

Hamilton, Marion, and Polk Counties in Tennessee. Any counties contiguous to the above-named primary counties and not listed herein have been previously declared.

The economic injury number for Tennessee is 985100.

All other information remains the same, i.e., the deadline for filing applications for physical damage is May 10, 1998 and for economic injury the termination date is December 11, 1998.

Dated: April 27, 1998.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008)

Bernard Kulik,

Associate Administrator for Disaster Assistance.

[FR Doc. 98-12078 Filed 5-6-98; 8:45 am]

BILLING CODE 8025-01-P

SMALL BUSINESS ADMINISTRATION

[Declaration of Economic Injury Disaster #9846]

State of Oregon and Contiguous Counties in California

Coos and Curry Counties and the contiguous Counties of Douglas and Josephine in the State of Oregon, and Del Norte County in the State of California constitute an economic injury disaster area due to the effects of the warm water current known as El Nino beginning in August 1997. Eligible small businesses and small agricultural cooperatives without credit available elsewhere may file applications for economic injury assistance for this disaster until the close of business on January 28, 1999 at the address listed below or other locally announced locations:

Small Business Administration, Disaster Area 4 Office, P.O. Box 13795, Sacramento, CA 95853-4795.

The interest rate for eligible small businesses and small agricultural cooperatives is 4 percent.

The economic injury number for California is 984700.

(Catalog of Federal Domestic Assistance Program No. 59002)

Dated: April 28, 1998.

Aida Alvarez,

Administrator.

[FR Doc. 98-12080 Filed 5-6-98; 8:45 am]

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SMALL BUSINESS ADMINISTRATION

[Declaration of Disaster #3078]

State of Tennessee

As a result of the President's major disaster declaration on April 20, 1998, and amendments thereto on April 22 and 23, I find that the following counties in the State of Tennessee constitute a disaster area due to damages caused by severe storms, tornadoes, and flooding beginning on April 16, 1998 and continuing: Anderson, Bradley, Campbell, Claiborne, Crockett, Davidson, Dickson, Dyer, Hancock, Knox, Lawrence, Loudon, Maury, Morgan, Pickett, Rhea, Robertson, Sevier, Union, Wayne, and Wilson. Applications for loans for physical damages may be filed until the close of business on June 19, 1998, and for loans for economic injury until the close of business on January 20, 1999 at the address listed below or other locally announced locations: Small Business Administration, Disaster Area 2 Office, One Baltimore Place, Suite 300, Atlanta, GA 30308.

In addition, applications for economic injury loans from small businesses located in the following contiguous counties may be filed until the specified date at the above location: Bledsoe, Blount, Cannon, Cheatham, Clay, Cocke, Cumberland, Decatur, DeKalb, Fentress, Gibson, Giles, Grainger, Hamilton, Hardin, Hawkins, Haywood, Hickman, Houston, Humphreys, Jefferson, Lake, Lauderdale, Lewis, Madison, Marshall, McMinn, Meigs, Monroe, Montgomery, Obion, Overton, Perry, Polk, Roane, Rutherford, Scott, Smith, Sumner, Trousdale, and Williamson Counties in Tennessee; Bell Clinton, Logan, McCreary, Simpson, Todd, Wayne, and Whitley Counties in Kentucky; Lauderdale and Limestone Counties in Alabama, Lee and Scott Counties in Virginia; Haywood and Swain Counties in North Carolina, and Catoosa, Murray, and Whitfield Counties in Georgia.

The interest rates are:

	Percent
Physical Damage:	
Homeowners with credit available elsewhere	7.000
Homeowners without credit available elsewhere	3.500
Businesses with credit available elsewhere	8.000
Businesses and non-profit organizations without credit available elsewhere	4.000

	Percent
Others (including non-profit organizations) with credit available elsewhere	7.125
For Economic Injury:	
Businesses and small agricultural cooperatives without credit available elsewhere	4.000

The number assigned to this disaster for physical damage is 307812. For economic injury the numbers are 983800 for Tennessee, 983900 for Kentucky, 984000 for Alabama, 984800 for Virginia, 984900 for North Carolina, and 985000 for Georgia.

