/2020

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	101,040	21,182	0
New	101,040	21,182	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Dominic J. Mancini
Deputy and Acting Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Medical Complaint Form	1	Medical Complaint Form	
Contact Investigation Form: Non-TB Illness	1	Contact Investigation Form	
Contact Investigation Form: Active/Suspect TB	1	Contact Investigation Form Active and Suspect	