

areas for which research and evaluation proposals will be solicited, provides application instructions and forms, outlines requirements for award recipients, and lists contact persons for program areas.

Jeremy Travis,

Director, National Institute of Justice.

[FR Doc. 95-7360 Filed 3-23-95; 8:45 am]

BILLING CODE 4410-18-P

Federal Bureau of Prisons

Notice of Intent To Prepare a Draft Environmental Impact Statement (DEIS) for the Construction of a Federal Correctional Institution Near Jonesville in Lee County, Virginia

AGENCY: U.S. Department of Justice, Federal Bureau of Prisons.

ACTION: Notice of intent to prepare a draft environmental impact statement (DEIS).

SUMMARY:

Proposed Action

The United States Department of Justice, Federal Bureau of Prisons has determined that a Federal Correctional Institution (FCI) is needed in its system.

The Federal Bureau of Prisons has preliminarily evaluated several sites in Lee County and determined that the Litton Site will be the focus of the DEIS.

The Bureau of Prisons proposes to build and operate a medium-security Federal correctional institution, with an adjacent minimum-security satellite camp, in Lee County, Virginia. The main medium-security facility would provide habitation for approximately 1200 inmates, and approximately 500 inmates at the minimum-security camp. The Bureau of Prisons proposes to build the facility near Jonesville, Virginia, on a portion of 288 acre site located at the junction of U.S. Route 58 and VA Route 638. The site appears to be of sufficient size to provide space for housing, programs, services and support areas as well as administration, and parking.

The Process

In the process of evaluating the site, several aspects will receive detailed examination including: utilities, traffic patterns, noise levels, visual intrusion, threatened and endangered species, cultural resources and socio-economic impacts.

Alternatives

In developing the DEIS, the options of "no action" and "alternative sites" for the proposed facility will be fully and thoroughly examined.

Scoping Process

During the preparation of the DEIS, there will be opportunities for public involvement in order to determine the issues to be examined. A Scoping Meeting will be held at 7:00 p.m. on Thursday, March 30, 1995 at the Lee High School Auditorium. The meeting will be well publicized and will be held at a time which will make it possible for the public and interested agencies or organizations to attend. In addition, public information meetings will be held by representatives of the Bureau of Prisons with interested citizens, officials and community leaders.

DEIS Preparation

Public notice will be given concerning the availability of the DEIS for public review and comment.

ADDRESSES: Questions concerning the proposed action and the DEIS may be directed to: K. Bradley Wiggins, Site Selection Specialist, Federal Bureau of Prisons, 320 First Street, NW., Washington, DC 20534, (202) 514-6470.

Dated: March 6, 1995.

Patricia K. Sledge,

Chief, Site Selection and Environmental Review Branch.

[FR Doc. 95-6076 Filed 3-23-95; 8:45 am]

BILLING CODE 4410-05-M

DEPARTMENT OF LABOR

Office of the Secretary

Title of Proposed Information Collection

AGENCY: Office of the Secretary, Labor.

ACTION: To permit collection of information on the needs of enrollees of the Senior Community Service Employment Program so it is available in time for the White House Conference on Aging and for reauthorization of the Older Americans Act.

SUMMARY: The Employment and Training Administration, Department of Labor, in carrying out its responsibilities under the Paperwork Reduction Act (44 U.S.C. Chapter 35, 5 CFR 1320 [53 FR 16618, May 10, 1988]), is submitting a brief description of the need for the information to be collected, including the use to which it is planned to be put. **DATES:** The Employment and Training Administration has requested an expedited review of this submission under the Paperwork Reduction Act; the Office of Management and Budget (OMB) review of this proposed survey has been requested to be completed by March 29, 1995.

FOR FURTHER INFORMATION CONTACT:

Comments and questions regarding the Senior Community Service Employment Program Needs Assessment should be directed to Mr. Kenneth A. Mills, Departmental Clearance Officer, Office of Information Resource Management Policy, U.S. Department of Labor, 200 Constitution Avenue, NW., Room N-1301, Washington, DC 20210, 202 219-5095. Comments should also be sent to OMB, Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for ETA, NEOB Room 10235, Washington, DC 20503, 202 395-7316. Any member of the public who wants to comment on the information collection request which has been submitted to OMB should advise Mr. Mills of this intent at the earliest possible date.

Average Burden Hours/Minutes per Response: 30 minutes.

Frequency of Response: One-time.

Number of Respondents: 2,000.

Total Annual Burden Hours: 1,000.

Total Annual Responses: 2,000.

Affected Public: Individuals or households.

Respondents Obligation to Reply: Voluntary.

Signed at Washington, DC this 20th day of March 1995.