Dated: April 28, 1998.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008)

Bernard Kulik,

Associate Administrator for Disaster Assistance.

[FR Doc. 98-12081 Filed 5-6-98; 8:45 am]

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SOCIAL SECURITY ADMINISTRATION

Information Collection Activities: Proposed Collection Requests and Comment Requests

This notice lists information collection packages that will require submission to the Office of Management and Budget (OMB), as well as information collection packages submitted to OMB for clearance, in compliance with Public Law 104-13 effective October 1, 1995, The Paperwork Reduction Act of 1995.

I. The information collection(s) listed below require(s) extension(s) of the current OMB approval(s) or are proposed new collection(s):

1. Representative Payee Report—0960-0068. Forms SSA-6230 and SSA-623 are used by the Social Security Administration (SSA) to determine the continuing suitability of an individual/organization to serve as representative payee. Form SSA-6230 is sent to parents, stepparents and grandparents with custody of minor children receiving Social Security benefits.

Form SSA-623 is sent to all other payees with or without custody of the beneficiary. The respondents are individuals and organizations who serve as representative payees for SSI and Social Security beneficiaries.

	SSA-623	SSA-6230
Number of Respondents	3,350,875	2,099,298.

	SSA-623	SSA-6230
Frequency of Response	1	1.
Average Burden Per Response	15 minutes	15 minutes.
Estimated Annual Burden	837,719 hrs	524,824 hrs.

2. Request for Social Security Earnings Statement—0960-0525. The information on Form SSA-7050 is used by SSA to identify the requestor, to define the earnings information being requested, and to inform the requester of the fee for such information. Based on the information provided, SSA produces the requested statement. The respondents are individuals and organizations that use this form to request statements of earnings from SSA.

Number of Respondents: 44,000.

Frequency of Response: 1.

Average Burden Per Response: 11 minutes.

Estimated Average Burden: 8,067 hours.

3. Request for Change in Time/Place of Disability Hearing—0960-0348. The information on Form SSA-769 is used by the Social Security Administration (SSA) to provide claimants with a structured format to exercise their right to request a change in the time or place of a scheduled disability hearing. The information will be used as a basis for granting or denying requests for changes and for rescheduling hearings. The respondents are claimants who wish to request a change in the time or place of their disability hearing.

Number of Respondents: 7,483.

Frequency of Response: 1.

Average Burden Per Response: 8 minutes.

Estimated Average Burden: 998 hours.

4. Request for Reconsideration—Disability Cessation—0960-0349. The information on Form SSA-789 is used by SSA to schedule hearings and to develop additional evidence for individuals who have received an initial or revised determination that their disability ceased, did not exist, or is no longer disabling. The respondents are disability beneficiaries who file a claim for reconsideration.

Number of Respondents: 15,015.

Frequency of Response: 1.

Average Burden Per Response: 12 minutes.

Estimated Average Burden: 3,003 hours.

5. Summary of Evidence—0960-0430. The information on Form SSA-887 is used by State Disability Determination Services (DDS) to provide claimants with a list of medical/vocational reports pertaining to their disability. The form

will aid claimants in reviewing the evidence in their folders and will be used by hearing officers in preparing for and conducting hearings. The respondents are State DDSs that make disability determinations.

Number of Respondents: 22,024.

Frequency of Response: 1.

Average Burden Per Response: 15 minutes.

Estimated Average Burden: 5,506 hours.

6. Report of Work Activity—Notice of Continuing Disability—0960-0108. The information collected on Form SSA-3945 will be used by SSA to determine whether an individual's work after entitlement to disability is cause for that entitlement to end. The respondents are individuals who report earnings after their entitlement to disability benefits.

Number of Respondents: 140,000.

Frequency of Response: 1.

Average Burden Per Response: 45 minutes.

