

*Type of Information Collection:*

Extension of a currently approved collection.

**Needs and Uses:** The form is used to obtain information from individuals who know, as the result of personal observation, the relationship which existed between the parties, in those cases in which a common law marriage is claimed. The information is used to determine if the marital relationship is established and benefits are payable based on relationship.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 800 hours.

**Estimated Average Burden Per Respondent:** 20 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 2,400 respondents.

**OMB Number:** 2900-0121

**Title and Form Number:** Obtaining Supplemental Information From Hospital or Doctor, VA Form Letter 29-551B.

*Type of Information Collection:*

Extension of a currently approved collection.

**Needs and Uses:** The form letter is used to request medical information from the insured's doctor or hospital in connection with disability insurance benefits.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 61 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 244 respondents.

**OMB Number:** 2900-0255

**Title and Form Number:** Application for Dependency and Indemnity Compensation or Death Pension (Including Accrued Benefits and Death Compensation Where Applicable) From the Department of Veterans Affairs, VA Form 21-4182.

*Type of Information Collection:*

Extension of a currently approved collection.

**Needs and Uses:** The form is used to gather the necessary information from the survivor to determine initial eligibility for accrued, dependency and indemnity compensation, death compensation and/or death pension benefits when an applicant applies for Social Security benefits.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 3,500 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** On occasion.

*Estimated Number of Respondents:*

14,000 respondents.

**OMB Number:** 2900-0404

**Title and Form Number:** Veteran's Application for Increased Compensation Based on Unemployability, VA Form 21-8940.

*Type of Information Collection:*

Extension of a currently approved collection.

**Needs and Uses:** The form is used by veterans when making a claim for increased VA disability compensation based on unemployability.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 18,000 hours.

**Estimated Average Burden Per Respondent:** 45 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 24,000 respondents.

**OMB Number:** 2900-0138

**Title and Form Number:** Request for Details of Expenses, VA Form 21-8049.

*Type of Information Collection:*

Extension of a currently approved collection.

**Needs and Uses:** The form is used to obtain the necessary information to determine the amount of any deductible expenses paid by the claimant and/or commercial life insurance received to calculate the appropriate rate of pension benefits.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 5,700 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 22,800 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 21, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service  
[FR Doc. 95-21589 Filed 8-30-95; 8:45 am]  
BILLING CODE 8320-01-P

**Information Collections Under OMB Review**

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0083.

**Title and Form Number:** Blood Donor Registration, VA Form 10-2420.

*Type of Information Collection:*

Reinstatement, with change, of a previously approved collection for which approval has expired.

**Needs and Uses:** The information is used to determine if a prospective volunteer blood donor is free from illnesses that might cause harm to a VA patient if transfused with the donor's blood.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 6,000 hours.

**Estimated Average Burden Per Respondent:** 10 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 36,000 respondents.

**OMB Number:** 2900-0188.

**Titles:** Prescription, Authorization, Application, Procurement, Repair and Loan of Prosthetic Items.

*Form Numbers:*

- VA Form Letter 10-426, Loan Follow-up Letter.
- VA Form 10-2421; Prosthetic Authorization for Items or Services.
- VA Form 10-2914; Prescription and Authorization for Eyeglasses.
- VA Form 10-2520; Prosthetic Service Card Invoice.
- VA Form Letter 10-90, Request to Submit Estimate.
- Form Letter 10-1394, Application for Adaptive Equipment Motor Vehicle.

*Type of Information Collection:*

Reinstatement, without change, of a previously approved collection for which approval has expired.

**Needs and Uses:** The forms and form letters are used to determine eligibility, prescribe, and authorize

prosthetic devices; obtain repair estimates and allow for the direct purchase of prosthetic devices; and obtain follow-up information on loaned items.

*Affected Public:* Business or other for-profit—Individuals or households.

*Estimated Annual Burden:* 36,496 total hours.

