

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Medical Complaint Form, Contact Investigation Form: Non-TB Illness, and Contact Investigation Form: Active/Suspect TB.

*OMB No.:* 0970-NEW.

The Administration for Children and Families' Office of Refugee Resettlement (ORR) places unaccompanied minors in their custody in licensed care provider facilities until reunification with a qualified sponsor. 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 healthcare services, including a complete medical examination within 48 hours of admission to ORR, screening for infectious diseases, appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control, administration of prescribed medication and special diets, and appropriate mental health interventions for each minor in care.

The Medical Complaint and Contact Investigation forms are to be used as worksheets for healthcare providers and health departments to compile

information that would otherwise have been collected during a medical evaluation. Once completed, the forms will be given to care provider facility staff for data entry into ORR's electronic data repository known as 'The UAC Portal'. Entered data will be used to record and monitor health conditions/illnesses including infectious diseases, document preventative services, develop care plans, ensure serious illnesses/conditions receive appropriate post-release follow-up care, and to track interventions taken to prevent the spread of infectious diseases.

*Respondents:* Office of Refugee Resettlement Grantee staff.

**Annual Burden Estimates**

*Estimated Respondent Burden for Responding:*

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Medical Complaint Form .....	120	836	.13	13,042
Contact Investigation Form: Non-TB Illness .....	120	4	.08	38
Contact Investigation Form: Active/Suspect TB .....	120	2	.08	19

*Estimated Total Annual Burden Hours:* 13,099.

*Estimated Respondent Burden for Recordkeeping:*

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Medical Complaint Form .....	120	836	0.08	8,026
Contact Investigation Form: Non-TB Illness .....	120	4	0.08	38
Contact Investigation Form: Active/Suspect TB .....	120	2	0.08	19

*Estimated Total Annual Burden:* 8,083.

*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, 330 C Street SW, Washington, DC 20201. Attention 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\\_](mailto:OIRA_)

[SUBMISSION@OMB.EOP.GOV](mailto:SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Supplemental Nutrition Assistance Program (SNAP) Matching Program Performance Outcomes.

*OMB No.:* 0970-0464.

*Description:* State agencies administering the Supplemental

Nutrition Assistance Program (SNAP) are mandated to participate in a computer matching program with the federal Office of Child Support Enforcement (OCSE). The matching program compares SNAP applicant and recipient information with employment and wage information maintained in the National Directory of New Hires (NDNH). The outcomes of the compared information help state SNAP agencies with administering the program and verifying and determining an individual's benefit eligibility. To receive NDNH information, state agencies enter into a computer matching agreement and adhere to its terms and conditions, including providing OCSE with annual performance outcomes attributable to the use of NDNH information.

The Office of Management and Budget (OMB) requires OCSE to periodically report performance measurements demonstrating how the use of