Theresa M. O'Malley,

Acting Departmental Clearance Officer.

Appendix—Supporting Statement for Paperwork Reduction Act Submissions

A. Justification

1. Circumstances that make the collection of information necessary. There are two events which make the collection of the information necessary. The first is the White House Conference on Aging. It would be useful to have information on individuals enrolled in the Senior Community Service Employment Program in time for recommendations/resolutions to be based on factual information.

This survey instrument would provide solid information on the needs of SCSEP enrollees. The second is the reauthorization of the Older Americans Act. The subcommittee has informally indicated they plan hearings in late May/early June. The information would provide positive hard data about the needs of the enrollees as insights to the programs success in meeting those needs.

2. How collected, by whom, how frequently, and for what purpose the information is to be used. This request is for a one-time collection. As indicated above the information will be used for two purposes—the White House Conference on Aging and the

Reauthorization of the Older Americans Act.

The data would be collected by grantee staff taking the questionnaire to the enrollees work site for completion. The enrollee would seal the envelop after completion and it would be returned to the Department for compiling and interpreting by Defense Technologies Incorporated.

The current collection of data on the SCSEP is very limited to summary data which cannot be analyzed to provide insights to the enrollees needs for individual cohorts.

3. Information technology used to reduce burden, as well as any technical or legal obstacles to reducing burden. This is a one-time request which is to be completed by the enrollee and not the grantee. The individuals selected will be representative of the universe of enrollees in the SCSEP. Although the actual collection itself does not lend itself to automation, the questionnaire has been set up in a manner which expedites the imputing and analysis of the data.

4. Similar information already available. There is no other similar data being collected involving the SCSEP enrollees.

5. Impact on small businesses or other small entities. This ICR does not involve small businesses.

6. Consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently. If the data is not collected, it will not be possible to utilize the results for analyzing the needs of the enrollees for either the White House Conference on Aging or in the Reauthorization of the Older Americans Act. In addition, if the data is not collected, it will not be possible to use it for internal discussions about how to best meet the needs of the enrollees at the community level.

7. Special circumstances that require the collection to be conducted in a manner inconsistent with the general information collection guidelines in 5 CFR 1320.6 (e.g., payment to respondents, disclosure of proprietary information, etc.). This request is consistent with 5 CFR 1320.6.

8. Consultations with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported. The Department consulted widely with all the organizations dealing with older workers, including the National Association of the State Units on Aging, the American

Association of Retired Persons, Green Thumb, National Association for Hispanic Elderly, the National Caucus and Center on Black Aged, the National Council on Aging, the National Indian Council on Aging, the National Pacific/Asian Center on Aging, the National Urban League, the National Council of Senior Citizens, and the U.S. Department of Agriculture's Forest Service.

All organizations listed have been provided the opportunity to suggest modifications or revisions to questions. The development of the questionnaire grew out of an effort by one of the grantee organizations, Green Thumb, Inc., to obtain information which could be summarized and submitted to describe the needs of enrollees of the Senior Community Service Employment Program at a series of three mini-White House Conference on Aging meetings. Based upon the recommendations of other grantee organizations, it was agreed that a more thorough collection effort could provide valuable representative information for a variety of purposes. This is a one-time request which does not require multiple collections by grantees or contacts with enrollees.

9. Confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy. The individual enrollee will receive a cover letter that will explain that the information is provided on a voluntary basis and the responses will be handled on a confidential basis. To ensure that this occurs, the enrollee will seal the envelop provided after completion. No one will know which responses are attributable to a specific individual.

10. Sensitive nature of questions. The proposed questionnaire does not contain questions on such topics as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

11. Estimates of cost.

a. Federal Government. The cost to the Federal Government will be as follows:

(1) Printing. 2,000 Questionnaires .03 per page \times 16 pages=\$960.

(2) Support Staff required for Compiling/Mailing. 10 hours \times GS-7 salary of \$13.46/hour=\$134.60.

(3) Analysis. \$12,000 for Defense Technologies Inc. to input the data and determine significance of data.

b. Grantee. The costs to the grantee will be minimal since they must send some one to the individual's work site to assess the progress being made by the enrollee. This visit would coincide with the delivery of the questionnaire.

c. Enrollee. This questionnaire will be completed at the work site. There will be no cost to the enrollee.

12. Estimates of the burden of the collection of information.

a. Number of Respondents. 2,000.

b. Frequency of Response. Once.

c. Annual Burden. 30 minutes \times 2,000 enrollees=1,000 hours. Time requirements were based on a pre-test of the survey instrument.

13. Amendments to existing collections. This is a new data collection for ETA that will count as a +1,000 PC hours towards ETA's Information Collection Budget (ICB).

