

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that as a result of the Administrator's disaster declaration, applications for disaster loans may be filed at the address listed above or other locally announced locations.

The following areas have been determined to be adversely affected by the disaster:

Primary Counties: Burke.

Contiguous Counties:

North Carolina: Avery, Caldwell, Catawba, Cleveland, Lincoln, McDowell, Rutherford.

The Interest Rates are:

	Percent
For Physical Damage:	
Homeowners with Credit Available Elsewhere .....	4.125
Homeowners without Credit Available Elsewhere .....	2.063
Businesses with Credit Available Elsewhere .....	6.000
Businesses without Credit Available Elsewhere .....	4.000
Non-Profit Organizations with Credit Available Elsewhere ...	3.125
Non-Profit Organizations without Credit Available Elsewhere .....	3.000
For Economic Injury:	
Businesses & Small Agricultural Cooperatives without Credit Available Elsewhere .....	4.000
Non-Profit Organizations without Credit Available Elsewhere .....	3.000

The number assigned to this disaster for physical damage is 12990 C and for economic injury is 12991 O.

The States which received an EIDL Declaration # are NORTH CAROLINA.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008.)

Dated: January 19, 2012.

**Karen G. Mills,**  
*Administrator.*

[FR Doc. 2012-2018 Filed 1-30-12; 8:45 am]

**BILLING CODE 8025-01-P**

**SMALL BUSINESS ADMINISTRATION**

**[Disaster Declaration #12976 and #12977]**

**Alaska Disaster Number AK-00022**

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 1.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for Public Assistance Only for the State of ALASKA (FEMA-4050-DR), dated 12/22/2011.

*Incident:* Severe Winter Storms and Flooding.

*Incident Period:* 11/08/2011 through 11/13/2011.

*Effective Date:* 01/24/2012.

*Physical Loan Application Deadline Date:* 02/21/2012.

*Economic Injury (EIDL) Loan Application Deadline Date:* 09/24/2012.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** The notice of the President's major disaster declaration for Private Non-Profit organizations in the State of ALASKA, dated 12/22/2011, is hereby amended to establish the incident period for this disaster as beginning 11/08/2011 and continuing through 11/13/2011.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

**James E. Rivera,**  
*Associate Administrator for Disaster Assistance.*

[FR Doc. 2012-2019 Filed 1-30-12; 8:45 am]

**BILLING CODE 8025-01-P**

**SMALL BUSINESS ADMINISTRATION**

**Military Reservist Economic Injury Disaster Loans; Interest Rate for Second Quarter FY 2012**

In accordance with the Code of Federal Regulations 13-Business Credit and Assistance § 123.512, the following interest rate is effective for Military Reservist Economic Injury Disaster Loans approved on or after January 23, 2012.

Military Reservist Loan Program	4.000%
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January 23, 2012.

**James E. Rivera,**  
*Associate Administrator for Disaster Assistance.*

[FR Doc. 2012-2023 Filed 1-30-12; 8:45 am]

**BILLING CODE P**

**SOCIAL SECURITY ADMINISTRATION**

**Agency Information Collection Activities: Proposed Request and Comment Request**

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act (PRA) of 1995, effective October 1, 1995. This notice includes revisions and extensions of OMB-approved information collections, and a new information collection.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)  
Office of Management and Budget, Attn: Desk Officer for SSA. Fax: (202) 395-6974. Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov).

(SSA)  
Social Security Administration, DCRDP, Attn: Reports Clearance Officer, 107 Altmeyer Building, 6401 Security Blvd., Baltimore, MD 21235. Fax: (410) 966-2830. Email address: [OPLM.RCO@ssa.gov](mailto:OPLM.RCO@ssa.gov).

I. The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than April 2, 2012. Individuals can obtain copies of the collection instruments by calling the SSA Reports Clearance Officer at (410) 965-8783 or by writing to the above email address.

1. *Electronic Health Records Partnering Program Evaluation Form—24 CFR 495.300-495.370—0960-New.* The Health Information Technology for Economic and Clinical Health (HITECH) Act promotes the adoption and meaningful use of health information technology (IT), particularly in the context of working with government agencies. Similarly, Section 3004 of the Public Health Service Act requires health care providers or health insurance issuers with government contracts to implement, acquire, or upgrade their health IT systems and

products to meet adopted standards and implementation specifications. To support expansion of SSA's health IT initiative as defined under HITECH, SSA developed Form SSA-680, the Partnering Program Evaluation Form. The SSA-680 allows healthcare providers to provide the information SSA needs to determine their ability to

exchange health information with us electronically. We intend to evaluate potential partners (*i.e.*, healthcare providers and organizations) on (1) the accessibility of the health information they possess and (2) the content value of their electronic health records' systems for our disability adjudication processes. SSA reviews the

completeness of organizations' SSA-680 responses as one part of our careful analysis of their readiness to enter into a health IT partnership with us. The respondents are healthcare providers and organizations exchanging information with the agency.