- a. VA Form Letter 10-426—242 hours.
- b. VA Form 10-2421—16,667 hours.
- c. VA Form 10-2914—11,667 hours.
- d. VA Form 10-2520—3,334 hours.
- e. VA Form Letter 10-90—1,875 hours.
- f. VA Form Letter 10-1394—2,711 hours.

*Estimated Average Burden Per Respondent:*

- a. VA Form Letter 10-426—1 minute.
- b. VA Form 10-2421—4 minutes.
- c. VA Form 10-2914—4 minutes.
- d. VA Form 10-2520—5 minutes.
- e. VA Form Letter 10-9—5 minutes.
- f. VA Form Letter 10-1394—15 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 512,844 total respondents.

- a. VA Form Letter 10-426—14,500 respondents.
- b. VA Form 10-2421—250,000 respondents.
- c. VA Form 10-2914—175,000 respondents.
- d. VA Form 10-2520—40 respondents.
- e. VA Form Letter 10-9—22,500 respondents.
- f. VA Form Letter 10-1394—10,844 respondents.

*OMB Number:* 2900-0205.

*Title:* Application for Employment and Appraisal of Applicant for Title 38 Positions.

*Form Numbers:*

- a. VA Form 10-2850, Application for Physicians, Dentists, and Optometrists.
- b. VA Form 10-2850a, Application for Nurses and Nurse Anesthetists.
- c. VA Form 10-2850b, Application for Residency.
- d. VA Form 10-2850c, Application for Associated Health Occupations Appointments.
- e. VA Form Letter 10-341a, Appraisal of Applicant.

*Types of Information Collection:*

Reinstatement, without change, of a previously approved collection for which approval has expired.

*Needs and Uses:* The forms are completed by individuals applying for Title 38 position. VA Form Letter 10-341a is sent to educational institutions, organizations and individuals indicated by the applicant

on the employment application form to elicit prior education and/or performance information. The information provided to VHA is used to determine eligibility for employment, and the appropriate grade and step rate.

*Affected Public:* Individuals or households—Business or other for-profit—Not-for-profit institutions—State, Local or Tribal Government.

*Estimated Annual Burden:* 68,630 hours.

*Estimated Average Burden Per Respondent:*

- a. VA Form 10-2850—30 minutes.
- b. VA Form 10-2850a—30 minutes.
- c. VA Form 10-2850b—30 minutes.
- d. VA Form 10-2850c—30 minutes.
- e. VA Form Letter 10-341a—20 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 150,700 total respondents.

- a. VA Form 10-2850—12,900 respondents.
- b. VA Form 10-2850a—51,600 respondents.
- c. VA Form 10-2850b—27,000 respondents.
- d. VA Form 10-2850c—17,200 respondents.
- e. VA Form Letter 10341a—42,500 respondents.

*OMB Number:* 2900-0227

*Title:* Customer Feedback Surveys.

*Form Numbers:*

- a. VA Form 10-0142B, Prosthetic Patient Satisfaction Survey.
- b. VA Form 10-0142C, Semiannual Prosthetic Patient Satisfaction Program Report.
- c. VA Form 10-1465 (series), The customer Feedback Survey.
- d. VA Form 10-5387, Dietetic Service Survey.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* These surveys evaluate VA patient's satisfaction with the health care they receive. The information will be used by VHA to assure that VA maintains a high level of care to the nation's veterans.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 58,634 total hours.

- a. VA Form 10-0142 (Series)—1,557 hours.
- b. VA Form 10-1465 (Series)—52,490 hours.
- c. VA Form 10-5387—4,587 hours.

*Estimated Average Burden Per Respondent:*

- a. VA Form 10-0142 (Series)—3 minutes.

b. VA Form 10-1465 (Series)—15 minutes.

c. VA Form 10-5387—2 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:*

378,706 total respondents.

- a. VA Form 10-0142 (Series)—31,146 respondents.
- b. VA Form 10-1465 (Series)—209,960 respondents.
- c. VA Form 10-5387—137,600 respondents.

*OMB Number:* 2900-0529

*Title and Form Number:* Study of Reproductive Health Outcomes Among Women Vietnam Veterans, VA Form 10-20992(NR).