14. Plans for publication. Not Applicable. Information collected will be used for policy recommendations and program operations.

B. Collections of Information Employing Statistical Methods

1. Sampling method. The information would be collected using accepted statistical sampling techniques. A three-part process will be employed involving three strata—States, minority national sponsors, and the remaining national sponsors. All participants would have some chance of being selected under the proposed sample design. Before beginning the process of selecting the sample, it was determined that a sample of 2,000 respondents would be required to provide sufficient data to generalize conclusions to the SCSEP population. This decision was driven somewhat by the need to obtain a sample size sufficiently large for minority populations (American Indian, Asian-Pacific Islanders and Hispanics) which formed less than 15 percent of the total number of older workers served by the program.

State Strata. An initial determination was made that ten States would provide a sufficient number of States to be representative of all States. Since the allocation of slots to States represents 22 percent of the total, a rounded figure of 20 percent was applied to the total sample to derive a State sample of 400 respondents. The number of cases was equally divided between the ten States selected or 40 respondents per State selected. Then the States were arrayed by the number of slots provide to each and the cumulative number of slots was posted throughout the list. This was followed by selecting a skip interval of 1,500. This was based on the total number of slots in all of the States (14,901 rounded to 15,000) and 10 States (15,000 slots divided by 10 States=1,500 skip interval). A random start number between 1 and 1,500 was selected to identify the first State. For example, if the random number was

200, the State with a cumulative range that included the number 200 would be selected. Subsequent selections were made by adding 200 to the random start number. The result was to select the following State clusters:

CA, NY, TX, OH, NJ, MO, HI, AL, MD & VI=400 cases National Strata. As noted above, 20 percent of the sample was assigned to the States; therefore, the remaining 80 percent of the sample was assigned to the national sponsors in line with the number of SCSEP slots allocated to them. The selection of the National Sponsors followed a two-part process. Each sponsor was treated as a stratum. Three minority grantees were designated as certainty strata to ensure that a sufficient number of hits would occur. Each of the three minority grantees was assigned a sample size of 100 respondents. The remainder of the sample was assigned to the other national sponsors on a proportional basis. This resulted in the following sample:

Certainty Strata 100 each=300 cases (minority sponsors)
 Proportional sample range 437-53 cases (remaining national sponsors) depending on no. of slots per grantee=1300 total cases

Estimation procedure. The results of the survey will be reported as proportions (expressed as percentages). For example, for question one, xx.x% of the respondents were with the SCSE Program 5 years or more, yy.y% were with the program more than 2 years but less than 5 years, etc.

1. Sample Proportions. A sample proportion (p) for each survey item category is computed by:

$$P_n = 350 FV_{24-, i, \text{ or}} \\ P_n = 350 \times \left[\frac{(1+i)^n - 1}{i} \times (1+i) \right]$$

where x is a random variable that equals 1 if the ith sample respondent selects the particular category and equals 0 otherwise, and n is the sample size.

The variance is a measure of variability, that is, the different values that a sample statistic like the proportion can have, given the size of the sample and the true (population) proportion. Because the population proportion is unknown, it is estimated by the sample proportion, p. The estimated variance of p, V(p), is computed by:

$$V(p) = \frac{[p(1-p)]}{(n-1)} * [1 - (n/N)] \quad [2].$$

The term $[1 - (n/N)]$ is the finite population correction factor, which takes into account the reduction in the sampling variance attributable to the proportion of the population that is sampled.

2. Cluster Samples. A two-stage sample was selected for the State sponsors. The primary sampling units (PSU) were selected with probabilities proportional to size (pps). A fixed number of 40 cases were selected from each of the PSU's in the second stage in order to maintain a constant overall sampling fraction. The estimated proportion for a sample selected pps is:

$$p_{pps} = (1/m) * \sum_{i=1}^m p_i \quad [3],$$

where p_i is the sample proportion for cluster i, given by [1], and m is the number of clusters (PSU) selected in the first stage.

The estimated variance of p_{pps} is:

$$V(p_{pps}) = [1 / (m(m-1))] * \sum_{i=1}^m (p_i - p_{pps})^2 \quad [4].$$

The finite correction factor has been omitted because the overall sampling fraction of 400/15,000 has a negligible effect on the variance.

3. Stratified Samples. Survey respondents are selected from several organizations, which are treated as strata for the purposes of estimating survey statistics. Because a sample of 100 cases is selected from three minority organizations, the sample is not proportional for all national strata. The estimates are therefore weighted to reflect the contribution of each strata to the national estimate. Weights are computed by the formula:

$$W_h = N_h / N \quad [5],$$

where N_h is the size of the strata (the number of members for national sponsor h) and N is the total number of members for all of the national sponsors.

