

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of  
Privacy and Records Management,  
Department of Veterans Affairs.*

[FR Doc. 2017-04344 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0809]

### Agency Information Collection Activity (Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21- 0960M-7))

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

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits  
Administration (VBA), Department of  
Veterans Affairs (VA), is announcing an  
opportunity for public comment on the  
proposed collection of certain  
information by the agency. Under the  
Paperwork Reduction Act (PRA) of  
1995, Federal agencies are required to  
publish notice in the **Federal Register**  
concerning each proposed collection of  
information, including each proposed  
revision of a currently approved  
collection, and allow 60 days for public  
comment in response to the notice.

VA Form 21-0960 series is used to  
gather necessary information from a  
claimant's treating physician regarding  
the results of medical examinations. VA  
gathers medical information related to  
the claimant that is necessary to  
adjudicate the claim for VA disability  
benefits. The Disability Benefit  
Questionnaire title will include the  
name of the specific disability for which  
it will gather information. VAF 21-  
0960M-7, Hand and Finger Conditions  
Disability Benefits Questionnaire, will  
gather information related to the  
claimant's diagnosis of a hand or finger  
condition.

**DATES:** Written comments and  
recommendations on the proposed  
collection of information should be  
received on or before May 8, 2017.

**ADDRESSES:** Submit written comments  
on the collection of information through  
Federal Docket Management System  
(FDMS) at [www.Regulations.gov](http://www.Regulations.gov) or to  
Nancy J. Kessinger, Veterans Benefits  
Administration (20M33), Department of  
Veterans Affairs, 810 Vermont Avenue  
NW., Washington, DC 20420 or email to  
[nancy.kessinger@va.gov](mailto:nancy.kessinger@va.gov). Please refer to  
"OMB Control No. 2900-0809" in any  
correspondence. During the comment

period, comments may be viewed online  
through the FDMS.

### FOR FURTHER INFORMATION CONTACT:

Nancy J. Kessinger at (202) 632-8924 or  
FAX (202) 632-8925.

**SUPPLEMENTARY INFORMATION:** Under the  
PRA of 1995 (Pub. L. 104-13; 44 U.S.C.  
3501-21), Federal agencies must obtain  
approval from the Office of Management  
and Budget (OMB) for each collection of  
information they conduct or sponsor.  
This request for comment is being made  
pursuant to Section 3506(c)(2)(A) of the  
PRA.

With respect to the following  
collection of information, VBA invites  
comments on: (1) Whether the proposed  
collection of information is necessary  
for the proper performance of VBA's  
functions, including whether the  
information will have practical utility;  
(2) the accuracy of VBA's estimate of the  
burden of the proposed collection of  
information; (3) ways to enhance the  
quality, utility, and clarity of the  
information to be collected; and (4)  
ways to minimize the burden of the  
collection of information on  
respondents, including through the use  
of automated collection techniques or  
the use of other forms of information  
technology.

**Title:** (Hand and Finger Conditions  
Disability Benefits Questionnaire (VA  
Form 21-0960M-7)).

**OMB Control Number:** 2900-0809.

**Type of Review:** Extension without  
change of an approved collection.

**Abstract:** VA Form 21-0960 series is  
used to gather necessary information  
from a claimant's treating physician  
regarding the results of medical  
examinations. VA gathers medical  
information related to the claimant that  
is necessary to adjudicate the claim for  
VA disability benefits. The Disability  
Benefit Questionnaire title will include  
the name of the specific disability for  
which it will gather information. VAF  
21-0960M-7, Hand and Finger  
Conditions Disability Benefits  
Questionnaire, will gather information  
related to the claimant's diagnosis of a  
hand or finger condition.

**Affected Public:** Individuals or  
households.

**Estimated Annual Burden:** 15,000.

**Estimated Average Burden per  
Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:**  
30,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of  
Privacy and Records Management,  
Department of Veterans Affairs.*

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## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0659]

### Agency Information Collection Activity Under OMB Review: Support of Claim for Service Connection for Post- Traumatic Stress Disorder (PTSD) and Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault

**AGENCY:** Veterans Benefits  
Administration, Department of Veterans  
Affairs (VA).

**ACTION:** Notice.

**SUMMARY:** In compliance with the  
Paperwork Reduction Act (PRA) of  
1995, this notice announces that the  
Veterans Benefits Administration,  
Department of Veterans Affairs, will  
submit the collection of information  
abstracted below to the Office of  
Management and Budget (OMB) for  
review and comment. The PRA  
submission describes the nature of the  
information collection and its expected  
cost and burden and it includes the  
actual data collection instrument.

**DATES:** Comments must be submitted on  
or before April 6, 2017.

**ADDRESSES:** Submit written comments  
on the collection of information through  
[www.Regulations.gov](http://www.Regulations.gov), or to Office of  
Information and Regulatory Affairs,  
Office of Management and Budget, Attn:  
VA Desk Officer; 725 17th St. NW.,  
Washington, DC 20503 or sent through  
electronic mail to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). Please refer to "OMB  
Control No. 2900-0659" in any  
correspondence.

**FOR FURTHER INFORMATION CONTACT:**  
Cynthia Harvey-Pryor, Enterprise  
Records Service (005R1B), Department  
of Veterans Affairs, 810 Vermont  
Avenue NW., Washington, DC 20420,  
(202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB  
Control No. 2900-0659" in any  
correspondence.

### SUPPLEMENTARY INFORMATION:

**Authority:** 44 U.S.C. 3501-21.

**Title:** Support of Claim for Service  
Connection for Post-Traumatic Stress  
Disorder (PTSD) (VA Form 21-0781)  
and Support of Claim for Service