

U.S. Repatriation Program Forms

**OMB Information Collection Request
0970 - 0474**

Supporting Statement Part A - Justification

March 2019

Submitted By:
Office of Human Services Emergency Preparedness and Response
Administration for Children and Families
U.S. Department of Health and Human Services

SUPPORTING STATEMENT A – JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This program is authorized by Section 1113 of the Social Security Act (42 U.S.C. § 1313) and the assistance provided to mentally ill repatriates found under 24 U.S.C. §§ 321 - 329. This program also provides services under emergency and group repatriations which are authorized under Section 1113 and by the extension of the Executive Order (E.O.) precedent, E.O. 12656 (53 CFR 47491). General program regulations are found under 45 CFR 211 & 212. These laws and regulations require HHS to obtain specific information to determine eligibility for HHS repatriation, to provide services to eligible repatriates, to reimburse states for services provided, and to collect repatriation loans from repatriates.

2. Purpose and Use of the Information Collection

The purpose and use of this information collection is for HHS to conduct Program requirements, including but not limited to 1) determining repatriate's eligibility for HHS Repatriation assistance; 2) obtaining information and authorization necessary to provide needed temporary services to eligible repatriates; 3) reimbursing States for services provided; and 4) collecting repatriation loans from repatriates. OHSEPR partners (e.g. states, federal agencies, grantee, etc.) have used information received from the current collection (8 forms) for these purposes. This collection of information was originally approved on March 4, 2016. This current request is for an extension with no changes.

3. Use of Improved Information Technology and Burden Reduction

Nearly all of the forms can be submitted electronically via e-mail. OHSEPR is considering reducing the burden by making the forms fillable online. If we determine this change is appropriate and feasible, we will submit a nonsubstantive change request to reflect the change in data collection mode and any adjustments to estimated time to complete the collections.

4. Efforts to Identify Duplication and Use of Similar Information

HHS operates the only U.S. Repatriation program, so similar data is not available.

5. Impact on Small Businesses or Other Small Entities

This information collection does not impact small business or other small entities.

6. Consequences of Collecting the Information Less Frequently

Not collecting this information or collecting the information less frequently would impact the ability of the Federal Government 1) to determine repatriate's eligibility, 2) to identify and provide temporary services to eligible repatriates, 3) to collect the repatriation loan from repatriates, and 4) to repay Program partners/service providers (e.g. states) for assistance provided to eligible repatriates.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

HHS requires respondents to submit one of the forms more often than quarterly. Service providers must submit their financial claims to HHS each month to receive reimbursement for reasonable, allowable, and allocable costs for services provided to repatriates.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency’s intention to request an OMB review of this information collection activity. This notice was published on January 31, 2019, Volume 84, Number 21, page 739, and provided a sixty-day period for public comment. During the notice and comment period, we did not receive comments.

9. Explanation of Any Payment or Gift to Respondents

Respondents do not receive compensation for completing these forms.

10. Assurance of Confidentiality Provided to Respondents

Each applicable form has a statement indicating that personal information provided on the form may only be disclosed for Program purposes or under the conditions prescribed in 45 C.F.R. 211.14 or 45 C.F.R. 212.9.

11. Justification for Sensitive Questions

Two of the forms have detailed questions about a repatriate’s financial situation. The questions are necessary for HHS to make eligibility determinations for the program and to assess a repatriate’s request for a waiver or deferral of a repatriation loan.

12. Estimates of Annualized Burden Hours and Costs

Instrument	Number of Respondents	Number of Responses Per Respondent	Average Burden Hours Per Response	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
Emergency and Group Processing Form	25,000	1	.30	7,500	\$8.88	\$66,600
Privacy and Repayment Agreement Form	25,000	1	.05	1,250	\$8.88	\$11,100
Refusal of Temporary Assistance Form	15	1	.05	.75	\$8.88	\$7

Emergency and Group Repatriation Financial Form	15	1	.30	4.5	\$17.05	\$153
Non-Emergency Monthly Financial Statement Form	52	12	.30	187	\$17.05	\$6,377
Repatriation Loan Waiver and Deferral Request Form	800	1	.30	240	\$17.05	\$8,184
Emergency and Group Repatriation State Request for Federal Support	20	1	.30	6	\$17.05	\$205
Temporary Assistance and Extension Request Form	50	1	.30	15	\$17.05	\$512
Estimated Annual Burden Total:				9203.25	Estimated Annual Cost Total:	\$93,138

The estimated Annual Burden total is 9,203.25 hours. The average burden hours per response are estimates based on federal employees' experience with filling out the forms.

The estimated annual total cost is \$93,138.

The costs for repatriates to complete the first three forms listed in the table above were calculated as follows:

The total number of burden hours to complete the first three forms is 8750.75. Some repatriates are employed and many are unemployed. Therefore, their wage is calculated as the average minimum wage among the states in 2019 (\$8.88). The cost for repatriates to complete the first three forms is \$8.88 times 8750.75 or \$77,707.

The costs for Social and Human Service Assistants to complete the last five forms with 452.5 hours of burden is calculated as follows:

The job code is 21-1093 and wage data from May 2017 is \$17.05 per hour. To account for fringe benefits and overhead the rate (\$17.05) is multiplied by two, which is \$34.10. The estimate of annualized cost to respondents for hour burden is \$34.10 times 452.5 or \$15,431.

<https://www.bls.gov/oes/2017/may/oes211093.htm>

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no costs for respondents or record keepers.

14. Annualized Cost to the Federal Government

The annual cost to the Federal Government or ACF is estimated to be \$40,708. This number was estimated using the following calculation:

The January 2019 hourly wage for a GS 13 step 5 employee is \$52.66. The number of hours for a federal employee to analyze, evaluate, summarize and/or report on the collected information is 4840 hours. Also, the social and human service assistants bill their staff time for filling out the forms (see number 12 - \$15,431) to the Federal government (the U.S. Repatriation Program). Therefore, the estimate of annualized cost to the federal government is \$52.66 x 480 hours or \$25,277 plus \$15,431 which totals \$40,708.

15. Explanation for Program Changes or Adjustments

There are no changes to the information collection since the last OMB approval.

16. Plans for Tabulation and Publication and Project Time Schedule

The information collected will not be published.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

HHS is not requesting to not display the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.