ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–196	54	4	8	1,728

Estimated Total Annual Burden Hours: 1,728.

Additional Information: ACF is requesting that OMB grant a 180 day approval for this information collection under procedures for emergency processing by August 15, 1997. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the Administration for Children and Families, Reports Clearance Officer, Bob Driscoll at (202) 401–6465.

Comments and questions about the information collection described above should be directed to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for ACF, Office of Management and Budget, Paperwork Reduction Project, 725 17th Street NW., Washington, DC 20503, (202) 401–9313.

Dated: July 25, 1997.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 97–20181 Filed 7–31–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: National Directory of New Hires.

OMB No.: New.

Description: Public Law 104–193, the ''Personal Responsibility and Work Opportunity Reconciliation Act of 1996,'' requires the Office of Child Support Enforcement (OCSE) to develop a National Directory of New Hires (NDNH) to improve the ability of State child support agencies to locate noncustodial parents and collect child support across State lines.

The NDNH will contain employment, earning and employment compensation data on all employees within the United States. The law requires States and territories to periodically transmit new hire data received from employers to the NDNH, and to transmit quarterly wage and unemployment compensation claims data to the NDNH on a quarterly basis.

Employers must report specified information (based on information reported on the IRS W–4 Form) on all new hires to State agencies for transmittal to the NDNH. States will transmit all data to the NDNH electronically. The purpose of the NDNH is to develop a repository of information on newly-hired employees, and on the earnings and unemployment compensation claims data on all employees, to provide the necessary information to locate child support obligors, and to establish and enforce child support orders.

Please refer below to the Supplemental Specifications in addition to the Record Layouts and field descriptions for input to the National Directory of New Hire (NDNH).

Respondents: States and Employers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hour
New Hire: Employers Not Currently Required to Report (manual reporting)*	3,372,250	3.484	.0417	489,930
New Hire: Employers Not Currently Required to Report (electronically)*	740,250	37,037	.00028	7,677
New Hire: Multistate Employers' Registration Form	375,000	1	.050	18,750
New Hire: States Not Currently Requiring New Hire Reporting	29	83,333	266,668	644,445
New Hire: States Currently Requiring New Hire Reporting	25	83,333	70,741	147,376
Quarterly Wage & Unemployment Compensation	54	4	.033	7.13

* Estimated Total Annual Burden Hours: 1,308,185.

Footnotes

The above numbers are based on the following: Twenty-five States already had a new hire reporting system in place before PRWORA was passed. Within those 25 States, on average, it is estimated that 75% of employers already report new hire data (based on the fact that some States require all employers to report, some require only targeted industries to report, and some are voluntary reporting programs). It is estimated that these employers represent the same proportional number of new hire reports (75% of 25/54).

These estimates include the 25% remaining employers who do not report

within those 25 States, in addition to all of the employers within the remaining 29 States.

* Eighteen percent of all employers will report manually and 82% will report electronically (based on SSA's experience). The number of employers is based on the following calculation: the total number of employers (6,300,000) multiplied by 29/54 (the proportion of States that do not have new hire programs) plus the total number of employers multiplied by the number of employers not already reporting in the States that do have new

hire programs (25% of 25/54). The result (4,122,500) is then broken down into two categories: those who report manually and those who report electronically.

** For the ''Employers'' tiers, ''response'' is defined as the number of new hire reports. Thirty percent of all new hire reports will be reported manually and 70% will be reported electronically (based on SSA's experience).

*** Based on the assumption that employers reporting new hires electronically will most likely transmit

their reports in a batch file, thus significantly reducing the per-response burden.

**** For the ''States'' tiers, ''response'' is defined as the number of transmissions to the NDNH. All States are required by law to transmit new hire data to the NDNH electronically, within three business days after entering the data into the SDNH. There are 250 business days per year. States will send a transmission once every three business days, which is equal to 83.333 transmissions per year.

