

1SUPPORTING STATEMENT A FOR PAPERWORK REDUCTION ACT SUBMISSION

Youth Conservation Corps Application and Medical History Forms OMB Control Number 1093-New

Terms of Clearance: This is a request for clearance of a new information collection containing common forms. Currently, the Youth Conservation Corp (YCC) Program is managed by the U.S. Department of Agriculture – U.S. Forest Service (USDA-USFS) under OMB Control No. 0596-0084. The Department of the Interior agrees to assume ownership of the collection as outlined in this submission. The USDA-USFS, upon OMB approval of submission, will discontinue OMB Control No. 0596-0084 to avoid duplication of burden and submit the required Request for Common Form in ROCIS to report their burden associated with their use of the new Interior YCC common forms.

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection.

The U.S. Department of the Interior (Interior, DOI, we) and the USFS jointly administer the YCC Program in accordance with 16 U.S.C. 1701-1706, Chapter 37 – Youth Conservation Corps and Public Lands Corps, Subchapter I – Youth Conservation Corps (Youth Conservation Corps Act of 1970 (P.L. 91-378; 84 Stat. 794) as amended in 1972 (P.L. 92-597) and in 1974 (P.L. 93-408), hereafter referred to as “the Act.”)

This new information collection request containing common forms is submitted on behalf of Interior and the USFS. Within the Department of the Interior, the U.S. Fish and Wildlife Service (USFWS) and the National Park Service (NPS), along with the USDA-USFS, collect information from applicants to evaluate the eligibility of youths for employment with the YCC. In addition, we collect medical history information from selected applicants to determine their ability to fully participate and to allow the agencies to make necessary reasonable accommodations as appropriate. Under the Act, Interior and the USDA-USFS cooperate to provide seasonal employment for youths between 15 to 18 years old.

The purpose of the YCC is to further the development and maintenance of the natural and cultural resources of the United States by American youth, and in doing so, prepare the young adults of this country for the responsibility of maintaining and managing these resources for the American people. Three equally important objectives, as reflected in the Youth Conservation Corps Act, are:

- Accomplish conservation work on the land,
- Provide gainful employment for 15 through 18-year-old males and females from all social, economic, ethnic, and racial classifications; and
- Develop an understanding and appreciation in participating youth for the Nation’s natural environment and heritage.

Participating agencies evaluate the application, upon submission by eligible youth, to select candidates to the program. This information collection requests OMB approval for two new common forms for use with the YCC Program. Youths seeking training and employment with YCC must first complete the application form DI-4014, “*United States Youth Conservation Corps - Crew*

Member Application.” Once selected for enrollment, the applicant is required to complete form DI-4015, “*United States Youth Conservation Corps - Medical History Form.*”

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection. Be specific. If this collection is a form or a questionnaire, every question needs to be justified.

This a seasonal program and information is collected annually. Individuals wishing to participate must reapply each year. Only participating agencies (DOI’s USFWS and NPS, and USDA-USFS) and partners who manage YCC programs on behalf of and within the participating agencies will have access to the information. This information is used to evaluate and select applicants seeking seasonal employment in the YCC program.

Form DI-4014, “United States Youth Conservation Corps - Crew Member Application” –

The DI-4014, YCC Application will be used to evaluate each applicant’s eligibility for and interest in employment. This form includes information needed to assist program staff ability to screen, evaluate, selected and assign applicants for employment. This form allows for an efficient review of the applicant’s interest based on what information is needed to make a selection and to remove added burden from the application process. Also, the format has been updated to target youth audiences to YCC programs. Finally, DOI will ensure the forms are 508-compliant and fillable for electronic submission upon receiving OMB approval.

The structure and format of the YCC Application is designed to increase applicant knowledge regarding the YCC Program Overview, Eligibility Requirements, Benefits, Structure and instructions on How to Apply on Page 1 of the form. Also, the form is organized by outlining questions to aid the applicant to be able to generate a complete application.

The justification and need for the information collected in each form is listed in the tables below.

Table 2.1 - DI-4014, YCC Application

Form Question	Justification/Need
Do you have a preference for working with a particular land management agency?	Establishes potential placement in YCC Program
Do you have a specific land management location where you would like to work?	
Applicant Name	Needed to create applicant profile
Gender	
Date of birth	
Age	
Address	Contact information and modes of communication
Email	
Phone 1	
Phone 2	
Best way & time to be reached	

