## Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Services Delivery”

## (OMB Control Number: 1103-0117)

**TITLE OF INFORMATION COLLECTION:** Department of Justice, Office for Access to Justice CLEAR Program

**PURPOSE OF COLLECTION:**

In April 2024, the Acting Associate Attorney General at the Department of Justice [announced](https://www.justice.gov/opa/pr/justice-department-announces-medical-legal-partnership-project-incarcerated-individuals) the launch of a civil legal services pilot initiative that is a collaboration between the Office for Access to Justice (ATJ), Federal Bureau of Prisons (FBOP) and a third party partner, such as a university or legal services provider. The initiative, later named CLEAR (Civil Legal Empowerment, Access and Reentry), is scheduled to begin in July 2024 and will aim to strengthen the knowledge of AICs on civil legal issues and create a Medical Legal Partnership (MLP) that will strengthen pre-release Supplemental Security Income (SSI) mental health claims for a select group of Adults in Custody (AICs) at FBOP.

The purpose of this collection to collect information from AICs at FBOP and CLEAR Partners for purposes of developing AIC’s claims for SSI and evaluating our methods for developing these claims, as well as evaluating the CLEAR Empowerment Workshops that interested AICs will be attending.

The information collected will be both medical and non-medical related:

* Contact information for CLEAR Partners: name, e-mail, organization name, title, and phone number
* Feedback on whether there was any knowledge gain after AICs attended CLEAR Empowerment Workshops and participated in CLEAR’s Medical Legal Partnership (MLP) that strengthened AICs SSI claims
* Medical and non-medical information related to AICs SSI claims
* Feedback on whether there was any improvement in well-being after AICs participated in CLEAR’s MLP
* After AICs have been released, AICs contact information for post-release feedback on CLEAR’s MLP

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ X] Other: Retain information for purposes of evaluating the CLEAR Program and, in the event the Program is a success, potentially scale the CLEAR Program to other federal prison facilities.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name: Nina Wu, Senior Counsel, ATJ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ X ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ X] No. We are working on it with OPCL.

***Note: for any privacy related questions regarding your collection, please contact your component’s Senior Component Official for Privacy or the Office of Privacy and Civil Liberties.***

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X] No

If answering yes, you will also need to describe the incentive and provide a justification for the amount.

**BURDEN HOURS**:

In the provided table, list the following information in each row for the type or respondent for the collection and provide total figures at the bottom for the number of respondents, participation time, and burden.

* Category of respondent – Provide the type or category of individual who will respond to your collection from the following list:
	+ Individuals or Household
	+ Private Sector
	+ State, Local, or Tribal Governments
	+ Federal Government
* Number of Respondents – Estimate of the total number of respondents by type/category.
* Participation Time – Estimate of the total amount of time (in minutes) required for participation in a collection by type/category of respondents (e.g. fill out a survey or participate in a focus group).
* Burden – Estimate of the annual burden hours by type/category or respondents.
	+ To determine this estimate, multiply the number of respondents by the participation time and divide that figure by 60.

**Burden Table**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Number of Respondents** | **Frequency** | **Total Annual Responses** | **Time Per Response** | **Total Annual Burden (Hours)** | **Hourly Rate\*** | **Monetized Value of Respondent Time** |
| Family Law | 40 | 1 | 1 | 10 min | 1 |  |  |
| Debt Collection/Finances | 40 | 1 | 1 | 10 min | 1 |  |  |
| Government Benefits | 40 | 1 | 1 | 10 min | 1 |  |  |
| Supplemental Security Income Part 1 | 25 | 1 | 2 | 20 min | 1 |  |  |
| Supplemental Security Income Part 2 | 25 | 1 | 2 | 20 min | 1 |  |  |
| ***Unduplicated Totals*** | ***170*** | ***5*** | ***7*** | ***70*** | ***198*** |  |  |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$205,000.\_\_\_\_\_\_\_

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [ X] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

For the CLEAR Empowerment Workshops, information will come from AICs who are within 18 months of their release date from the Federal Bureau of Prisons and have expressed an interest in attending the Workshops. For the CLEAR MLP, information will come from approximately 20-25 AICs who are within 18 months of their release date, have expressed an interest in being considered for participation in the MLP, and who the MLP have assessed to have merits to their SSI mental health claim.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ X ] Telephone

[ X] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ X ] Yes [ ] No