*Type of Request:* This is a new information collection request.

Collection instrument	Number of responses	Frequency of response	Average burden per response (hours)	Estimated total annual burden (hours)
SSA-680 .....	30	1	5	150

**2. Third Party Liability Information Statement—42 CFR 433.136–433.139—0960–0323.** To reduce Medicaid costs, Medicaid state agencies must identify third party insurers liable for medical care or services for Medicaid beneficiaries. Regulations at 42 CFR 433.136–433.139 require Medicaid state agencies to obtain this information on Medicaid applications and redeterminations as a condition of Medicaid eligibility. States may enter

into agreements with the Commissioner of Social Security to make Medicaid eligibility determinations for aged, blind, and disabled beneficiaries in those states. Applications for and redeterminations of Supplemental Security Income (SSI) eligibility in jurisdictions with such agreements are applications and redeterminations of Medicaid eligibility. Under these agreements, SSA obtains third party liability information using Form SSA-

8019, and provides that information to the Medicaid state agencies. The Medicaid state agencies use the information to bill third parties liable for medical care, support, or services for a beneficiary to guarantee that Medicaid remains the payer of last resort. The respondents are SSI claimants and recipients.

*Type of Request:* Extension of an OMB-approved information collection.

Collection instrument	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-8012 Paper form .....	130	1	5	11
SSA Intranet Modernized SSI Claims System (MSSICS) .....	66,904	1	5	5,575
Totals .....	67,034	.....	.....	5,586

**3. Prohibition of Payment of SSI Benefits to Fugitive Felons and Parole/ Probation Violators—20 CFR 416.708(o)—0960–0617.** Section 1611(e)(4) of the Social Security Act (Act) precludes eligibility for SSI payments for certain fugitives and probation/parole violators. Regulations at 20 CFR 416.708(o) require individuals

applying for or receiving SSI benefits to report to SSA that (1) they are fleeing to avoid prosecution for a crime; (2) they are fleeing to avoid custody or confinement after conviction of a crime; or (3) they are violating a condition of probation or parole. SSA will use the information we receive to deny eligibility, or suspend recipients SSI

payments. The respondents are SSI applicants and recipients, or representative payees of SSI applicants and recipients, who are reporting their status as a fugitive felon or probation/parole violator.

*Type of Request:* Extension of an OMB-approved information collection.

Collection instrument	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
MSSICS .....	1,000	1	1	17

II. SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them within 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than March 1, 2012. Individuals can obtain copies of the OMB clearance

packages by calling the SSA Reports Clearance Officer at (410) 965–8783 or by writing to the above email address.

**1. Statement of Marital Relationship (By one of the parties)—20 CFR 404.726—0960–0038.** SSA must obtain a signed statement from a spousal applicant if the applicant claims a common-law marriage to the insured in a state in which such marriages are

recognized, and no formal marriage documentation exists. SSA uses information we collect on Form SSA-754-F4 to determine if an individual applying for spousal benefits meets the criteria of common-law marriage under state law. The respondents are applicants for spouse's Social Security benefits or SSI payments.

This is a correction notice. SSA published this information collection as an extension on November 16, 2011 at 76 FR 71105. Since we are revising the

Privacy Act Statement, this is actually a revision of an OMB-approved information collection.

*Type of Request:* Revision of an OMB-approved information collection.

Collection instrument	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-754-F4 .....	30,000	1	30	15,000

2. *Medicaid Use Report—20 CFR 416.268—0960-0267.* Section 20 CFR 416.268 of the Code of Federal Regulations requires SSA to determine eligibility for (1) special SSI cash payments and (2) special SSI eligibility status for a person who works despite a disabling condition. It also explains

how, in order to qualify for special SSI eligibility status, an individual must establish that termination of eligibility for benefits under title XIX of the Act would seriously inhibit the ability to continue employment. SSA uses the information required by this regulation to determine if an individual is entitled

to special title XVI SSI payments and, consequently, to Medicaid. The respondents are SSI recipients for whom SSA has stopped payments based on earnings.

*Type of Request:* Extension of an OMB-approved information collection.

Regulation section	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
20 CFR 416.268 .....	60,000	1	3	3,000

3. *Supplemental Security Income (SSI) Claim Information Notice—20 CFR 416.210—0960-0324.* Section 1611(e)(2) of the Act requires individuals to file for and obtain all payments (annuities, pensions, disability benefits, veteran's compensation, etc.) for which they are

eligible before qualifying for SSI payments. Individuals do not qualify for SSI if they do not first apply for all other benefits. SSA uses the information on Form SSA-L8050-U3 to verify and establish a claimant's or recipient's eligibility under the SSI program.

Respondents are SSI applicants or recipients who may be eligible for other payments from public or private programs.

*Type of Request:* Revision of an OMB-approved information collection.