The weighted proportion is computed by:

$$p_w = \sum_{h=1}^k W_h p_h \quad [6],$$

where p_h is the sample proportion for stratum h, given by [1].

The estimated variance of p_w is:

$$V(p_w) = \sum_{h=1}^k W_h^2 * (p_h)$$

Note: $V(p_h)$ is given by equation [2] or [4] as appropriate [7]. Degree of accuracy needed for the purpose described in the justification. 95 percent confidence intervals for survey estimators are constructed by $\theta \pm 1.96 * \text{sqrt}[V(\theta)]$, where θ is an estimator such as p_w and $\text{sqrt}[V(\theta)]$ is the square root of the estimated variance of θ .

2. Procedures for the collection of information.

a. Sample selection. The Department would provide instructions to the grantees involved on how to select a sample from among their records using a random numbering table.

b. How delivered. The sponsor's representative (either staff or enrollees) would hand-carry the questionnaire to the host agency community service assignment site for completion by the participant or with the assistance of the sponsor's representative.

c. How collected: The SCSEP participants would return the questionnaire to the sponsor's representative after completion or if the participant is not functionally literate, the sponsor's representative would verbally administer the questionnaire on site. This would ensure responses are obtained from the SCSEP participant in a timely manner. **Note:** since the questions are almost entirely objective, interview bias should not be a major concern.

d. How provided to the Department of Labor. The sponsor would insert the completed questionnaires in an envelop and return them to the Department without any attempt to analyze the individual questionnaires.

3. Methods to maximize response rates and to deal with issues of non-response. As indicated above, the questionnaires will be hand-delivered to the enrollee work site and completed while the project worker is discussing enrollee progress with the host agency. The response rate is anticipated to be 90 percent or better based on a pretest in which all respondents completed and returned the questionnaires.

4. Tests of procedures or methods to be undertaken. An informal pretest of twenty individuals was undertaken to ensure that the questionnaire could be easily understood.

5. Individuals consulted on the design of the questionnaire and/or statistical methodology.

Lawrence Crecy	202-637-8400	National Caucus and Center for Black Aged.
Donald Davis	202-637-8400	National Council on the Aging.
Michael Flor	206-624-1221	National Asian-Pacific Center on Aging.
Dorinda Fox	202-624-9507	National Council of Senior Citizens.
Robert Mizerak	212-310-9120	National Urban League.
Glenn Northup	202-434-2277	American Association of Retired Persons.
Henry Rodriquez	213-487-1922	Association Nacional Pro Personas Mayores.
Andrea Wooten	703-522-7272	Green Thumb, Inc.
Robert Casady	202-606-7370	Bureau of Labor Statistics.
Roberta Sanster	202-606-7517	Bureau of Labor Statistics.

U.S. Department of Labor,
Employment and Training Administration,
 200 Constitution Avenue, NW.,
 Washington, DC 20210

Dear Enrollee: Welcome to the Department of Labor's White House Conference on Aging Needs Assessment Team!

The enclosed questionnaire has been developed to determine the employment and training, health, and housing related needs of the Senior Community Service Employment Program (SCSEP) enrollees. You play a critical role in the first comprehensive needs assessment of SCSEP enrollees. No one is required to complete this questionnaire. You are being asked to complete it voluntarily. However, your responses are important to us since you were selected on a statistically random basis. This means your responses represent hundreds of other enrollees' needs as well as your own. We are asking you to complete the survey so we can learn how to meet more effectively your needs and the needs of others like you.

Please answer each question by circling the number of the response which most accurately reflects your situation. There are no right or wrong answers. Just answer the question honestly. Your name will not be on the survey, so no one will know what answers you give. If you have any questions at any time during the survey, please direct them to the individual who provided this questionnaire to you.

The results of the survey will be shared with the delegates to the White House Conference on Aging in May 1995. In addition, the summary data will be provided to all of the organizations operating SCSEP programs. This will enable them to determine what local resources in the community can be brought to bear on the needs identified through this process.

We estimate that it will take an average of 30 minutes per respondent to complete this questionnaire. If you have any comments regarding this estimate or any other aspect of the questionnaire, including suggestions for reducing the time needed to respond, send them to the Division of Older Worker Programs, Department of Labor, 200 Constitution Avenue, NW., Room C4524, Washington, DC 20210 and/or the Office of IRM Policy, Department of Labor, Room N-1301, 200 Constitution Avenue, NW., Washington, DC 20210 (Paperwork Reduction Project 1225-XXXX).

Thanks for your assistance.

Sincerely,

Charles L. Atkinson,
Chief, Division of Older Worker Programs.

