

Type of Information Collection:

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

Needs and Uses: The form is used by veterans and survivors who are receiving income-based benefits to report business and/or property income and expenses. The information is used to determine eligibility for benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 29,750 hours.

Estimated Average Burden Per Respondent: 30 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents: 59,500 respondents.

OMB Number: 2900-0116

Title and Form Number: Notice to Department of Veterans Affairs of Veteran or Beneficiary Incarcerated in Penal Institution, VA Form 21-4193.

Type of Information Collection: Extension of a currently approved collection.

Needs and Uses: The form is used to secure the necessary information from penal institution incarcerated veterans or beneficiaries. The information is used to determine if VA compensation or pension benefits should be terminated or reduced.

Affected Public: State, Local or Tribal Governments.

Estimated Annual Burden: 416 hours.

Estimated Average Burden Per Respondent: 15 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 416 respondents.

OMB Number: 2900-0119

Title and Form Number: Report of Treatment in Hospital, VA Form letter 29-551.

Type of Information Collection: Extension of a currently approved collection.

Needs and Uses: The form letter is used to collect information from the insured's hospital to determine his/her eligibility for a claim for disability insurance benefits.

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

Estimated Annual Burden: 4,055 hours.

Estimated Average Burden Per Respondent: 12 minutes.

Frequency of Response: On time.

Estimated Number of Respondents: 20,277 respondents.

OMB Number: 2900-0148

Title and Form Number: Notice of Past Due Payment, VA Form 29-389e.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used by veterans who have applied for National Service Life Insurance as a temporary measure to restore continuous protection until a final decision is made on his/her application for insurance. The information is used to determine the insured's eligibility for continued protection.

Affected Public: Individuals or households.

Estimated Annual Burden: 484 hours.

Estimated Average Burden Per Respondent: 15 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents:

1,936 respondents.

OMB Number: 2900-0161

Title and Form Number: Medical Expense Report, VA Form 21-8416.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to collect information on the medical expenses paid in connection with claims for pension or other income-based benefits. The information is used in determining the proper rate of VA benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 19,280 hours.

Estimated Average Burden Per Respondent: 12 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 96,400 respondents.

ADDRESSES: Copies of these submissions may be obtained from Trish Fineran, Veteran 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. 95-21594 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: 2900-0065

Title and Form Number: Request for Employment Information in Connection with Claim for Disability Benefits, VA Form 21-4192.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather the necessary information about employment of the veteran-applicant to determine the extent of disability affecting employment.

Affected Public: Business or other for-profit.

Estimated Annual Burden: 15,000 hours.

Estimated Average Burden Per Respondent: 15 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 60,000 respondents.

OMB Number: 2900-0075

Title and Form Number: Statement in Support of Claim, VA Form 21-4138.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used by the claimant to provide self-certified statements in support of various types of claims processed by VBA.

Affected Public: Individuals or households.

Estimated Annual Burden: 188,000 hours.

Estimated Average Burden Per Respondent: 15 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 752,000 respondents.

OMB Number: 2900-0076

Title and Form Number: Request to Creditor Regarding Applicant's Indebtedness, VA Form Letter 26-250.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is completed by creditors of veteran-applicants who are applying for a home loan. The information is used to determine the applicant's credit worthiness.

Affected Public: Business or other for-profit—Individuals or households.
Estimated Annual Burden: 10,833 hours.

Estimated Average Burden Per Respondent: 10 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 65,000 respondents.

OMB Number: 2900-0089

Title and Form Number: Statement of Dependency of Parent(s), VA Form 21-509.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather income and dependency information from applicants who are seeking payment of benefits as or for a dependent parent. The information is used to determine dependency of the parent.

Affected Public: Individuals or households.

Estimated Annual Burden: 20,000 hours.

Estimated Average Burden Per Respondent: 30 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 40,000 respondents.

OMB Number: 2900-0095

Title and Form Number: Pension Claim Questionnaire for Farm Income, VA Form 21-4165.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to develop the necessary income and asset information peculiar to farm operations. The information is used to determine whether the claimant is eligible for VA benefits and, if eligibility exists, it is used to determine the proper rate of benefits.

Affected Public: Farms—Individuals or households.

Estimated Annual Burden: 12,500 hours.

Estimated Average Burden Per Respondent: 30 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 25,000 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. 95-21595 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: 2900-0036

Title and Form Number: Statement of Disappearance, VA Form 21-1775.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather the necessary information to determine if a decision of presumptive death can be made for benefit payment purposes. The information is used to authorize death benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 5,500 hours.

Estimated Average Burden Per

Respondent: 2 hours and 45 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 2,000 respondents.

OMB Number: 2900-0038

Title and Form Number: Information from Remarried Widow/er, VA Form 21-4102.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather the necessary information to determine if a child of a surviving remarried spouse of a deceased veteran meets the requirements for pension. The information is used to determine entitlement this benefit.

Affected Public: Individuals or households.

Estimated Annual Burden: 3,000 hours.

Estimated Average Burden Per

Respondent: 20 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 9,000 respondents.

OMB Number: 2900-0049

Title and Form Number: Request for Approval of School Attendance, VA Forms 21-674 and 21-674c.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The forms are used to gather the necessary information to determine continued entitlement to benefits for a child between the ages of 18 and 23 who is attending school.

Affected Public: Individuals or households.

Estimated Annual Burden: 34,500 hours.

Estimated Average Burden Per

Respondent: 15 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 138,000 respondents.

OMB Number: 2900-0052

Title and Form Number: Report of Medical Examination for Disability Evaluation, VA Form 21-2545.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather the necessary information from a claimant prior to undergoing a VA examination and to record the findings of the examining physician.

Affected Public: Individuals or households.

Estimated Annual Burden: 45,000 hours.

Estimated Average Burden Per

Respondent: 15 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents: 339,000 respondents.

OMB Number: 2900-0064

Title and Form Number: Application for Amounts Due Estate of Person Entitled to Benefits, VA Form 21-609.

Type of Information Collection:

Extension of a currently approved collection.

Needs and Uses: The form is used to gather the necessary information to determine the individual(s) who may be entitled to accrued benefits of deceased beneficiaries. The information is used to determine the proper payee for certain accrued benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 375 hours.