

By direction of the Secretary.

Cynthia Harvey-Pryor,

*Department Clearance Officer, Office of
Privacy and Records Management,
Department of Veterans Affairs.*

[FR Doc. 2017-04344 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0809]

Agency Information Collection Activity (Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21- 0960M-7))

AGENCY: Veterans Benefits
Administration, Department of Veterans
Affairs.

ACTION: Notice.

SUMMARY: The Veterans Benefits
Administration (VBA), Department of
Veterans Affairs (VA), is announcing an
opportunity for public comment on the
proposed collection of certain
information by the agency. Under the
Paperwork Reduction Act (PRA) of
1995, Federal agencies are required to
publish notice in the **Federal Register**
concerning each proposed collection of
information, including each proposed
revision of a currently approved
collection, and allow 60 days for public
comment in response to the notice.

VA Form 21-0960 series is used to
gather necessary information from a
claimant's treating physician regarding
the results of medical examinations. VA
gathers medical information related to
the claimant that is necessary to
adjudicate the claim for VA disability
benefits. The Disability Benefit
Questionnaire title will include the
name of the specific disability for which
it will gather information. VAF 21-
0960M-7, Hand and Finger Conditions
Disability Benefits Questionnaire, will
gather information related to the
claimant's diagnosis of a hand or finger
condition.

DATES: Written comments and
recommendations on the proposed
collection of information should be
received on or before May 8, 2017.

ADDRESSES: Submit written comments
on the collection of information through
Federal Docket Management System
(FDMS) at www.Regulations.gov or to
Nancy J. Kessinger, Veterans Benefits
Administration (20M33), Department of
Veterans Affairs, 810 Vermont Avenue
NW., Washington, DC 20420 or email to
nancy.kessinger@va.gov. Please refer to
"OMB Control No. 2900-0809" in any
correspondence. During the comment

period, comments may be viewed online
through the FDMS.

FOR FURTHER INFORMATION CONTACT:

Nancy J. Kessinger at (202) 632-8924 or
FAX (202) 632-8925.

SUPPLEMENTARY INFORMATION: Under the
PRA of 1995 (Pub. L. 104-13; 44 U.S.C.
3501-21), Federal agencies must obtain
approval from the Office of Management
and Budget (OMB) for each collection of
information they conduct or sponsor.
This request for comment is being made
pursuant to Section 3506(c)(2)(A) of the
PRA.

With respect to the following
collection of information, VBA invites
comments on: (1) Whether the proposed
collection of information is necessary
for the proper performance of VBA's
functions, including whether the
information will have practical utility;
(2) the accuracy of VBA's estimate of the
burden of the proposed collection of
information; (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
respondents, including through the use
of automated collection techniques or
the use of other forms of information
technology.

Title: (Hand and Finger Conditions
Disability Benefits Questionnaire (VA
Form 21-0960M-7)).

OMB Control Number: 2900-0809.

Type of Review: Extension without
change of an approved collection.

Abstract: VA Form 21-0960 series is
used to gather necessary information
from a claimant's treating physician
regarding the results of medical
examinations. VA gathers medical
information related to the claimant that
is necessary to adjudicate the claim for
VA disability benefits. The Disability
Benefit Questionnaire title will include
the name of the specific disability for
which it will gather information. VAF
21-0960M-7, Hand and Finger
Conditions Disability Benefits
Questionnaire, will gather information
related to the claimant's diagnosis of a
hand or finger condition.

Affected Public: Individuals or
households.

Estimated Annual Burden: 15,000.

**Estimated Average Burden per
Respondent:** 30 minutes.

Frequency of Response: One time.

Estimated Number of Respondents:
30,000.

By direction of the Secretary.

Cynthia Harvey-Pryor,

*Department Clearance Officer, Office of
Privacy and Records Management,
Department of Veterans Affairs.*

[FR Doc. 2017-04348 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0659]

Agency Information Collection Activity Under OMB Review: Support of Claim for Service Connection for Post- Traumatic Stress Disorder (PTSD) and Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault

AGENCY: Veterans Benefits
Administration, Department of Veterans
Affairs (VA).

ACTION: Notice.

SUMMARY: In compliance with the
Paperwork Reduction Act (PRA) of
1995, this notice announces that the
Veterans Benefits Administration,
Department of Veterans Affairs, will
submit the collection of information
abstracted below to the Office of
Management and Budget (OMB) for
review and comment. The PRA
submission describes the nature of the
information collection and its expected
cost and burden and it includes the
actual data collection instrument.

DATES: Comments must be submitted on
or before April 6, 2017.

ADDRESSES: Submit written comments
on the collection of information through
www.Regulations.gov, or to Office of
Information and Regulatory Affairs,
Office of Management and Budget, Attn:
VA Desk Officer; 725 17th St. NW.,
Washington, DC 20503 or sent through
electronic mail to oira_submission@omb.eop.gov. Please refer to "OMB
Control No. 2900-0659" in any
correspondence.

FOR FURTHER INFORMATION CONTACT:
Cynthia Harvey-Pryor, Enterprise
Records Service (005R1B), Department
of Veterans Affairs, 810 Vermont
Avenue NW., Washington, DC 20420,
(202) 461-5870 or email cynthia.harvey-pryor@va.gov. Please refer to "OMB
Control No. 2900-0659" in any
correspondence.

SUPPLEMENTARY INFORMATION:

Authority: 44 U.S.C. 3501-21.

Title: Support of Claim for Service
Connection for Post-Traumatic Stress
Disorder (PTSD) (VA Form 21-0781)
and Support of Claim for Service