U.S. Department of Labor—Employment and Training Administration

White House Conference on Aging—Needs Assessment Survey

The Department of Labor needs your help in completing this survey so we can learn how to better meet your needs and the needs of others like you. Completion of the questionnaire will take approximately 30 minutes of your time. The survey is voluntary—you are not required to complete it. However, your responses to the questionnaire are valuable and your participation will be greatly appreciated. The contents of your questionnaire will be treated confidentially. When you have completed the questionnaire—please seal it in the envelope provided. Thank you very much for taking the time to fill it.

Section I. Work Profile

1. How long have you been in the Senior Community Service Employment Program/ Title V (circle the number of your answer)?

- 1 Less than 6 months
- 2 More than 6 months but less than 2 years
- 3 More than 2 years but less than 5 years
- 4 5 years or more

2. Did you work in paid employment, before enrollment in Title V (circle the number of your answer)?

- 1 In the last 3 months
- 2 More than 3 months but less than 6 months ago
- 3 More than 6 months but less than 1 year ago
- 4 More than 1 year ago
- 5 I have never worked for pay

If your answer was #5, % skip to question #5.

3. In your last job before enrollment in Title V, you received on-the-job training (circle the number of your answer.)

- 1 Yes
- 2 No

4. Did you leave your last paying job before enrollment in Title V because (circle the number of your answer)?

- 1 You retired from work
- 2 You were laid off/terminated
- 3 You resigned/quit
- 4 You were ill
- 5 You were disabled

6 other, please explain

5. In 1995, you want to (circle the number(s) of the two most important responses for your answer.)

- 1 Learn new skills
- 2 Continue your assignment with the Senior Community Service Employment Program
- 3 Spend time on personal interests
- 4 Help my community
- 5 Get a job off the Senior Community Service Employment Program
- 6 Join an employment related training program
- 7 Other, please explain

6. Do you currently worry about money (circle the number of your answer)?

- 1 Daily
- 2 Several times a week
- 3 Several times a month
- 4 Monthly
- 5 Few times a year

7. Are you currently able to pay your bills on time (circle the number of your answer)?

- 1 Rarely
- 2 Some of the time
- 3 Most of the time

8. Excluding the Senior Community Service Employment Program, are you currently employed (circle the number of your answer)?

- 1 Not at all
- 2 Less than 10 hours each week
- 3 Between 10-24 hours each week
- 4 More than 24 hours each week

9. Do you want to work (circle the number of your answer)?

- 1 Less than 10 hours each week, % skip to question #11
- 2 Between 10-24 hours each week % skip to question #11
- 3 More than 24 hours each week % skip to question #11
- 4 Not at all

10. At this time, the main reason you do not want to work is (circle the number of your answer.)

- 1 You have other obligations, such as care giving, etc.
- 2 You have sufficient income
- 3 You have other interests
- 4 You are ill
- 5 You are disabled
- 6 Other, please explain

11. When employers offer jobs in your community, do you feel they hire older workers (circle the number of your answer)?

- 1 Rarely or none of the time
- 2 Some of the time
- 3 Most of the time

12. In the past month, have you applied for a paying job in your community (circle the number of your answer)?

- 1 Not at all
- 2 1-9 times
- 3 10-19 times
- 4 20 or more times

13. How did you learn previously about job openings (circle all of the numbers that apply for your answers)?

- 1 The newspaper
- 2 Radio
- 3 Television
- 4 Local employment services
- 5 Friends or relatives
- 6 Other, please explain

14. Would you like to be employed in the following type of job (circle the number of your top two choices for your answer)

- 1 Clerical/office
- 2 Mechanical/technical
- 3 Public service
- 4 Manufacturing
- 5 Agriculture
- 6 Sales
- 7 Health care
- 8 Home care
- 9 Child care
- 10 Food service
- 11 Education
- 12 Other, please explain

15. Do you currently receive any of the following benefits? (circle all of the numbers that apply for your answer.)

- 1 Social Security Retirement
- 2 Medicare premiums, special programs paying deductibles and co-payments
- 3 Subsidized Housing
- 4 Medicaid
- 5 Social Security Disability
- 6 Supplemental Security Income (SSI)
- 7 Other, please explain

8 None of the above

16. If you started working outside of SCSEP, would any of the following benefits you are now receiving change? (circle the number(s) of the two major benefits lost for both "a." and "b." below.)

a. Work Related Benefits

- 1 Sick leave
- 2 Annual leave
- 3 Paid holidays
- 4 You do not know

b. Government Subsidized Benefits

- 5 Rent costs increase
- 6 SSI check reduced or cutoff
- 7 Food stamps reduced or cutoff
- 8 Lose Medicaid
- 9 You do not know
- 10 Not applicable

