

⁸ Grande Ronde Tribe of Oregon recognized by Pub. L. 98–165, signed into law on November 22, 1983, provides for eligibility in these six counties without regard to the existence of a reservation.

⁹ In order to carry out the Congressional intent of the Siletz Restoration Act, Pub. L. 95–195, as expressed in H. Report No. 95–623, at page 4, Siletz tribal members residing in these counties are eligible for contract health services.

¹⁰ Historically part of the Yakima Service Unit population since 1979.

¹¹ Cow Creek Band of Umpqua recognized by Pub. L. 97–391, signed into law on December 29, 1983. House Rept. No. 97–862 designates Douglas, Jackson, and Josephine Counties as a service area without regard to the existence of a reservation. The IRS later exercised administrative discretion to add Coos, Deshutes, Klamath and Lane counties to the service delivery area.

¹² Members of the tribe residing in Martha's Vineyard [are] deemed to be living "on or near an Indian reservation" for the purposes of eligibility for Federal services (Sec. 12, Pub. L. 100–95).

¹³ This is a newly recognized tribe, as documented at 67 FR 46329, July 12, 2002. The counties listed were designated administratively as the SDA, to function as a CHSDA, for the purposes of the operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

¹⁴ Historically part of Crow Service Unit population.

¹⁵ Historically part of the Grande Traverse Service Unit population since 1980.

¹⁶ Historically part of Kansas Service Unit since 1979.

¹⁷ Special programs established by Congress irrespective of the eligibility regulations. Eligibility for services at these facilities is based on the legislative history of the appropriation of funds for the particular facility, rather than the eligibility regulations and historically services have been provided at Haskell (H. Rept. No. 95–392).

¹⁸ The counties included in this CHSDA were designated by regulation (42 CFR 136.22(a)(5)).

¹⁹ Public Law 97–428 provides for eligibility in or around the Town of Houlton without regard to existence of a reservation.

²⁰ Texas Band of Kickapoo was recognized by Pub. L. 97–429, signed into law on January 8, 1983. The Act provides for eligibility for Kickapoo tribal members residing in Maverick County without regard to the existence of a reservation.

²¹ Legislative history states that for the purpose of Federal services and benefits "members of the tribe residing in Klamath County shall be deemed to be residing in or near a reservation". (Pub. L. 99–398, Sec. 2(2)).

²² The Little River Band of Ottawa Indians and the Little Traverse Bay Bands of Odawa Indians were recognized by Congress (Pub. L. 103–324, Sec. 4(b)(2)) and the listed counties were designated as the SDA, to function as a CHSDA, for the purposes of the operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

²³ Mashantucket Pequot Indian Claims Settlement Act, Pub. L. 98–134, signed into law on October 18, 1983, provides for a reservation in New London.

²⁴ Choctaw Indians residing in Jasper and Noxubee Counties, MS, will continue to be eligible for contract health services. These two counties were inadvertently omitted from 42 CFR 136.22.

²⁵ Historically part of the Choctaw Service Unit population since 1970.

²⁶ Narragansett Indians recognized by Pub. L. 95–395, signed into law September 30, 1978. Lands in Washington County are now federally restricted and the Bureau of Indian Affairs considers them as the Narragansett Indian Reservation.

²⁷ Entire State of Nevada is included as a CHSDA by regulation (42 CFR 136.22(a)(2)).

²⁸ Historically part of the Northern Cheyenne Service Unit population since 1979.

²⁹ Land of Box Elder County, Utah, taken into trust for the tribe in 1986.

³⁰ Entire State of Oklahoma is included as a CHSDA by regulation (42 CFR 136.22(a)(3)).

³¹ Paiute Indian Tribe of Utah Reservation Act, Pub. L. 96–227, provides for the extension of services to these four counties without regard to the existence of a reservation.

³² Legislative history (H.R. Report No. 95–1021) to Pub. L. 95–375, Extension of Federal Benefits to Pascua Yaqui Indians, Arizona, expresses congressional intent that lands conveyed to the tribes pursuant to Act of October 8, 1964. (Pub. L. 88–350) shall be deemed a Federal Indian Reservation.

³³ Included to carry out the intention of Congress to fund and provide contract health services to Penobscot and Passamaquoddy Indians in Aroostook County (Pub. L. 96–420; H. Rept. 96–1353).

³⁴ Included to carry out the intention of Congress to fund and provide contract health services to Penobscot and Passamaquoddy Indians in Aroostook County (Pub. L. 96–420; H. Rept. 96–1353).

³⁵ Counties in the Service Unit designated by Congress for the Poarch Band of Creek Indians (see H. Rept. 98–886, June 29, 1984; Cong. Record, October 10, 1984, Pg. H11929).

³⁶ Ponca Restoration Act, Pub. L. 101–484, recognized members of the tribe residing in Boyd, Douglas, Knox, Madison or Lancaster counties of Nebraska or Charles Mix county of South Dakota shall be deemed to be residing on or near a reservation.

³⁷ Special programs established by Congress irrespective of the eligibility regulations. Eligibility for services at these facilities is based on the legislative history of the appropriation of funds for the particular facility, rather than the eligibility regulations and historically services have been provided at Rapid City South Dakota Hospital (S. Rept. No. 1154, FY 1967 Interior Approp. 89th Cong. 2d Sess.).

³⁸ Historically part of Isabella Reservation Area and Eastern Michigan Service Unit population since 1979.