***** Based on the average number of reports per transmission and the average burden per new hire report. The average number of reports per transmission is calculated by dividing 32,222,220 (total number of new hire reports in those 29 States) by 29 (number of States). The result 1,111,111) is then divided by 83.333 (estimated number of transmissions per State, see above

explanation). Based on this calculation, the average number of reports per transmission is 13,333.39 reports. The average burden per new hire report is estimated to be .02 hours (1.2 minutes), which is based on a range of two seconds to four minutes. The burden is estimated to be two seconds per report for the 70% of new hire reports submitted to the State electronically. This two second burden estimate is based on the same batch-file assumption as above, and includes data receipt and data transmission. If the State has to manually enter the new hire data before transmitting to the NDNH (which is the case for 30% of all new hire reports), the burden is estimated to be four minutes (based on the number of characters in a record). The average burden hours per report (.02) multiplied by the average number of reports per transmission (13,333.39) is equal to the average

burden hours per transmission (266.668).

****** Within the 25 States that already have a new hire reporting program in place, the burden is broken down into three categories. The total number of new hire reports for those 25 States is 27.8 million (46% of 60 million, or 25/54 times 60 million). Seventy-five percent of employers already submit to those States, so the incremental burden for that group is only the transmission to the NDNH (1 second per report). Twenty-five percent of employers do not already submit to those States, so the burden for that group is based on the same calculation as above: 30% of all new hire reports are reported manually (@ 4 minutes each) and 70% are reported electronically (@ 2 seconds each). The following table represents the exact formula for the calculation:

Types of reports	Number of new hire reports	Time per new hire report	Total time
Already Received From Employers (75%)	20,833,333	.000278 hours (1 second)	5787.0370 hours.
Reports Not Currently Received (25%)—Manual (30%)	2,083,333	.066667 hours (4 minutes)	138888.8889 hours.
Reports Not Currently Received (25%)—Electronic (70%)	4,861,111	.000556 hours (2 seconds)	2700.6173 hours.

Total time for all three types of reports: 147,376.543 hours.
Total time per transmission (83.333) per State (25): 70.741 hours.

******* ''Response'' is defined here as the number of transmissions to the NDNH. States are required to transmit quarterly wage and unemployment compensation data four times a year.

Detailed Input Information

Supplement to New Hire Record Specifications

At the suggestion of the workgroup that assisted in developing the record specifications for the National Directory of New Hires (NDNH), this is an accompanying document that contains some additional clarification or explanation of items in the record specifications.

Mandatory Fields: The legislation mandates the collection of only the following six data elements from the W–4 form:
Employee SSN
Employee Name
Employee Address
Employer Name
Employer Address
Employer ID number

On the W–4 record specifications these fields are marked with (M) to designate mandatory. There are three additional optional fields that are highly desirable for the New Hire data base. These are:

Employee Date of Birth
Employee Date of Hire
Employee State of Hire

While the legislation precludes the federal government from mandating the collection and retention of additional data elements, the states are not bound by those rules. The New Hire record specifications were developed in collaboration with State child support enforcement staff, State Employment Security Agency (SESA) staff, and federal and Department of Defense staff. Consequently, the specifications include additional data elements that can be collected by the states and passed to the NDNH. These data elements can then be used by the states and other authorized users of NDNH data.

Following are some clarifying statements that apply to all of the NDNH data elements and record formats.
All data is to be in EBCDIC format.
All alphanumeric data are to be in upper case.
All alphanumeric data are to be left justified.
All numeric data are to be right justified and zero filled.
All dates are to be in the Year 2000-compliant format of YYYYMMDD.
Name and city data are to be stripped of special characters except for the hyphen.

State and territory abbreviations in addresses should be the U.S. Postal Service abbreviations.
Name fields should not include suffixes such as ''Jr.'', ''Sr.'', and ''III''.
The NDNH will contain two addresses for the employer. The first address is that noted on the W–4 form. The second address is where child support orders should be sent. If only one address is available or known, use the first set of address data elements and leave the second set of data elements blank.
National standard codes are to be used for foreign country code abbreviations as assigned by the Department of Commerce FIPS codes (FIPS PUB 10–4).
For Quarterly Wage data, the employee wage amount is to be the gross amount paid during the quarter, regardless of when the amount was earned.
For Unemployment Insurance data, the benefit amount is to be the gross amount paid within the quarter before any deductions or offsets are applied, regardless of when the benefit was earned or accrued.
WHEN IN DOUBT, SEND THE DATA. While the NDNH wants to receive clean, edited data, we want

to receive all data in a timely manner. Consequently, if some data is missing or incomplete at the time of transmission, include the record(s) in the transmission. Hopefully, this will also make processing easier at the State level. Output records returned from the NDNH will contain all of the input data sent to the NDNH and indications of errors or changes that took place at the federal level. States have the option of receiving error records. The NDNH will maintain a matrix of which states want to be notified of errors and which do not.