Form Question	Justification/Need
What date can you start?	Establishes availability
Where applicant learn about YCC?	Verifies outreach efforts
Emergency Contact Information Name Emergency Contact Information Email Emergency Contact Information Phone 1 Emergency Contact Information Phone 2 Relationship	Requested in the case of accident or the need for medical decisions
Reasonable accommodation	Consistent with the Americans with Disabilities Act (ADA) which prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services. Responses to these questions allow YCC to provide equal employment opportunities to all interested youth applicants.
Essay Question: In 250 words or less, please explain why you want to serve as a YCC Crew Member.	The essay question helps the applicant to contextualize one of the three primary objectives of the YCC Act " <i>the willingness and ability to develop an understanding and appreciation for the Nation's natural environment and heritage.</i> " This question is also an effort to support youth learning objectives to improve writing skills and promote the ability to advocate for one's application for employment without benefit of a face to face interview
Applicant and parent signatures and date	All persons aged 15-18 years seeking seasonal employment through the YCC program must complete YCC Application. For applicants under the age of 18, parental signatures and date are required

Form DI-4015, "United States Youth Conservation Corps - Medical History Form" – Form DI-4015, YCC Medical History (Medical History) provides information needed to determine the physical suitability and any special medical needs of selected applicants. This provides a record for both the participant and the agency and is collected for the safety of both the participant and other participants of the program. Only applicants selected for employment will complete form the Medical History form. For applicants under the age of 18, parental signatures and date are required. This form provides information needed to determine the physical suitability and any special medical needs of selected applicants. This provides a record for both the participant and the agency and is collected for the safety of both the participant and other participants of the program.

Table 2.2 DI-4015, YCC Medical History

Form Question	Justification/Need
Name, Address, Date of birth	Needed to create applicant profile
Status of health coverage	YCC does not provide medical insurance covered by Federal insurance therefore they must have personal liability and medical insurance coverage during the time of employment.
Health Insurer and policy number	
Inventory of prior health conditions	This information is needed to ensure that participants have the ability to perform the work assigned. Failure to collect this information would create an unacceptable safety and liability risk.
Primary Care Physician contact information	
Option to attach description of health conditions	Additional description of health conditions is used to determine whether an enrollee poses a direct threat based on an individualized assessment of the enrollee's present ability to perform the essential functions of the job. The description is based on a reasonable medical judgment that relies on the most current medical knowledge and/or best objective evidence.
Medications and allergic reactions	Enrollee is requested to provide host site with medical documentation of prescribed medications and known allergies in the event that a request for employer accommodation is needed in conformance with the Americans with Disabilities (ADA) Act. The disclosure of this information is limited to business necessity in requiring enrollees in positions affecting public safety to report when they are taking medication that may affect their ability to perform essential functions.
Option to attach explanation of medications and allergic reactions	See justification above
Immunization history	The nature of the program creates a higher risk of exposure to infectious diseases requiring immunization history to verify that the enrollee is immune to vaccine-preventable diseases. Some jobs have a higher risk of exposure to ensure safe workplace conditions.
Option to attach immunization record	Proof of immunization record that is job-related and consistent with business necessity.
Applicant signature and date	Provides YCC authorization to release medical history information to designated DOI personnel for internal use.
Emergency contact information	The identity of the person to contact in the case of an emergency.
Alternate or preferred form of emergency contact (optional)	The identity of the alternate person to contact in the case of an emergency,
Parent/Guardian signature and date Certification of Allowance for YCC Officials to provide medication including type and dosage	Parent/Guardian signature and date and the certification of Allowance provides for YCC Officials to administer medication including type and dosage

Form Question	Justification/Need
Reviewing official's signature and date	All persons aged 15-18 years seeking seasonal employment through the YCC program must complete YCC Application. For applicants under the age of 18, parental signatures and date are required

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden and specifically how this collection meets GPEA requirements.

All forms in the collection are available at

- <https://youthgo.gov/>
- [USDA-USFS YCC website](#)
- [NPS YCC Website](#)
- [USFWS Website](#)
- [Specific Stations the engage with YCC](#)

All forms are available electronically. The forms may be downloaded from participating websites, printed, and the completed application must include an original "wet" signature (by both the applicant and a parent or guardian). The scanned documents are returned email or postal mail to the specific YCC station.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The YCC is a unique program that is only operational on public lands within the DOI (USFWS and NPS) and the USDA-USFS with specific requirements for participation. There are no other existing application forms suitable for YCC purposes. The participating agencies will use the same forms which avoids duplication in the application process.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

This collection will not have a significant impact on small businesses or other small entities.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

This information collection is necessary to carry out the legally mandates of the program. If this information is not collected, the USFWS, NPS, and USDA-USFS would be unable to select candidates to participate in the program. The YCC Application Form ensures uniform collection of information from potential program participants. The information collected provides participating agencies with the data needed to select program participants.

