

(d) *Family Unit.* "Family unit" is not an official U.S. Bureau of the Census term, although it has been used in the poverty guidelines **Federal Register** notice since 1978. As used here, either an unrelated individual or a family (as defined above) constitutes a family unit. In other words, a family unit of size one is an unrelated individual, while a family unit of two/three/etc. is the same as a family of two/three/etc.

Note that this notice no longer provides a definition of "income." This is for two reasons. First, there is no universal administrative definition of "income" that is valid for all programs that use the poverty guidelines. Second, in the past there has been confusion regarding important differences between the statistical definition of income and various administrative definitions of "income" or "countable income." The precise definition of "income" for a particular program is very sensitive to the specific needs and purposes of that program. To determine, for example, whether or not taxes, college scholarships, or other particular types of income should be counted as "income" in determining eligibility for a specific program, one must consult the office or organization administering the program in question; that office or organization has the responsibility for making decisions about the definition of "income" used by the program (to the extent that the definition is not already contained in legislation or regulations).

Dated: February 13, 2001.

Tommy G. Thompson,

Secretary of Health and Human Services.

[FR Doc. 01-4036 Filed 2-15-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Working Group; Meeting

The National Center for Infectious Diseases (NCID), Division of Viral and

Rickettsial Diseases (DVRD), Hepatitis Branch of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Working Group to Review and Update Recommendations for the Prevention and Control of Viral Hepatitis among Incarcerated Persons.

Times and Dates:
7 p.m.—9:15 p.m., March 5, 2001
8:30 a.m.—4:30 p.m., March 6, 2001
8:30 a.m.—2:30 p.m., March 7, 2001

Place: Crown Plaza Ravinia Perimeter, 4355 Ashford-Dunwoody Road, Atlanta, Georgia 30346

Status: Open to the public, limited only by the space available. Registration required. See contact person for more information.

Purpose: The purpose of this working meeting is to review and update recommendations that will serve as a resource to individuals and organizations involved in prevention and control of viral hepatitis in adult and juvenile correctional settings.

Matters to be Discussed: Participants will discuss and update recommendations for infection control and hepatitis B immunization, and education, testing, and surveillance of hepatitis B and C in adult and juvenile incarceration settings. Discussions will include updating guidelines for medical evaluation, management and counseling of incarcerated individuals with chronic hepatitis B or chronic hepatitis C. The agenda will include an overview of issues related to prevention of transmission of these agents and management of infected patients in correctional settings and work group sessions on current and updated recommendations for infection control practices including screening and vaccination.

The participants will consist of representatives from public, private, voluntary and non-governmental organizations.

Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person(s) listed below prior to the opening of the meeting.

Contact Persons for More Information:
Katherine Roeder, Cindy Weinbaum, MD, or Rob Lyerla, PhD, Hepatitis Branch, NCID, CDC, M/S G-37, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone 404/371-5460.

The Director, Management Analysis and Services Office, has been delegated

the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 8, 2001.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 01-3990 Filed 2-15-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Voluntary Establishment of Paternity.

OMB No. 0970-0175.

Description: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires States to develop procedures for a simple civil process for voluntarily acknowledging paternity under which the State must provide that, before a mother and putative father can sign a voluntary acknowledgement of paternity, the mother and putative father must be given notice, orally and in writing, of the alternatives to, the legal consequences of, and the rights and responsibilities of acknowledging paternity, and ensure that due process safeguards are afforded.

Respondents: Hospitals, birth record agencies, and other entities participating in a State's voluntary paternity establishment program.

TABLE OF BURDEN ESTIMATES FOR INFORMING PARENTS OF THEIR RIGHTS AND RESPONSIBILITIES AND FOR PROVIDING TRAINING

Notifying entity	Number of disclosures	Number of disclosures per disclosure	Average burden hours per disclosure	Average burden hours for training	Total burden hours
Hospital	6,291	35.654	.166	800	38,034
Birth Record Agencies	3,072	3.319	.166	36	1,728
Child Support Agencies	3,072	3.319	.166	36	1,728
Private Health Care Providers	650,000	3.319	.166	36	1,728
Child Care Resource and Referral Centers	500	3.319	.166	36	1,728
Child Care Providers	310,000	3.319	.166	36	1,728