Input Records

When sending data to the federal level, there will be three record types in each transmission of data. These will include a header record, a series of data records, and concluded by a trailer record.

Header Record: The header record will be the first record in the data set and will contain the following fields.

Field name	Comments
Record Identifier	Enter 'H4' for W4 data. Enter 'HQ' for Quarterly Wage data. Enter 'HU' for Unemployment Insurance data.
Transmitter State Code	Refer to US Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).
Transmitter Agency Code	Some federal agencies act as service bureaus for other federal agencies. Enter the Federal Employer Identification Number (FEIN) of the agency transmitting the data to the National Directory of New Hires.
Transmission Type	Identifies the type of data in this data set. Enter 'W4' for W4 data. Enter 'QW' for Quarterly Wage data. Enter 'UI' for Unemployment Insurance data.
Department of Defense Code	This field is mandatory only for DOD data transmissions. All others can ignore this field. DOD data is separated into several categories. This field indicates with category of data is being transmitted. Enter 'A' for active duty personnel. Enter 'C' for civilian personnel Enter. 'R' for reservist personnel.
Version Control Number	It is assumed that the system will be modified over time to accommodate future requirements. The version Control Number indicates which version of the system is in operation and will provide a means of communicating with data suppliers about record formats. Enter '01' until notified by OCSE to change this value.
Data Stamp	Enter the system generated date on the date the data set is transmitted to the federal level. Enter the date in the format YYYYMMDD.
Batch Number	A sequential number generated by the transmitting agency. This field is to uniquely identify a transmission. Do not repeat batch numbers.
Filler	Each record contains filler to be used for future versions of the record formats.

Total Record: Each data set is to be terminated with a Total Record which will contain the count of the total number of records transmitted in this data set.

Field name	Comments
Record Identifier	Enter 'T4' for W4 data. Enter 'TQ' for Quarterly Wage data. Enter 'TU' for Unemployment Insurance data.
Data Record Count	Enter the total number of records transmitted in this data set, including the header and trailer records. This will be used to verify that all records are received and processed.
Filler	Spaces. To be used for future versions of the system.

Data Record: Each of the data records for W4, Quarterly Wage, and UI is different in several ways. Following is further explanation of some of the data elements in those record layouts. See the Record Layout specifications for detailed information on all data elements.

Field name	Comments
Record Identifier	Enter 'W4' for the W4 record. Enter 'QW' for the Quarterly Wage record. Enter 'UI' for the Unemployment Insurance record.
Foreign Address Data Elements	If an address supplied for the employee or employer is outside the United States, include the Foreign Country Code for the address, the Foreign Country Name, and the Foreign Zip Code
Employee Wage Amount (QW)	For Quarterly Wage data, provide the gross amount paid to the employee during the quarter, regardless of when the amount was earned.

Field name	Comments
Reporting Period	Use the quarters that correspond to the calendar year rather than quarters that correspond to fiscal accounting periods. Use the format QYYYY where Q=1 for January–March. Q=2 for April–June. Q=3 for July–September. Q=4 for October–December.
Benefit Amount (UI)	The UI Benefit Amount is the gross amount paid within the reporting quarter before any withholding offsets are applied. This amount should be the sum of benefits received from all programs tracked electronically by the State. However, only include those benefits that are housed in the same hardware environment. Do not include benefits from sources that must be translated or imported to the mainframe environment.

Output Records

FPLS will return records to the data transmitters when errors were detected. The states can elect to have these records returned for error resolution or not as they choose. Federal agencies, however, will receive all error records from each transmittal.

The record formats for the error records are identical to the input record provided by the submitter except that error codes will be appended that explain the nature of the error. Errors can occur at the transmission level and at the individual record level.

Transmission Control Records: This is the output equivalent of the input TRANSMITTER RECORD and includes counts of records received, records

rejected, error records returned, records posted to the National Directory of New Hires, records posted to the Suspense File, and up to five Error Codes pertaining to the transmission level error conditions encountered.