The Medical History form ensures that adequate medical information is available, ensuring that participants have the ability to perform the work assigned. Failure to collect this information would create an unacceptable safety and liability risk.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- * requiring respondents to report information to the agency more often than quarterly;
- * requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- * requiring respondents to submit more than an original and two copies of any document;
- * requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
- * in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- * requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
- * that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- * requiring respondents to submit proprietary trade secrets, or other confidential information, unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

There are no other special circumstances. The collection of information is conducted in a manner consistent with the guidelines in Title 5 CFR 1320.6.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and in response to the PRA statement associated with the collection over the past three years, and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every three years — even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

On January 31, 2020, we published in the *Federal Register* (85 FR 5691) a notice of our intent to request that OMB approve this information collection. In that notice, we solicited comments for 60 days, ending on April 3, 2020. We received no comments in response to that notice.

In addition to the Federal Register Notice, we consulted with the nine (9) individuals identified in Table 8.1 who familiar with this collection of information in order to validate our time burden estimate and asked for comments on the following:

- (1) Whether or not the collection of information is necessary for the proper performance of the functions of the agency, including whether or not the information will have practical utility;
- (2) The accuracy of our estimate of the burden for this collection of information, including the validity of the methodology and assumptions used;
- (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and
- (4) How might the agency minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of response.

The FWS field stations identified are familiar with the program and the application process. These individuals were asked to conduct outreach on our behalf to provide feedback on the clarity of instructions, usability and overall need for the form.

Table 8.1

Organization	Title
USFWS	Refuge Manager, Moosehorn National Wildlife Refuge (NWR), ME
	Visitor Services Manager, Alaska Maritime NWR, AK
	Refuge Operations Specialist, Cabeza Prieta NWR, AZ
	Visitor Services Manager, Interior R5&7, Denver, CO
	Little Pend Oreille NWR, WA
	Refuge Manager, Valle de Oro NWR, NM
	Stillwater NWR, OK
	Visitor Services Manager, Mid-Columbia River Complex, WA
N/A	Parent

Little Pend Oreille NWR, WA

Comment: We have used the form in the past and it is the only way that we can collect information in order to adequately screen and recruit candidates

Response #1: No action required

Mid-Columbia River Complex, WA

Comment: We cannot address this question because we only hand out flyers at the local schools and there is no follow up

Response: No action required

Northern Maine NWR Complex, ME

Comment: The only problem with the form is that it didn't allow enough space for the student's email address. Student school email addresses are often long because they include the school name. I thought the form was fine, though I am a gov't employee who fills out forms all the time.

Response: We updated the form to add more space for email addresses.

Comment: My sons agonize unnecessarily about essays, so they procrastinated, but once they started, it only took them about 20 minutes.

Response: We recognize that the essay section could be a bit daunting for a first-time applicant. -The burden for this application assumes 10 minutes to complete the general background information and an average time of 15 minutes to complete the essay. This accounts for the estimated burden or 25 minutes to complete the application.

Comment: The second emergency contact is probably unnecessary until we actually accept the student for the program. I am happy that you no longer request the student's social security number, like on the old form.

Response: Requesting a second emergency contact information is not uncommon on an employment application.

Northern Maine NWR Complex, ME

Comment: I really wish we could contact references. For example, we have had known bullies and sexually aggressive boys and girls in the program many years, ending in trauma to participants, and disciplinary actions having to be taken. If we could just contact a teacher or former employer and get an idea about the students, that would be great. Something as simple as, "what do you think about this student? How would he/she do in the program?"

Response: We will add a section to include references

Alaska Maritime NWR, AK

Comment: These are often a YCC enrollee's first time filling out this type of paperwork and they usually leave some blanks. The recent addition that specified 'enrollee complete' vs 'FWS complete' was helpful. It's just all a bit overwhelming and if any of it could go away that would be great.

Response: No action needed

Comment: I'm always embarrassed to be asking them for their race and medical history.

Response: This form does not request race or ethnicity. The medical history is a requested to ensure that participants have the ability to perform the work assigned. Failure to collect this information would create an unacceptable safety and liability risk.

Cabeza Prieta NWR, AZ

Comment: The form is mostly easy to fill out. Because the form is being filled by youth, and local youth with little experience filling out these types of forms, they often struggle with the term "accommodations" as many youth will call to ask how to answer that specific question. Clarification or term substitution may be necessary to keep that from being a stopping point. This may be a question that keeps youth from applying if not fully explained.

Response: The form will now include a definition of how “accommodations” is used in the context of the application.

Comment: On the first page, the "program benefits" portion would be great if moved to sit above page 3 in order to give something to spark the essay question. Submission was limited on the form itself, so it would be helpful to have a fillable section for the refuge to fill before posting/sending the form to applicants to give more specific information.

Response: Adding this information (already provided on the website) would increase the length of the application. We use the essay questions to require the applicant to (personally) reflect on why they want to work in the YCC Program. We are not looking for a response to the “benefits” program as describe in the introduction, we are more interested in understanding the personal benefits in the applicants own words.