Section II. Health Profile

17. Your physical health since you began your participation in the Senior Community Service Employment Program has shown (circle the number of your answer)

- 1 No improvement
- 2 Some improvement
- 3 A great deal of improvement
- 4 None
- 5 Your health was good when you started the program

18. Your personal outlook since participating in the Senior Community Service Employment Program, has shown (circle the number of your answer)

- 1 No improvement
- 3 Some improvement
- 4 A great deal of improvement
- 5 None
- 6 Your personal outlook was good when you started the program

19. Most of the time, when you are sick or injured you (circle the number of your answer.)

- 1 Go to a private doctor
- 2 Go to the emergency room
- 3 Go to a clinic
- 4 Treat yourself
- 5 Do nothing
- 6 Other, please explain

20. Your last visit to the doctor was (circle the number of your answer.)

- 1 1 to 3 month(s) ago
- 2 4 to 6 months ago
- 3 7 to 12 months ago
- 4 More than 12 months ago
- 5 Rarely visit a doctor

21. The doctor you go to is (circle the number of your answer.)

- 1 0 to 10 miles away
- 2 11 to 20 miles away
- 3 21 to 40 miles away
- 4 Over 40 miles away
- 5 You do not go to a doctor

22. Do you go to the dentist (circle the number of your answer)?

- 1 Rarely
- 2 Only when you have a problem
- 3 Every six months
- 4 Once a year

23. Do you use (circle the number(s) of all responses that apply for your answer)?

- 1 Eyeglasses/contact lens
- 2 Hearing aids
- 3 Dentures
- 4 Cane/walker/wheelchair
- 5 Other, please explain

6 None

24. Do you use Doctor prescribed medication (circle the number of your answer)?

- 1 Daily
- 2 Several times a week
- 3 Several times a month
- 4 Monthly
- 5 A few times a year or less

25. You need new/additional (circle the number(s) of all responses that apply for your answer.)

- 1 Eyeglasses/contact lens
- 2 Hearing aids
- 3 Dentures
- 4 Cane/walker/wheelchair
- 5 Other, please explain

26. For 1994, your medical costs were (circle the number of your answer.)

- 1 All paid for by insurance or other methods
- 2 Partially paid for by insurance or other methods
- 3 Paid almost entirely by you

27. For 1994, your prescription drug costs were (circle the number of your answer.)

- 1 All paid for by insurance or other methods
- 2 Partially paid for by insurance or other methods
- 3 Paid almost entirely by you

28. For 1994, you had medical coverage through (circle the number(s) of all responses that apply for your answer.)

- 1 Private insurance
- 2 Medicare
- 3 Medicaid
- 4 VA medical care
- 5 Other, please explain

6 You do not have medical coverage

29. Are you responsible for taking care of a family member(s) (circle the number of your answer)?

- 1 Daily
- 2 Several times a week
- 3 Several times a month
- 4 Monthly
- 5 A few times a year or less

30. Do you take care of the following family member(s) or others (circle the number(s) of all responses that apply for your answer(s))?

- 1 Child(ren)
- 2 Adult(s)
- 3 Disabled/ill child(ren)
- 4 Disabled/ill adult(s)
- 5 A friend/neighbor
- 6 You do not take care of family member(s), % skip to question #32

31. Do you need help taking care of family members or others (circle the number of your answer)?

- 1 Daily
- 2 Once or twice a week
- 3 Several times a month
- 4 Once a month or less

32. Each night, do you go to bed hungry (circle the number of your answer.)

- 1 Yes
- 2 No

33. Do you practice physical exercise (circle the numbers for all responses that apply for your answer)?

- 1 Almost never (any exercise)
- 2 Once or twice a week (slow walking or similar exercise)
- 3 Three or more times a week (slow walking or similar exercise)
- 4 Once or twice a week (aerobic level exercise)
- 5 Three or more times a week (aerobic level exercise)

34. Presently, are you satisfied with your life (circle the number of your answer)?

- 1 Rarely
- 2 Some of the time
- 3 Most of the time

35. Do you feel lonely (circle the number of your answer)?

- 1 Rarely
- 2 Some of the time
- 3 Most of the time

36. Are you sick—requiring bed rest (circle the number of your answer)?

- 1 Rarely
- 2 Some of the time
- 3 Most of the time

Section III. Household Profile

37. Do you live (circle the number of your answer)?

- 1 Alone
- 2 Together with your spouse/domestic partner
- 3 Together with your child(ren)
- 4 Together with your grandchild(ren)
- 5 Together with other relative(s)
- 6 Together with non-relatives
- 7 Group home
- 8 Halfway house
- 7 Other, please explain