Estimated Average Burden: 105,000 hours.

7. Employee Identification Statement—0960-0473. The information on Form SSA-4156 is used by SSA to resolve situations where two or more individuals have used the same Social Security Number (SSN), and an employer has erroneously reported earnings under an SSN. The respondents are employers involved in erroneous wage reporting.

Number of Respondents: 4,750.

Frequency of Response: 1.

Average Burden Per Response: 10 minutes.

Estimated Average Burden: 792 hours.

Written comments and recommendations regarding the information collection(s) should be sent within 60 days from the date of this publication, directly to the SSA Reports Clearance Officer at the following address: Social Security Administration, DCFAM, Attn: Nicholas E. Tagliareni, 6401 Security Blvd., 1-A-21 Operations Bldg., Baltimore, MD 21235.

In addition to your comments on the accuracy of the agency's burden estimate, we are soliciting comments on the need for the information; its practical utility; ways to enhance its quality, utility and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology.

II. The information collection(s) listed below have been submitted to OMB:

1. Disability Hearing Officer's Report of Disability—0960-0507. The information on Form SSA-1204-BK is used by the Disability Hearing Officer (DHO) to conduct and document disability hearings and to provide a structured format that covers all conceivable issues relating to SSI claims for disabled children. The completed Form SSA-1204-BK will aid the DHO in preparing the disability decision and will provide a record of what transpired at the hearing. The respondents are DHOs in the State Disability Determination Services (DDS).

Number of Respondents: 100,000.

Frequency of Response: 1.

Average Burden Per Response: 60 minutes.

Estimated Annual Burden: 100,000 hours.

2. Disability Hearing Officer's Report of Disability Hearing—0960-0440. The information on Form SSA-1205 is used by DHOs to conduct and record disability hearings for adults. The form serves as a guide in conducting the hearings and ensures that all pertinent issues are considered. The respondents are DHOs in the State DDSs.

Number of Respondents: 100,000.

Frequency of Response: 1.

Average Burden Per Response: 60 minutes.

Estimated Annual Burden: 100,000 hours.

3. Disability Hearing Officer's Decision—0960-0441. The DHO uses the information on Form SSA-1207 and the supplements—which apply to the type of claim involved—in preparing the disability decision. The form will aid the DHO in addressing the crucial elements of the case in a sequential and logical fashion. The respondents are DHOs in the State DDSs.

Number of Respondents: 100,000.

Frequency of Response: 1.

Average Burden Per Response: 45 minutes.

Estimated Annual Burden: 75,000 hours.

4. Chinese Custom Marriage Statement (By One or Both of the Parties); and Statement Regarding Chinese Custom Marriage—0960-0086. The information on Forms SSA-1344 and 1345 is used by SSA to determine if an alleged spouse of the

numberholder is legally married, in order to be paid Social Security benefits.

The respondents are individuals applying for benefits based upon a

Chinese custom marriage or individuals who attended the marriage ceremony.

	SSA-1344	SSA-1345
Number of Respondents	100	100.
Frequency of Response	1	1.
Average Burden Per Response	14 minutes	14 minutes.
Estimated Annual Burden	23 hours	23 hours.

5. Student's Statement Regarding School Attendance—0960-0105. The information on Form SSA-1372 is used by SSA to determine if a claimant is entitled to Social Security benefits as a student. The respondents are student claimants for Social Security benefits.

Number of Respondents: 200,000.

Frequency of Response: 1.

Average Burden Per Response: 10 minutes.

Estimated Annual Burden: 33,333 hours.

6. Application for Benefits under the Italy-U.S. International Social Security Agreement—0960-0445. The information on Form SSA-2528 is used by SSA to determine if a resident of Italy is eligible for Social Security benefits under the Italy-U.S. Social Security agreement. The respondents are Italian residents who file for U.S. benefits with the Italian Social Security Agency.

Number of Respondents: 200.

Frequency of Response: 1.

Average Burden Per Response: 20 minutes.