*Type of Information Collection:*

Reinstatement, without change, of a previously approved collection for which approval has expired.

*Needs and Uses:* The purpose of the study is to determine the association of military service in Vietnam with any adverse reproductive health outcomes. The reproductive outcomes to be studied are infertility, spontaneous abortions, still births, congenital anomalies, neonatal death, birth weights, pre-term deliveries and number of children. In addition, the relative risk malignant tumors in female reproductive organs will be evaluated.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 5,667 hours.

*Estimated Average Burden Per Respondent:* 50 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 6,800 respondents.

*OMB Number:* 2900-0554

*Title and Form Number:* Application and Evaluation for VA Homeless Providers Grants and Per Diem Program, VA Form 10-0362(Series).

*Type of Information Collection:*

Revision of a currently approved collection.

*Needs and Uses:* The forms will be used by public and non-profit entities to apply for Federal aid to establish supportive services or supportive housing programs that benefit homeless veterans. The information will be used by VA to determine the most qualified to receive grant payments and to evaluate the program.

*Affected Public:* State, Local or Tribal Governments—Not-for-profit institutions.

*Estimated Annual Burden:* 63,654 hours.

*Estimated Average Burden Per Respondent:* 50 hours.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:*

4,235 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Ann Bickoff, Veterans Health Administration (161B4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 565-7407.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer within 30 days of this notice.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 21, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.  
[FR Doc. 95-21590 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

**Information Collections Under OMB Review**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*OMB Number:* 2900-0265

*Titles and Form Number:* Application for Counseling, VA Form 28-8832.

*Types of Information Collection:*

Extension of a current approved collection.

*Needs and Uses:* The form advises veterans and other eligible persons of the counseling services that the VBA's Vocational Rehabilitation and Counseling Division can provide. It also serves as an application for such counseling.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 417 hours.

*Estimated Average Burden Per*

*Respondent:* 5 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 5,000 respondents.

*OMB Number:* 2900-0321

*Titles and Form Number:* Appointment of Veterans Service Organization as Claimant's Representative, VA Form 21-22.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used by VA beneficiaries to appoint any one of a number of recognized services organizations to represent them in the prosecution of their VA claims.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 54,166 hours.

*Estimated Average Burden Per*

*Respondent:* 10 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 325,000 respondents.

*OMB Number:* 2900-0405

*Title and Form Number:* REPS Annual Eligibility Report, VA Form 21-8941.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used by Restored Entitlement for Survivors (REPS) beneficiaries to furnish evidence of current and continuing entitlement to REPS benefits.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 550 hours.

*Estimated Average Burden Per*

*Respondent:* 15 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 2,200 respondents.

*OMB Number:* 2900-0458

*Titles and Form Number:* Certification of School Attendance or Termination, VA Form 21-8960.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to verify continued school attendance in those cases where benefits are paid for dependent children based on school attendance.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 11,667 hours.

*Estimated Average Burden Per*

*Respondent:* 10 minutes.

*Frequency of Response:* Annually.

*Estimated Number of Respondents:* 70,000 respondents.

*OMB Number:* 2900-0466

*Titles and Form Number:* Certification of Balance on Deposit, VA Form 27-4718a.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used by fiduciaries who are required to account for VA benefits they receive as third-party payees for the purpose of verifying reported fund balances on deposit at financial institutions.

*Affected Public:* Individuals or households—Not-for-profit institutions—State, Local or Tribal Government.

*Estimated Annual Burden:* 1,800 hours.

*Estimated Average Burden Per*

*Respondent:* 3 minutes.

*Frequency of Response:* Annually.

*Estimated Number of Respondents:* 27,116 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.  
[FR Doc. 95-21591 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

**Information Collections Under OMB Review**

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*OMB Number:* None Assigned.

*Title and Form Number:* Study on Environmental Health and Persian Gulf War Syndrome, VA Form 10-20989(NR).

*Type of Information Collection:* New collection.