

DISCC UTA Registration Survey

6/25/2024

Start of Block: Default Question Block

Please provide the following information to register:

- * First Name _____
- * Last Name _____
- * Email Address _____
- * Job Title _____
- * Type of Organization You Represent (select one)
 - State CCDF Lead Agency
 - Territory CCDF Lead Agency
 - Tribal CCDF Lead Agency
 - CCTAN Center
 - OCC
 - Other
- * Organization _____
- * State/Territory in which your organization is located

- Do you require any specific accommodations?

- What questions do you hope will be answered during this webinar?

End of Block: Default Question Block

*=required field

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to request registration information for planning UTA webinars and peer learning activities. Public reporting burden for this collection of information is estimated to average 1 minute per respondent, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection of information. This is a voluntary collection of information, agency may not conduct or sponsor, and a person is not required to respond to a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 9/30/2026. If you have any comments on this collection of information, please contact Donna Seymour, 202-763-4000, donna.seymour@acf.hhs.gov.