

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–NEW]

**Agency Information Collection (Hand and Finger Conditions Disability Benefits Questionnaire) Under OMB Review**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before December 16, 2013.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–NEW (Hand and Finger Conditions Disability Benefits Questionnaire)” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632–7492 or email [crystal.rennie@va.gov](mailto:crystal.rennie@va.gov). Please refer to “OMB Control No. 2900–NEW (Hand and Finger Conditions Disability Benefits Questionnaire)”.

**SUPPLEMENTARY INFORMATION:**

*Title:* Hand and Finger Conditions Disability Benefits Questionnaire, VA Form 21–0960M–7.

*OMB Control Number:* 2900–NEW (Hand and Finger Conditions Disability Benefits Questionnaire).

*Type of Review:* New data collection.  
*Abstract:* VA Form 21–0960M–7 will be used for disability compensation or pension claims which require an examination and/or receiving private medical evidence that may potentially be sufficient for rating purposes.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 15,000.

*Estimated Average Burden per Respondent:* 30 minutes.

*Frequency of Response:* On occasion.  
*Estimated Number of Respondents:* 30,000.

Dated: November 12, 2013.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, U.S. Department of Veterans Affairs.*

[FR Doc. 2013–27407 Filed 11–14–13; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–NEW]

**Agency Information Collection (Elbow and Forearm Conditions Disability Benefits Questionnaire) Under OMB Review**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before December 16, 2013.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–NEW (Elbow and Forearm Conditions Disability Benefits Questionnaire)” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632–7492 or email [crystal.rennie@va.gov](mailto:crystal.rennie@va.gov). Please refer to “OMB Control No. 2900–NEW (Elbow and Forearm Conditions Disability Benefits Questionnaire)”.

**SUPPLEMENTARY INFORMATION:**

*Title:* Elbow and Forearm Conditions Disability Benefits Questionnaire, VA Form 21–0960M–4.

*OMB Control Number:* 2900–NEW (Elbow and Forearm Conditions Disability Benefits Questionnaire).

*Type of Review:* New data collection.

*Abstract:* The VA Form 21–0960M–4, *Elbow and Forearm Conditions Disability Benefits Questionnaire*, will be used for disability compensation or pension claims which require an examination and/or receiving private medical evidence that may potentially be sufficient for rating purposes. The form will be used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations and related to the claimant’s diagnosis of an elbow or forearm condition. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 10,000.

*Estimated Average Burden per Respondent:* 30 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 20,000.

Dated: November 12, 2013.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, U.S. Department of Veterans Affairs.*

[FR Doc. 2013–27408 Filed 11–14–13; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–NEW]

**Agency Information Collection (Foot (Including Flatfeet (pes planus)) Conditions Disability Benefits Questionnaire) Under OMB Review**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before December 16, 2013.

**ADDRESSES:** Submit written comments on the collection of information through

[www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–NEW (Foot (including flatfeet (pes planus)) Conditions Disability Benefits Questionnaire)” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632–7492 or email [crystal.rennie@va.gov](mailto:crystal.rennie@va.gov). Please refer to “OMB Control No. 2900–NEW (Foot (including flatfeet (pes planus)) Conditions Disability Benefits Questionnaire)”.

**SUPPLEMENTARY INFORMATION:**

*Title:* Foot (including flatfeet (pes planus)) Conditions Disability Benefits Questionnaire, VA Form 21–0960M–5 and 21–0960M–6.

*OMB Control Number:* 2900–NEW (Foot (including flatfeet (pes planus)) Conditions Disability Benefits Questionnaire).

*Type of Review:* New data collection.

*Abstract:* The VA Form 21–0960M–6, *Foot (including flatfeet (pes planus)) Conditions Disability Benefits Questionnaire*, will be used for disability compensation or pension claims which require an examination and/or receiving private medical evidence that may potentially be sufficient for rating purposes.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 40,000.

*Estimated Average Burden per*

*Respondent:* 30 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 80,000.

Dated: November 12, 2013.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, U.S. Department of Veterans Affairs.*

[FR Doc. 2013–27396 Filed 11–14–13; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

**[OMB Control No. 2900–NEW]**

**Agency Information Collection (Ankle Conditions Disability Benefits Questionnaire) Under OMB Review**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before December 16, 2013.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–NEW (Ankle Conditions Disability Benefits Questionnaire)” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632–7492 or email [crystal.rennie@va.gov](mailto:crystal.rennie@va.gov). Please refer to “OMB Control No. 2900–NEW (Ankle Conditions Disability Benefits Questionnaire)”.

**SUPPLEMENTARY INFORMATION:**

*Title:* Ankle Conditions Disability Benefits Questionnaire, VA Form 21–0960M–2.

*OMB Control Number:* 2900–NEW (Ankle Conditions Disability Benefits Questionnaire).

*Type of Review:* New data collection.

*Abstract:* VA Form 21–0960M–2 will be used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. This form will gather information related to the claimants’ diagnosis of an ankle condition.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 15,000.

*Estimated Average Burden per*

*Respondent:* 30 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 30,000.

Dated: November 12, 2013.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, U.S. Department of Veterans Affairs.*

[FR Doc. 2013–27401 Filed 11–14–13; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

**[OMB Control No. 2900–NEW]**

**Proposed Information Collection (Veterans Transportation Service Data Collection); Activity: Comment Request**

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

**ACTION:** Notice.

**SUMMARY:** The Veterans Health Administration (VHA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each new collection, and allow 60 days for public comment in response to the notice. This notice solicits comments on the information needed to evaluate the Veterans Transportation Service Data Collection program to ensure Veterans, Servicemembers, beneficiaries, caregivers and other persons receive timely and reliable transportation for the purpose of examination, treatment and care.

**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before January 14, 2014.

**ADDRESSES:** Submit written comments on the collection of information through Federal Docket Management System (FDMS) at [www.Regulations.gov](http://www.Regulations.gov); or to Audrey Revere, Veterans Health Administration (10B4), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420; or email: [audrey.revere@va.gov](mailto:audrey.revere@va.gov). Please refer to “OMB Control No. 2900–NEW (Veterans Transportation Service Data Collection)” in any correspondence. During the comment period, comments may be viewed online through the FDMS.

**FOR FURTHER INFORMATION CONTACT:** Audrey Revere at (202) 461–5604 or FAX (202) 495–5397.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104–13; 44 U.S.C.