



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION:	Annual Social and Economic Supplement to the Current Population Survey		
OMB CONTROL NUMBER:	0607-0354		
DIVISION/PROGRAM OFFICE:	Demographic Directorate/Associate Directorate for Demographic Programs		
AGENCY CONTACT:	Lisa Clement		
TYPE OF INFORMATION COLLECTION REQUEST:			
<input type="checkbox"/>	New collection		
<input type="checkbox"/>	Revision of a currently approved collection	[current expiration date:]	
<input checked="" type="checkbox"/>	Extension, without change, of a currently approved collection	[current expiration date: 12/31/2018]	
<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:			
<p>This supplement is the source of data on work experience, personal and family income, poverty levels, health insurance coverage, population status, family relationships, and migration. These measurements will be analyzed with respect to each other as well as with demographic variables such as marital status, education, age, and sex.</p>			
DATA COLLECTION START DATE:	2/3/2019		
REQUESTED OMB EXPIRATION DATE:	<input checked="" type="checkbox"/> Three years from approval date	<input type="checkbox"/> Other date: []	
60-DAY FEDERAL REGISTER CITATION:	83 FR 20790		DATE PUBLISHED: 5/8/2018
MANDATORY OR VOLUNTARY COLLECTION?	<input type="checkbox"/> Mandatory	<input checked="" type="checkbox"/> Voluntary	<input type="checkbox"/> N/A
IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?			
<input type="checkbox"/> Yes [Specify agency/entity:]			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Shared Sponsorship [Specify agency/entity: Bureau of Labor Statistics (BLS)]			
LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:			
Title 13, United States Code, Sections 8(b), 141, and 182. Title 29, United States Code, Sections 1-9			

SURVEY INFORMATION:	
What is the source of the sampling frame for this collection? Current Population Survey, current and expired cases	
What are the mode(s) for collection? <input type="checkbox"/> Paper <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Computer Assisted Personal Interviewing (CAPI)	
<input checked="" type="checkbox"/> Computer Assisted Telephone Interviewing (CATI) <input type="checkbox"/> Other	
PUBLIC BURDEN:	
Average Estimated Time per Response: 0 Hours 25 Minutes	
ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:	
Number of Respondents	78,000
Number of Responses	78,000
Requested Annual Burden Hours	32,500
Current Annual OMB Inventory	32,500
Difference (+, -)	0
Reason for Difference in Burden Hours:	<input type="checkbox"/> Program Change <input type="checkbox"/> Adjustment <input checked="" type="checkbox"/> No Difference
Explanation of Difference (if applicable):	
PRIVACY ACT (PA):	
Is this collection a Privacy Act System of Records?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>
TITLE 13 CONFIDENTIALITY:	
Is this collection of information confidential under Title 13, Section 9?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015 ¹ ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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: **FAQs – CPS- 263, Invitation Letter, CPS-580(ASEC)L**

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).