Data Records: Each output version of the input DATA RECORD had appended to it up to five record level error codes that indicate the nature of the error encountered during editing. It also contains a Social Security Number Verification Indicator that indicates whether multiple valid SSNs were encountered during the SSN verification process. In addition, a corrected SSN is returned if during the SSN verification process the supplied SSN was determined to be incorrect and the

verification procedure was able to provide the correct SSN.

Total Records: No transmission total records will be returned to the submitting State or federal agency.

Updates to this information will be issued on a periodic basis based on questions from data submitters or as global editing indicates the need for them. These updates will be issued as updates to User Manuals and Implementation Guides provided by OCSE.

When questions arise regarding record layouts, transmission requirements, edit criteria, error codes, or other data related issues, please contact George Laufert at (202) 205–3605 or glaufert@acf.dhhs.gov.

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)

Field name	Location/position	Length	Alpha/numeric	Description/remarks	Mandatory/optional
W4 Transmitter Record					
Record Identifier	1–2	2	A/N	'H4'	M.
Transmitter State Code	3–4	2	N	State FIPS code (for states only)	M for states.
Transmitter Agency Code	5–13	9	A/N	Federal Agency Code (for federal agencies only)	M for agencies.
Transmission Type	14–15	2	A/N	'W4' for W4 data	M.
Department of Defense	16	1	A	'A' for active duty	M for DOD.
Code	....	....		'C' for civilian 'R' for reserves States may leave this field blank.	
Version Control Number	17–18	2	A/N	Must be '01', controlled by OCSE	M
Date Stamp	19–26	8	N	Format=YYYYMMDD .... Must be current system date of file generation	M
Batch Number	27–32	6	N	Sequential number to identify a submission as unique	M
Filler	33–801	769	A/N	Spaces. To be used for future versions..	
W4 Total Record					
Record Identifier	1–2	2	A/N	'T4'	M
Data Record Count	3–13	11	N	Total record count for transmission, including header and trailer records.	M
Filler	14–801	788	A/N	Spaces. To be used for future versions	
W4 Data Record					
Record Identifier	1–2	2	A/N	'W4'	M
Employee SSN	3–11	9	N	As reported by employee	M
Employee Name:					
First Name	12–27	16	A	At least one character .... No special characters	M
Middle Name	28–43	16	A	If non-blank, must be at least one character .... No special characters	O

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—
Continued

Field name	Location/ position	Length	Alpha/ numeric	Description/remarks	Mandatory/ optional
Last Name	44–73	30	A	At least one character .... No special characters, except for hyphen	M
Employee Address:					
Street Address (line 1) ..	74–113	40	A/N	Non-blank	M
Street Address (line 2) ..	114–153	40	A/N	If your address line is less than 40 characters, do not	O
Street Address (line 3) ..	154–193	40	A/N	concatenate into one line.	O
City	194–218	25	A	At least two characters .... No special characters, except for hyphen	M
State	219–220	2	A	Valid state or territory abreviation	M
Zip Code (1)	221–225	5	N	Must be numeric	M
Zip Code (2)	226–229	4	A/N	If present, must be numeric	O
Employee Foreign Address:					
Foreign Country Code ...	230–231	2	A/N	Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).	M for foreign address
Foreign Country Name ..	232–256	25	A/N	If present, at least two characters	O
Foreign Zip Code	257–271	15	A/N	....	O
Employee Date of Birth	272–279	8	A/N	If present, numeric .... Format—YYYYMMDD	O
Employee Date of Hire	280–287	8	A/N	If present, numeric .... Format—YYYYMMDD	O
Employee State of Hire	288–289	2	A	Alphabetic state or territory abbreviation	O
Federal EIN	290–298	9	N	Federal Employer Identification Number	M
State EIN	299–310	12	A/N	If no FEIN is available, send the State EIN .... If present and less than 12 characters, left justify	O
Employer Name	311–355	45	A/N	At least two characters FEIN address from W4	
Employer Address:					
Street Address (line 1) ..	356–395	40	A/N	At least two characters	M
Street Address (line 2) ..	396–435	40	A/N	If your address line is less than 40 characters, do not	O
Street Address (line 3) ..	436–475	40	A/N	concatenate into one line.	O
City	476–500	25	A	At least two characters	M
State	501–502	2	A	Valid state or territory abbreviation	M
Zip Code (1)	503–507	5	N	Must be numeric	M
Zip Code (2)	508–511	4	A/N	If present, must be numeric	O
Employer Foreign Address:					
Foreign Country Code ...	512–513	2	A/N	Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).	M for foreign address
Foreign Country Name ..	514–538	25	A/N	If present, at least two characters	O
Foreign Zip Code	539–553	15	A/N	....	O
Employer Optional Address	....	....		This address will be blank if only collecting one address. If there is a second address, it should be the address where child support orders should be sent.	O
Street Address (line 1) ..	554–593	40	A/N	If your address line is less than 40 characters, do not	O
Street Address (line 2) ..	594–633	40	A/N	concatenate into one line.	O
Street Address (line 3) ..	634–673	40	A/N	....	O
City	674–698	25	A	If present, at least two characters	O
State	699–700	2	A	If present, valid state or territory abbreviation	O
Zip Code (1)	701–705	5	A/N	If present, must be numeric	O
Zip Code (2)	706–709	4	A/N	If present, must be numeric	O
Employer Optional Foreign Address:					
Foreign Country Code ...	710–711	2	A/N	Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).	O
Foreing Country Name ..	712–736	25	A/N	If present, at least two characters	O
Foreign Zip Code	737–751	15	A/N	....	O
Filler	752–801	50	A/N	Spaces. To be used for future versions	

