



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: 2018 Survey of Income and Program Participation (SIPP) Panel
OMB CONTROL NUMBER: 0607-XXXX
DIVISION/PROGRAM OFFICE: ADDP-SO / SIPP
AGENCY CONTACT: Jason Fields

TYPE OF INFORMATION COLLECTION REQUEST:

<input checked="" type="checkbox"/>	New collection	
<input type="checkbox"/>	Revision of a currently approved collection	[current expiration date:]
<input type="checkbox"/>	Extension, without change, of a currently approved collection	[current expiration date:]
<input type="checkbox"/>	Reinstatement, without change, of a previously approved collection for which approval has expired	
<input type="checkbox"/>	Reinstatement, with change, of a previously approved collection for which approval has expired	
<input type="checkbox"/>	Existing collection in use without an OMB Control Number	

PURPOSE OF COLLECTION:

This survey will provide improved statistics for the executive and legislative branches on income distribution and data not previously available on eligibility for and participation in government programs. Changes in status and participation will be measured over time. These data will support policy and program planning. All people 15 years old or older in sample households are interviewed.

DATA COLLECTION START DATE: 2/1/2018
REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: []
60-DAY FEDERAL REGISTER CITATION: 82 FR 18418-18419 **DATE PUBLISHED:** 4/19/2017
MANDATORY OR VOLUNTARY COLLECTION? Mandatory Voluntary N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

<input type="checkbox"/>	Yes [Specify agency/entity:]
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Title 13, United States Code, Sections 141 and 182

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? Master Address File (MAF)

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)

Computer Assisted Telephone Interviewing (CATI) Other

PUBLIC BURDEN:

Average Estimated Time per Response: 1 Hours 00 Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents 66,800

Number of Responses 66,800

Requested Annual Burden Hours 66,800

Current Annual OMB Inventory 0

Difference (+, -) 66,800

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable):

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records? No Yes - If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.

TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Comments:								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								
<div style="background-color: yellow; height: 20px; width: 40%;"></div>								