

EMPLOYMENT AND TRAINING ADMINISTRATION
ADVISORY SYSTEM
U.S. DEPARTMENT OF LABOR
Washington, D.C. 20210

CLASSIFICATION
UI

CORRESPONDENCE SYMBOL
OWS/DL

DATE

ADVISORY: UNEMPLOYMENT INSURANCE PROGRAM LETTER

TO: STATE WORKFORCE AGENCIES

FROM: CHERYL ATKINSON
Administrator
Office of Workforce Security

SUBJECT: Confidentiality and Disclosure of State Unemployment Compensation Information and the Income and Eligibility Verification System (IEVS)

- Purpose. To announce the approval by the Office of Management and Budget (OMB) for extension of information collection for the Income and Eligibility Verification System and the final rule on the Confidentiality and Disclosure of State Unemployment Compensation Information.
- Reference. Title III of the Social Security Act, section 303 and Title XI of the Social Security Act, section 1137.
- Background. The Office of Management and Budget (OMB) has authorized the continued information collection required by the Confidentiality and Disclosure of State Unemployment Compensation Information rule and the participation of State Workforce Agencies in the IEVS through **XXX XX, XXXX**. The IEVS provides for the exchange of information among state agencies administering specific programs. These programs include Temporary Assistance to Needy Families (TANF), Medicaid, Food Stamps, Supplemental Security Income (SSI), Unemployment Compensation (UC) and any state program under a plan approved under titles I, X, XIV, XVI, XIX and XXI of the Social Security Act. These programs are required to share information to assist with the determination of eligibility and benefit amounts as required under the Social Security Act.
- OMB Approval. This reporting instruction has been approved by OMB under the Paperwork Reduction Act of 1995, OMB Approval No. 1205-0238, expiration date **XXX XX, XXXX**. Persons are not required to participate in this collection of information unless a current and valid OMB control number is displayed. Respondents' obligation to participate in this system is mandatory under title XI of the Social Security Act, section 1137.
- Disclosure Statement. Public reporting burden for this collection of information is estimated to average one second per claim for printing forms notifying claimants of state participation in this system and one minute per claim for cross matching records with the Social Security Administration.

Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of

Workforce Security, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210 to the attention of Julie Balster (Paperwork Reduction Project 1205-0173) or fax them to 202-693-2874.

6. Action Required. State Administrators are requested to provide the above information to appropriate staff.

7. Inquiries. Direct all inquiries to the appropriate regional office.

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DRAFT

RESCISSIONS	EXPIRATION DATE
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