Quarterly Wage Transmitter Record

Record Identifier	1–2	2	A	'HQ'	M
Transmitter State Code	3–4	2	N	State FIPS code (for states only)	M for states
Transmitter Agency Code	5–13	9	A/N	Federal Agency Code (for federal agencies only)	M for agencies
Transmission Type	14–15	2	A/N	'QW' for quarterly wage data	M
Department of Defense	16	1	A	'A' for active duty	M for DOD

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—
Continued

Field name	Location/position	Length	Alpha/numeric	Description/remarks	Mandatory/optional
Code	....	....		'C' for civilian	M for DOD
				'R' for reserves	
				States may leave this field blank	
Version Control Number	17–18	2	A/N	Must be '01', controlled by OCSE	M
Date Stamp	19–26	8	N	Format=YYYYMMDD	M
				Must be current system date of file generation	
Batch Number	27–32	6	N	Sequential number to identify a submission as unique	M
Filler	33–601	569	A/N	Spaces. To be used for future versions.	

Quarterly Wage Total Record

Record Identifier	1–2	2	A	'TQ'	M
Data Record Count	3–13	11	N	Total record count for transmission, including header and trailer record.	M
Filler	14–601	588	A/N	Spaces. To be used for future versions.	

Quarterly Wage Data Record

Record Identifier	1–2	2	A	'QW'	M
Employee SSN	3–11	9	N	As reported by employee	M
Employee Name:					
First Name	12–27	16	A	At least one character	M
				No special characters	
Middle Name	28–43	16	A	If non-blank, must be at least one character	O
				No special characters	
Last Name	44–73	30	A	At least one character	NM
				No special characters, except for hyphen.	
Employee Wage Amount	74–84	11	N	Last two positions are decimal places	M
				No negative values, zeroes are allowed	
				Gross amount paid within the quarter	
Reporting Period	85–89	5	N	Format—QYYYY for Calendar year	M
				Q=1 for Jan–Mar	
				Q=2 for Apr–Jun	
				Q=3 for Jul–Sep	
				Q=4 for Oct–Dec	
Federal EIN	90–98	9	N	Federal Employer Identification Number	M
State EIN	99–110	12	A/N	If present and less than 12 characters, left justify	O
Employer Name	111–155	45	A/N	At least two characters	M
Employer Address:				FEIN address:	
Street Address (line 1) ..	156–195	40	A/N	At least two characters	M
Street Address (line 2) ..	196–235	40	A/N	If your address line is less than 40 characters, do not concatenate into one line.	O
Street Address (line 3) ..	236–275	40	A/N		
City	276–300	25	A	At least two characters	M
State	301–302	2	A	Valid state or territory abbreviation	M
Zip Code (1)	303–307	5	N	....	M
Zip Code (2)	308–311	4	A/N	If present, must be numeric	O
Employer Foreign Address:					
Foreign Country Code ...	312–313	2	A/N	Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).	M for foreign address
Foreign Country Name ..	314–338	25	A/N	If present, at least two characters	O
Foreign Zip Code	339–353	15	A/N	....	O
Employee Optional Address:				This address will be blank if only collecting one address. If there is a second address, it should be the address where child support orders should be sent	
Street Address (line 1) ..	354–393	40	A/N	At least two characters	O
Street Address (line 2) ..	394–433	40	A/N	If your address is less than 40 characters, do not concatenate into one line.	O
Street Address (line 3) ..	434–473	40	A/N		
					O
City	474–498	25	A	If present, at least two characters	O
State	499–500	2	A	If present, valid state or territory abbreviation	O
Zip Code (1)	501–505	5	A/N	If present, must be numeric	O