³⁹ The counties included in this CHSDA were designated by regulation (42 CFR 136.22(a)(4)).

⁴⁰ Historically part of the Fort Hall Service Unit population since 1979.

⁴¹ The Secretary acting through the Service is directed to provide contract health services to Turtle Mountain Band of Chippewa Indians that reside in Trenton Service Area of Divide, Mackenzie, and Williams counties in the state of North Dakota and the adjoining counties of Riehl and, Roosevelt, and Sheridan in the state of Montana (Sec. 815, Pub. L. 94–437).

⁴² Historically part of the Tunica Biloxi Service Unit population since 1982.

⁴³ The Secretary acting through the Service is directed to provide contract health services to Turtle Mountain Band of Chippewa Indians that reside in Trenton Service Area of Divide, Mackenzie, and Williams counties in the state of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the state of Montana (Sec. 815, Pub. L. 94–437).

Dated: May 11, 2007

Robert G. McSwaim,

Deputy Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the

National Center for Complementary and Alternative Medicine (NCCAM), at the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research.

Type of Information Collection Request: Continuation.

Need and Use of Information Collection: To carry out NCCAM's legislative mandate to educate and disseminate information about complementary and alternative medicine (CAM) to a wide variety of audiences and organizations, the NCCAM Office of Communications and Public Liaison (OCPL) requests clearance to carry out (1) formative and (2) evaluative research of a variety of print and online materials, outreach activities, and messages to maximize their impact and usefulness.

OCPL wishes to continue to carry out formative research to further understand the knowledge, attitudes, and behaviors of its core constituent groups: Members of the general public, researchers, and providers of both conventional and CAM health care. In addition, it seeks to test newly formulated messages and identify barriers and impediments to the effective communication of those messages. With this audience research, OCPL will carry out pretesting of audience responses to NCCAM's fact sheets, Web content, and other materials and messages.

Clearance is also requested to continue to carry out evaluative research on existing materials and messages, as part of OCPL's ongoing effort to develop a comprehensive program of testing and evaluation of all of its communications strategies. This evaluative research will include pilot testing of recently developed messages and information products such as consumer fact sheets and brochures. It will also address the need to evaluate the processes by which new materials and messages were developed, the effectiveness of an outreach activity or the extent to which behaviors were changed by the message, and the impact of a message on health knowledge and behaviors.

The tools to collect this information have been selected to minimize burden on NCCAM's audiences, produce or refine messages that have the greatest potential to influence target audience attitudes and behavior in a positive manner, and to use Government resources efficiently. They may include individual in-depth interviews, focus group interviews, intercept interviews, self-administered questionnaires, gatekeeper reviews, and omnibus surveys.

The data will enhance OCPL's understanding of the unique information needs and distinct health-information-seeking behaviors of its core constituencies, and the segments within these constituencies with special information needs (for example, among the general public these segments

include cancer patients, the chronically ill, minority and ethnic populations, the elderly, users of dietary supplements, and patients integrating complementary therapies with conventional medical treatments).

Frequency of Response: On occasion.

Affected Public: Individuals and households; nonprofit institutions; Federal Government; State, Local, or Tribal Government.

Type of Respondents: Adult patients; members of the public; health care professionals; organizational representatives.

The annual reporting burden is as follows.

Estimated Number of Respondents: 2,440; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* 0.29; and *Estimated Total Burden Hours Requested:* 2,124 for the 3-year clearance period (approximately 708 hours annually). The annualized cost to respondents is estimated at \$19,624. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumption used; (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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Christy Thomsen, Director, Office of Communications and Public Liaison, NCCAM, 31 Center Drive, Room 2B11, Bethesda, MD 20892, or fax your request to 301-402-4741, or e-mail thomsenc@mail.nih.gov. Ms. Thomsen can be contacted by telephone at 301-451-8876.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: June 13, 2007.

Christy Thomsen,

Director, Office of Communications and Public Liaison, National Center for Complementary and Alternative Medicine, National Institutes of Health.

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DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

[CIS No. 2413-07; DHS Docket No. USCIS-2007-0031]

RIN 1615-ZA52

Making Participation in the DORA Pilot Program Optional for Form I-485 Applicants

AGENCY: U.S. Citizenship and Immigration Services, DHS.

ACTION: Notice.

SUMMARY: This Notice modifies U.S. Citizenship and Immigration Services' District Office Rapid Adjudication (DORA) pilot program so that participation is optional rather than mandatory. The pilot program is open to certain aliens residing in the jurisdiction of the Dallas, El Paso, or Oklahoma City offices seeking to file Form I-485, Application to Register Permanent Residence or Adjust Status, with U.S. Citizenship and Immigration Services.

DATES: This Notice is effective June 21, 2007 and will terminate on September 21, 2007.

FOR FURTHER INFORMATION CONTACT: Kristie Krebs, Adjudications Officer, U.S. Citizenship and Immigration Services, Department of Homeland Security, 20 Massachusetts Avenue, NW., Suite 1000, Washington, DC 20526, Telephone (202) 272-1001.

SUPPLEMENTARY INFORMATION:

I. Background

In September 2006, U.S. Citizenship and Immigration Services (USCIS) announced the participation requirements for the District Office Rapid Adjudication (DORA) pilot program. See 71 FR 55206 (Sept. 21, 2006). This program pilots an alternate procedure for the filing and processing of Form I-485, Application to Register Permanent Residence or Adjust Status. The purpose of the pilot program is to test whether alternate filing procedures will result in reduced Form I-485 processing times.