Estimated Annual Burden: 67 hours.

Written comments and recommendations regarding the information collection(s) should be directed within 30 days to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses:

(OMB) Office of Management and Budget, OIRA, Attn: Laura Oliven, New Executive Office Building, Room 10230, 725 17th St., NW, Washington, D.C. 20503

(SSA) Social Security Administration, DCFAM, Attn: Nicholas E. Tagliareni, 1-A-21 Operations Bldg., 6401 Security Blvd., Baltimore, MD 21235.

To receive a copy of any of the forms or clearance packages, call the SSA Reports Clearance Officer on (410) 965-4125 or write to him at the address listed above.

Date: May 1, 1998.

Nicholas E. Tagliareni,

Reports Clearance Officer, Social Security Administration.

[FR Doc. 98-12152 Filed 5-6-98; 8:45 am]

BILLING CODE 4190-29-U

SOCIAL SECURITY ADMINISTRATION

Testing Modifications to Initial Disability Claim Procedures and Disability Determination Procedures; Test Sites for Disability Claim Manager Positions

AGENCY: Social Security Administration (SSA).

ACTION: Notice of test sites and the duration of tests involving a disability claim manager.

SUMMARY: SSA is announcing the locations and the duration of additional tests that it will conduct under the current rules at 20 CFR 404.906 and 416.1406. Those rules authorize the testing of several modifications to the disability determination procedures and disability claim procedures that we normally follow in adjudicating claims for disability insurance benefits under title II of the Social Security Act (the Act) and claims for supplemental security income (SSI) payments based on disability under title XVI of the Act. This notice announces the test sites and duration of tests involving use of a disability claim manager (DCM).

FOR FURTHER INFORMATION CONTACT: Richard Fussell, DCM Test Lead, Office of the Commissioner, Disability Process Redesign Team, Social Security Administration, 6401 Security Boulevard, Baltimore, Maryland, 21235, 410-965-9230.

SUPPLEMENTARY INFORMATION: Current regulations at §§ 404.906 and 416.1406 authorize us to test several different modifications to the disability determination procedures. In our regulations, we explained that prior to commencing each test or group of tests, we would publish a notice in the **Federal Register** describing the model(s) that we will test, where the test sites will be and the duration of the tests. SSA is announcing the locations and the duration of tests involving a DCM that it will conduct under the authority of these regulations. On or about May 11, 1998, we will begin testing the DCM process at the test sites listed below (some of which are located at federal sites and some of which are located at state sites).

Under SSA's *Plan for a New Disability Claim Process* approved by the Commissioner of Social Security in September 1994 (the disability redesign plan), the DCM will be the focal point for medical and non-medical claim activities from the time an initial claim for disability benefits is filed until an initial determination is made on the claim. The DCM may be either a State agency employee or a Federal employee and may be assisted by other individuals. When an application for benefits based on disability is handled by a DCM, the DCM will explain the disability programs and how we determine whether all the requirements for disability benefits are met. The DCM will explain what will be expected of the applicant during the claims process and provide information or assistance to the applicant, as necessary. The DCM will also provide information regarding the claimant's right to representation and will provide appropriate referral sources for representation.

The DCM will manage the case from intake to point of determination. He/she may work in a team environment with access to experts such as medical or vocational consultants and technicians such as specialist coaches for advice and guidance. A Claims Support Specialist (CSS) may also provide assistance in the non-medical aspects of the disability workload for the Federal and State DCM. DCM cases will be limited to initial adult title II and title XVI disability claims that can be fully processed through SSA's automated systems.

The DCM will make the initial disability determination, after any appropriate consultation with a medical or psychological consultant, and will obtain the forms used to certify the medical consultant's concurring signature on the disability determination to SSA. The DCM will also determine whether other conditions of eligibility (for benefits for disability cases associated with programs administered by SSA) are met. However, when the DCM is a State agency employee, a Federal employee will make the final determination regarding whether the other conditions for