Comment: Some (applicants) question (even though it specifically states "optional") if the section needed to be filled. It seems that the question is very open and that doesn't work well for some young people that have been structured and taught to answer specific questions.

Response: We will replace “Optional” with “You are encouraged to complete the essay so that we can know more about why you want to be a YCC team member”

Comment: Medical forms are sometimes difficult to get the applicants to file correctly. If there was a way for applicants to know what to ask school officials, or a prompt to take that approach to check on some of these vaccines, that may be very helpful.

Response: The applicants typically work with the parents/guardians to complete the forms. This information should be available through the parent/guardian with the need to ask school officials.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

We do not provide payments or gifts to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

Information is collected and protected in accordance with the Privacy Act (5 U.S.C. § 552a) and the Freedom of Information Act (5 U.S.C. 552). The information is not publicly available, and we only share the information with agencies having a legal interest. The information collected in these forms and the routine uses are listed in the following DOI Office of the Secretary (OS) System of Records Notices:

- *Youth Conservation Corps (YCC) Enrollee Records--Interior, Office of the Secretary-25 – August 22, 1991, [56 FR 41700](#)*
- *Youth Conservation Corps (YCC) Recruitment Files--Interior, Office of the Secretary-29 – October 16, 1986, [51 FR 36862](#)*

The DOI Privacy Act Officer is currently reviewing these SORNs for the necessary updates and for possible consolidation into a single SORN. We will provide OMB-OIRA with a copy of the updated SORN(s) as a nonsubstantive change request upon its publication in the *Federal Register*.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

We do not ask questions of a sensitive nature. However, the request for medical history may be considered sensitive in some cases. The request for medical information is considered necessary to ensure that participants have the ability to perform the work assigned. Failure to collect this information would create an unacceptable safety and liability risk for the program.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- * **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**
- * **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**
- * **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here.**

We estimate that we will receive **11,409 responses** totaling **4,239 annual burden hours**. We estimate the annual dollar value of the burden hours to be **\$159,937** (rounded). We used Table 1 from the of Bureau of Labor Statistics (BLS) News Release [USDL-20-1232](#), June 18, 2020, Employer Costs for Employee Compensation—March 2020, which lists the hourly rate (fully burdened) for individuals as \$37.73.

FORM	Total Annual Responses	Avg. Time per Response (hours)	Total Annual Burden Hours*	Hourly Labor Costs Incl. Benefits	Dollar Value of Annual Burden Hours
DI-4014, United States Youth Conservation Corps – Crew Member Application					
Individuals	8,599	25 mins	3,583	\$ 37.73	\$ 135,186.59
DI-4015, United States Youth Conservation Corps – Medical History Form					
Individuals	2,810	14 mins	656	37.73	24,750.88
TOTALS:	11,409		4,239		\$ 159,937.47

*Rounded

13. Provide an estimate of the total annual non-hour cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected in item 12.)

- * The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information (including filing fees paid for form processing). Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.
- * If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.
- * Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

There is no non-hour cost burden to respondents.

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information.

We estimate that the total cost to the Federal Government to administer this information collection is **\$213,527 (rounded)**. This includes federal salary costs and benefits as well as the cost associated with reviewing and processing applications based upon hourly rates (see tables below)

To determine average hourly rates for the Federal positions identified below, we used Office of Personnel Management Salary Table [2020-RUS](#). We used the below listed rates in accordance with Bureau of Labor Statistics news release [USDL-20-1232](#), we multiplied the hourly rates by 1.6 to account for benefits.

Table 14.1 Annualized cost to the federal government for processing forms

Form	Grade/Step	Hourly Pay Rate	Hourly Rate Incl. Benefits (x 1.6)	Total time spent (hours)	Annualized Cost
DI-4014 Application	GS 7/5	\$ 22.84	\$ 36.54	3,583	\$ 130,923
DI-4015 Medical History	GS 9/5	27.93	44.69	656	29,317

Total:	0
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Table 14.2 Annualized cost to the federal government for approval and monitoring forms

Forms	Grade/Step	Hourly Pay Rate	Hourly Rate Incl. Benefits (x 1.6)	Total time spent (hours)	Annualized Cost
DI-4014 Application	GS 7/5	\$ 22.84	\$ 36.54	656	\$ 23,970
DI-4015 Medical History	GS 9/5	27.93	44.69	656	29,317
Total:					\$ 0

15. Explain the reasons for any program changes or adjustments in hour or cost burden.

This is a request for clearance of a new collection involving the use of two common forms by the U.S. Department of the Interior and the U.S. Department of Agriculture – U.S. Forest Service.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

We will not publish the results of this information collection.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

We will display the OMB control number and expiration date on appropriate materials.

18. Explain each exception to the topics of the certification statement identified in "Certification for Paperwork Reduction Act Submissions."

There are no exceptions to the certification statement.