38. Do you have a pet (circle the number of your answer)?

- 1 Yes
- 2 No

39. Including yourself, the number of person(s) that live in your household is

40 Do you live in a (circle the number of your answer)?

- 1 House
- 2 Apartment
- 3 Mobile home
- 4 Senior citizens housing complex
- 5 Condominium/town house
- 6 Group home
- 7 Halfway house
- 8 Assisted living facility
- 9 Subsidized housing
- 10 Other, please explain

11 You do not have a housing arrangement

41. Other than SCSEP, do you spend most of your time during the day (circle the number of your answer)?

- 1 Working for pay
- 2 Doing household chores
- 3 Looking for work
- 4 Volunteering
- 5 Participating in social activities
- 6 Watching TV
- 7 Reading
- 8 Caring for family members
- 9 Caring for non-family members
- 10 Other, please explain

42. The place where you live has the following item(s) (circle the number(s) of all responses that apply for your answer.)

	Avail-able	Good/safe condi-tion
a. Basics:		
Electricity/gas service	1	1
Heater	2	2
Indoor plumbing and bath	3	3
Refrigerator	4	4
Stove	5	5

	Avail-able	Good/safe condi-tion
Hot water	6	6
Air conditioner/cooler	7	7
Telephone	8	8
c. Appliances:		
Washer	9	9
Dryer	10	10
Radio	11	11
TV	12	12
Video Cassette Re-corder (VCR)	13	13
Microwave	14	14
Computer	15	15
Dishwasher	16	16
d. Security:		
Locking doors and win-dows	17	17

43. Do you pay the following utility bills (circle the number(s) of all responses that apply for your answer(s))?

- 1 Electric
- 2 Gas/propane
- 3 Water/sewer
- 4 Coal/firewood
- 5 Heating oil
- 6 Telephone

44. Do you have problems with (circle the number(s) of all responses that apply for your answer(s))?

- 1 Mice and/or rats
- 2 Roaches
- 3 Other insects and/or pests
- 4 None of the above

45. The place where you live, do you (circle the number of your answer)?

- 1 Own, mortgaged
- 2 Own, not mortgaged
- 3 Rent
- 4 Do not pay for
- 5 Homeless

46. The place where you live is in (circle the number of your answer.)

- 1 Good condition
- 2 Fair Condition
- 3 Poor condition

47. When you need to go somewhere do you usually (circle the number of your answer)?

- 1 Walk
- 2 Get a ride from a senior service
- 3 Take public transportation
- 4 Drive your car
- 5 Pay for a ride from someone
- 6 Ride your bike
- 7 Take a taxi
- 8 Borrow/rent a car
- 9 Other, please explain

48. Do you have a vehicle or automobile in running condition (circle the number of your answer)?

- 1 Yes
- 2 No

49. Do you have a valid drivers' license (circle the number of your answer)?

- 1 Yes
- 2 No % Skip to question #54

50. Do you have vehicle insurance which permits you to drive on public roads (circle the number of your answer)?

- 1 Yes
- 2 No

51. Your greatest desires are for (circle the number(s) of the two most critical items that apply to you for your answers.)

- 1 Food
- 2 Housing
- 3 Companionship
- 4 Health/dental care
- 5 Transportation
- 6 Paid work
- 7 Money
- 8 Skills training
- 9 More education
- 10 Clothing

52. When you have a problem, do you usually (circle the number of your answer)?

- 1 Talk to someone
- 2 Work it out yourself
- 3 Don't know what to do/who to call
- 4 Visit a family member
- 5 Receive religious/professional counseling
- 6 Call crisis intervention

Section IV. Population Profile

53 You are (circle the number of your answer.)

- 1 Female
- 2 Male

54. What is your age (circle the number of your answer.)

- 1 55-59
- 2 60-64
- 3 65-74
- 4 75-79
- 5 80-84
- 6 85-89
- 7 90-94
- 8 95-99
- 9 100 or over

55. You are (circle the number of your answer.)

- 1 Asian American/Pacific Islander
- 2 Black [not Hispanic]
- 3 Hispanic
- 4 Native American/Alaskan Native
- 5 White [not Hispanic]
- 6 Other, please explain

56. You are currently (circle the number of your answer.)

- 1 Single, never married
- 2 Widowed
- 3 Married
- 4 Separated
- 5 Divorced
- 6 Other, please explain

57. For 1994, your total annual household income is (circle the number of your answer.)

- 1 \$3,000 or less
- 2 \$3,001 to \$6,000
- 3 \$6,001 to \$9,200
- 4 \$9,201 to \$12,300
- 5 \$12,301 to \$15,400
- 6 \$15,401 to \$18,500
- 7 Over \$18,500

58. You participate in the following food programs (circle the number(s) of ALL RESPONSES THAT APPLY for your answer(s).)

