

**Needs and Uses:** This is a case controlled study designed to describe and elucidate the causes of Gulf War Syndrome. The participants will be veterans of the Persian Gulf War who currently reside in Oregon and Washington.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 2,833 hours.

**Estimated Average Burden Per Respondent:** 1 hour and 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 2,000 respondents.

**OMB Number:** None Assigned.

**Title and Form Number:** Gulf Registry Questionnaire, VA Form 10-20988(NR).

**Type of Information Collection:** New Collection.

**Needs and Uses:** Previous participants in the VA Persian Gulf Registry Health Program will be given the opportunity to report additional information on potential exposures during Persian Gulf service and their reproductive health since serving in Desert Shield and Desert Storm.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 12,500 hours.

**Estimated Average Burden Per Respondent:** 15 Minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 50,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Ann Bickoff, Veterans Health Administration (161B4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 565-7407.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Office (045A4), (202) 565-4412.

Dated: August, 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.  
[FR Doc. 95-21592 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

### Information Collections Under OMB Review

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0507.

**Title and Form Number:** Medical Information for Reinstatement, VA Form Letter, 29-762.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form letter is used by the veteran's attending physicians to supply medical information that is required to determine eligibility for reinstatement of insurance and/or total disability income provision. The information is used to determine eligibility of the veteran for the purpose of reinstatement.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 240 hours.

**Estimated Average Burden Per Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 480 respondents.

**OMB Number:** 2900-0503.

**Title and Form Number:** Veterans Mortgage Life Insurance Change of Address Statement, VA Form 29-0563.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form is used to inquire about a veteran's continued ownership of the property issued under Veterans Mortgage Life Insurance when an address change for the veteran is received. The information is used to determine continuing eligibility for Veterans Mortgage Life Insurance.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 20 hours.

**Estimated Average Burden Per Respondent:** 5 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 240 respondents.

**OMB Number:** 2900-0545.

**Title and Form Number:** Report of Medical, Legal, and Other Expenses

Incident to Recovery for Injury or Death, VA Form 21-8416b.

**Type of Information Collection:**

Reinstatement, without change, of a previously approved collection for which approval has expired.

**Needs and Uses:** The form is used to

report expenses incident to a monetary recovery for injury or death by a beneficiary of one of VA's income-based benefit programs.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 7,500 hours.

**Estimated Average Burden Per Respondent:** 45 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 10,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.

[FR Doc. 95-21593 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

### Information Collections Under OMB Review

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0108

**Title and Form Number:** Report of Income from Property or Business, VA Form 21-4185.

**Type of Information Collection:**

Reinstatement, without change, of a previously approved collection for which approval has expired.

**Needs and Uses:** The form is used by veterans and survivors who are receiving income-based benefits to report business and/or property income and expenses. The information is used to determine eligibility for benefits.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 29,750 hours.

**Estimated Average Burden Per Respondent:** 30 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 59,500 respondents.

**OMB Number:** 2900-0116

**Title and Form Number:** Notice to Department of Veterans Affairs of Veteran or Beneficiary Incarcerated in Penal Institution, VA Form 21-4193.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form is used to secure the necessary information from penal institution incarcerated veterans or beneficiaries. The information is used to determine if VA compensation or pension benefits should be terminated or reduced.

**Affected Public:** State, Local or Tribal Governments.

**Estimated Annual Burden:** 416 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 416 respondents.

**OMB Number:** 2900-0119

**Title and Form Number:** Report of Treatment in Hospital, VA Form letter 29-551.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form letter is used to collect information from the insured's hospital to determine his/her eligibility for a claim for disability insurance benefits.

**Affected Public:** Business or other for-profit—Individuals or households.

**Estimated Annual Burden:** 4,055 hours.

**Estimated Average Burden Per Respondent:** 12 minutes.

**Frequency of Response:** On time.

**Estimated Number of Respondents:** 20,277 respondents.

**OMB Number:** 2900-0148

**Title and Form Number:** Notice of Past Due Payment, VA Form 29-389e.

**Type of Information Collection:**

Extension of a currently approved collection.

**Needs and Uses:** The form is used by veterans who have applied for National Service Life Insurance as a temporary measure to restore continuous protection until a final decision is made on his/her application for insurance. The information is used to determine the insured's eligibility for continued protection.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 484 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 1,936 respondents.

**OMB Number:** 2900-0161

**Title and Form Number:** Medical Expense Report, VA Form 21-8416.

**Type of Information Collection:**

Extension of a currently approved collection.

**Needs and Uses:** The form is used to collect information on the medical expenses paid in connection with claims for pension or other income-based benefits. The information is used in determining the proper rate of VA benefits.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 19,280 hours.

**Estimated Average Burden Per Respondent:** 12 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 96,400 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veteran Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.

[FR Doc. 95-21594 Filed 8-30-95; 8:45 am]

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**Information Collections Under OMB Review**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0065

**Title and Form Number:** Request for Employment Information in Connection with Claim for Disability Benefits, VA Form 21-4192.

**Type of Information Collection:**

Extension of a currently approved collection.

**Needs and Uses:** The form is used to gather the necessary information about employment of the veteran-applicant to determine the extent of disability affecting employment.

**Affected Public:** Business or other for-profit.

**Estimated Annual Burden:** 15,000 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 60,000 respondents.

**OMB Number:** 2900-0075

**Title and Form Number:** Statement in Support of Claim, VA Form 21-4138.

**Type of Information Collection:**

Extension of a currently approved collection.

**Needs and Uses:** The form is used by the claimant to provide self-certified statements in support of various types of claims processed by VBA.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 188,000 hours.

**Estimated Average Burden Per Respondent:** 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 752,000 respondents.

**OMB Number:** 2900-0076

**Title and Form Number:** Request to Creditor Regarding Applicant's Indebtedness, VA Form Letter 26-250.

**Type of Information Collection:**

Extension of a currently approved collection.

**Needs and Uses:** The form is completed by creditors of veteran-applicants who are applying for a home loan. The information is used to determine the applicant's credit worthiness.