Collection instrument	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-L-8050-U3 .....	7,500	1	10	1,250

4. *Filing Claims Under the Federal Tort Claims Act—20 CFR 429.101–429.110—0960-0667.* The Federal Tort Claims Act is the legal mechanism for compensating persons injured by negligent or wrongful acts that occur during the performance of official duties by Federal employees. In accordance with the law, SSA accepts monetary

claims filed under the Federal Tort Claims Act for damages against the United States, loss of property, personal injury, or death resulting from an SSA employee's wrongful act or omission. The regulation sections this information collection comprises require claimants to provide information SSA can use to investigate and determine whether to

make an award, compromise, or settlement under the Federal Tort Claims Act. The respondents are individuals or entities making a claim under the Federal Tort Claims Act.

*Type of Request:* Extension of an OMB-approved information collection.

Regulation section	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
20 CFR 429.102; 20 CFR 492.103 <sup>1</sup> .....	—	—	—	1
20 CFR 429.104(a) .....	31	1	5	3
20 CFR 429.104(b) .....	25	1	5	2
20 CFR 429.104(c) .....	2	1	5	.17
20 CFR 429.106(b) .....	10	1	10	2
Totals .....	68	.....	.....	8

<sup>1</sup> The 1 hour represents a placeholder burden. We are not reporting a burden for this collection because respondents complete OMB-approved Form SF-95 (OMB Control #1105-0008).

Dated: January 25, 2012.

**Faye Lipsky,**

*Reports Clearance Officer, Office of Regulations and Reports Clearance, Social Security Administration.*

[FR Doc. 2012-1947 Filed 1-30-12; 8:45 am]

**BILLING CODE 4191-02-P**

## **SOCIAL SECURITY ADMINISTRATION**

### **Agency Information Collection Activities: Comment Request**

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law (Pub. L.) 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of

information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers. (OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: (202) 395-6974, Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov). (SSA), Social Security Administration, DCRDP, Attn: Reports Clearance Officer, 107 Altmeyer Building, 6401 Security Blvd., Baltimore, MD 21235, Fax: (410) 966-2830, Email address: [OPLM.RCO@ssa.gov](mailto:OPLM.RCO@ssa.gov).

SSA submitted the information collection below to OMB for clearance. Your comments regarding the information collection would be most useful if OMB and SSA receive them within 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than March 1, 2012. Individuals can obtain copies of the OMB clearance package by calling the SSA Reports Clearance Officer at (410) 965-8783 or by writing to the above email address.

1. *Disability Report-Appeal—20 CFR 404.1512, 416.912, 404.916(c),*

*416.1416(c), 405 Subpart C, 422.140—0960-0144.* SSA requires disability claimants who are appealing an unfavorable disability determination to complete the SSA-3441-BK, the associated Electronic Disability Collect System (EDCS) interview, or the Internet application, i3441. This allows claimants to disclose any changes to their disability or resources that might influence SSA's unfavorable determination. We may use the information to: (1) Reconsider and review an initial disability determination; (2) review a continuing disability; and (3) evaluate a request for a hearing. This information assists the State Disability Determination Services and administrative law judges (ALJ) in preparing for the appeals and hearings, and issuing a determination or decision on an individual's entitlement (initial or continuing) to disability benefits. Respondents are individuals who appeal denial, reduction, or cessation of Social Security disability income Supplemental Security Income (SSI) payments, or who are requesting a hearing before an ALJ.

*Type of Request:* Revision of an OMB-approved information collection.

Collection method	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-3441-BK .....	5,604	1	45	4,203
EDCS Interview .....	662,090	1	45	496,568
i3441 (Internet) .....	605,268	1	28	282,458
Totals .....	1,272,962	.....	.....	783,229

2. *Request for Hearing by Administrative Law Judge—20 CFR 404.929, 404.933, 416.1429, 404.1433, 418.1350, and 42 CFR 405.722—0960-0269.* When SSA denies applicants' or beneficiaries' requests for new or continuing benefits, those applicants or beneficiaries are entitled to request a hearing to appeal the decision. To request a hearing, individuals use Form HA-501, the associated Modernized Claims System (MCS) or Modernized Supplemental Security Income Claims

System (MSSICS) interview, or the Internet application (i501). SSA uses the information to determine if the individual filed the request within the prescribed time; is the proper party; and has taken the steps necessary to obtain the right to a hearing. SSA also uses the information to determine the individual's reason(s) for disagreeing with SSA's prior determinations in the case; if the individual has additional evidence to submit; if the individual wants an oral hearing or a decision on-

the-record; and whether the individual has (or wants to appoint) a representative. The respondents are Social Security benefit applicants and recipients who want to appeal SSA's denial of their request for new or continued benefits and Medicare Part B recipients who must pay the Medicare Part B Income-Related Monthly Adjustment Amount.

*Type of Request:* Revision of an OMB-approved information collection.

Collection method	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
HA-501; MCS or MSSICS Interview .....	25,953	1	10	4,326
i501 (Internet iAppeals) .....	643,516	1	5	53,626
Totals .....	669,469	.....	.....	57,952