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—
Continued

Field name	Location/ position	Length	Alpha/ numeric	Description/remarks	Mandatory/ optional
Zip Code (2)	506–509	4	A/N	If present, must be numeric	O
Employer Optional Foreign Address:					
Foreign Country Code ...	510–511	2	A/N	Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10– (April 1995).	O
Foreign Country Name ..	512–536	25	A/N	If present, at least two characters	O
Foreign Zip Code	537–551	15	A/N	....	O
Filler	552–601	50	A/N	Spaces. To be used for future versions.	
UI Transmitter Record					
Record Identifier	1–2	2	A	'HU'	M
Transmitter State Code	3–4	2	N	State FIPS code (for states only)	M for states
Transmitter Agency Code	5–13	9	A/N	Federal Agency Code (for federal agencies only)	M for agencies
Transmission Type	14–15	2	A/N	'UI' for unemployment insurance data	M
Filler	16	1	A/N	....	M for DOD
Version Control Number	17–18	2	A/N	Must be '01', controlled by OCSE	M
Date Stamp	19–26	8	N	Format = YYYYMMDD .... Must be current system date of file generation.	M
Batch number	27–32	6	N	Sequential number to identify a submission as unique	M
Filler	32–295	263	A/N	Spaces. To be used for future versions.	
UI Total Record					
Record Identifier	1–2	2	A	'TU'	M
Data Record Count	3–13	11	N	Total record count for transmission, including header and trailer record.	M
Filler	14–295	282	A/N	Spaces. To be used for future versions.	
UI Data Record					
Record Identifier	1–2	2	A	'UI'	M
Claimant SSN	3–11	9	N	As reported by claimant	M
Claimant Name:					
First Name	12–27	16	A	At least one character .... No special characters	M
Middle Name	28–43	16	A	If non-blank, must be at least one character .... No special characters	O
Last Name	44–73	30	A	At least one character .... No special characters, except for hyphen.	M
Claimant Address:					
Street Address (line 1) ..	74–113	40	A/N	Non-bank	M
Street Address (line 2) ..	114–153	40	A/N	If your address line is less than 40 characters, do not concatenate into one line.	O
Street Address (line 3) ..		40	A/N		O
City	194–218	25	A	At least two characters .... No special characters, except for hyphen	M
State	219–220	2	A	Valid state or territory abbreviation	M
Zip Code (1)	221–225	5	N	Must be numeric	M
Zip Code (2)	226–229	4	A/N	If present, must be numeric	O
Benefit Amount	230–240	11	N	Last two positions are decimal places .... No negative values, zeroes are allowed .... Gross amount paid within the quarter before withholding offsets. This amount is a total of all benefits that are tracked electronically	M
Reporting Period	241–245	5	N	Format—QYYYY for Calendar year .... Q=1 for Jan–Mar Q=2 for Apr–Jun Q=3 for Jul–Sep Q=4 for Oct–Dec	M
Filler	246–295	50	A/N	Spaces. to be used for future versions	

Additional Information: ACF is requesting that OMB grant a 180 day approval for this information collection under procedures for emergency processing by September 15, 1997. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the Administration for Children and Families, Reports Clearance Officer, Robert Driscoll at (202) 401–9313 or Internet: ''rdriscoll@acf.dhhs.gov''.