- 1 Food stamps
 - 2 Senior meals (nutrition site or meals-on-wheels)
 - 3 Commodity distribution
 - 4 Food banks
 - 5 Soup kitchen
 - 6 None of the above
59. Your primary source(s) of income is/are (circle the number(s) of the two major sources of income that apply for your answer(s).)
- 1 Senior Community Service Employment Program
 - 2 Paid private/public employment
 - 3 Social Security
 - 4 Supplemental Security Income (SSI)
 - 5 General assistance/welfare (GA)
 - 6 Aid to families with dependent children, including grandparents (AFDC)
 - 7 Pension
 - 8 Military benefits
 - 9 Money from relatives

- 10 Food stamps
 - 11 Other, please explain _____
60. The highest education level you have completed is (circle the number of your answer.)
- 1 8th grade or under
 - 2 9th-12th grade (but did not graduate)
 - 3 High school graduate
 - 4 GED
 - 5 1 to 3 years of college
 - 6 College graduate
 - 7 Postgraduate work
61. Are you (circle the number of your answer)?
- 1 A citizen or national of the United States
 - 2 An alien lawfully admitted for permanent residence
 - 3 An alien authorized by the Immigration and Naturalization Service to work in the United States

62. Are you a registered voter (circle the number of your answer)?
- 1 Yes
 - 2 No
63. Are you a U.S. military veteran (circle the number of your answer)?
- 1 Yes
 - 2 No
64. Do you qualify for U.S. military benefits (circle the number of your answer)?
- 1 Yes
 - 2 No
 - 3 Do not know
65. Your activities in the community (circle the number(s) of all responses that apply for your answer(s).):

	Daily	Weekly	Monthly	Rarely
You volunteer in your community	1	1	1	1
You participate in religious worship	2	2	2	2
You take part in senior activities	3	3	3	3
You visit friends and relatives	4	4	4	4
Your friends and relatives visit you	5	5	5	5

66. You volunteer at the (circle the numbers(s) of all responses that apply for your answer(s).)

	Daily	Weekly	Monthly	Rarely
1 Hospital	1	1	1	1
2 Nursing home	2	2	2	2
3 School	3	3	3	3
4 Library	4	4	4	4
5 Senior center	5	5	5	5
6 Other, please explain _____				
7 You do not volunteer				

67. a. Please indicate the State where you live. _____
- b. Please indicate the county where you live. _____
- c. Do you live inside the limits of a city, town, borough, or village? _____ Yes _____ No. If yes, please provide the name. _____

68. Please tell us the three most important things we can do to serve you.

- 1. _____
- 2. _____
- 3. _____

69. Did you complete the questionnaire (circle the number of your answer)?

- 1 Without assistance
- 2 With assistance

Thank you!

Occupational Safety and Health Administration

[Docket No. NRTL-2-92]

Canadian Standards Association

AGENCY: Occupational Safety and Health Administration, Department of Labor.

ACTION: Notice of expansion of current recognition as a nationally recognized testing laboratory.

SUMMARY: This notice announces the Agency's final decision on the Canadian Standards Association application for expansion of its recognition as a Nationally Recognized Testing Laboratory (NRTL) under 29 CFR 1910.7.

FOR FURTHER INFORMATION CONTACT: Office of Variance Determination, NRTL Recognition Program, Occupational Safety and Health Administration, U.S. Department of Labor, 200 Constitution

Avenue, NW., Room N3653, Washington, DC 20210.

SUPPLEMENTARY INFORMATION: Notice of Final Decision

The Canadian Standards Association previously made application pursuant to section 6(b) of the Occupational Safety and Health Act of 1970, (84 Stat. 1593, 29 U.S.C. 655), Secretary of Labor's Order No. 1-90 (55 FR 9033), and 29 CFR 1910.7, for recognition of its Rexdale (Toronto) facility as a Nationally Recognized Testing Laboratory (see 57 FR 23429, 6/3/92; amended 57 FR 48804, 10/28/92), and was so recognized (see 57 FR 61452, 12/24/92); made application for expansion of the recognition of its Rexdale facility (see 58 FR 64973, 12/10/93), and was so recognized of its (see 59 FR 5447, 2/4/94); made application for inclusion of its Pointe-Claire, Richmond, Edmonton, Moncton, and Winnipeg facilities in the recognition of its Rexdale facility as an NRTL (see 59 FR 10173, 3/3/94), and was so recognized (see 59 FR 40602, 8/9/94); and subsequently made