Comments and questions about the information collection described above should be directed to the Office of

Information and Regulatory Affairs, Attn: OMB Desk Officer for ACF, Office of Management and Budget, Paperwork Reduction Project, 725 17th Street N.W., Washington, D.C. 20503, (202) 395–7316.

Dated: July 28, 1997.

Robert Driscoll,
Reports Clearance Officer.
[FR Doc. 97–20315 Filed 7–31–97; 8:45 am]
BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97N–0201]

Agency Information Collection Activities: Proposed Collection; Comment Request; Extension; Reopening of Comment Period

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing a reopening of the comment period on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reopening of an existing collection of information, and to allow 60 days for public comment in response to the notice. The notice is reopening the comment period for a data collection effort consisting of consumer surveys regarding preferences for, and comprehension of information contained in different formats and methods for communication in over-the-counter (OTC drug labels), studies C and D.

DATES: Submit written comments on the collection of information studies C and D by September 30, 1997.

ADDRESSES: Submit written comments of information for studies C and D to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, ATTN: OTC Drug Labeling Data Collection. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Denver Presley, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–19, Rockville, MD 20857, 301–827–1472.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 23, 1997 (62 FR 28482), FDA published a notice soliciting comments on a data collection effort consisting of four consumer surveys regarding preferences for, and comprehension of information contained in different formats and methods for communication in over-the-counter (OTC) drug labels. To give interested persons additional time to submit comments on the proposed data collection for studies C and D. The agency is reopening the comment period for studies C and D only until September 30, 1997.

Dated: July 28, 1997.

William K. Hubbard,
Associate Commissioner for Policy Coordination.
[FR Doc. 97–20389 Filed 7-31-97; 8:45 am]
BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97D–0304]

Draft Guidance on Medical Device Labeling—Suggested Form and Content; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance for medical devices entitled ''Medical Device Labeling—Suggested Form and Content.'' The draft guidance is intended to assist the device manufacturers in designing labeling and FDA in evaluating labeling and to promote clarity and uniformity in medical device labeling. The draft guidance identifies a suggested content for device labeling and each element of the suggested labeling is discussed.

DATES: Written comments concerning this draft guidance must be received by October 30, 1997.

ADDRESSES: Written comments concerning this draft guidance must be submitted to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. Comments should be identified with the docket number found in brackets in the heading of this document. Submit written requests for single copies of ''Medical Device Labeling—Suggested Form and Content'' to the Division of Small Manufacturers Assistance (HFZ–220), Center for Devices and Radiological Health (CDRH), Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. Send two self-addressed adhesive labels to assist that office in processing your request, or fax your request to 301–443–8818. See the SUPPLEMENTARY INFORMATION section for electronic access to the draft guidance.

FOR FURTHER INFORMATION CONTACT: Dan A. Spyker, Center for Devices and Radiological Health (HFZ–450), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–443–8320, or e-mail: dxs@cdrh.fda.gov.

SUPPLEMENTARY INFORMATION:

I. Background

There are labeling requirements for medical devices in the Federal Food, Drug, and Cosmetic Act (the act) and in the regulations issued under the act in Title 21 of the Code of Federal Regulations (CFR). General labeling requirements can be found in 21 CFR part 801, while detailed and specific labeling requirements for in vitro diagnostic products appear in 21 CFR 809.10. In 1991 FDA issued a Blue Book Memorandum #G91–1, entitled ''Device Labeling Guidance.'' The ''Device Labeling Guidance'' has been in use since it was issued, but CDRH studies and experience have demonstrated a need for greater direction in the format and content of device labeling. Therefore, this updated and expanded guidance has been drafted. Neither the act nor the regulations provide specific definitions or explanations of some significant labeling terms such as warnings, precautions, contraindications and adverse events. Because labeling is a key factor in the FDA clearance of premarket notifications (510(k)'s) and approval of premarket approval applications (PMA's), it is important that manufacturers and FDA personnel have a common understanding of how these terms and other elements of labeling are defined. An alternative approach may be used if such approach satisfies the applicable statute and regulations. Furthermore, this draft guidance will not be retrospective; it is intended for use in the preparation and review of labeling prior to the issuance of a final FDA decision.

This draft guidance represents the agency's current thinking on device labeling. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if