

U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205-6734.

**SUPPLEMENTARY INFORMATION:** The notice of the President's major disaster declaration for Private Non-Profit organizations in the State of GEORGIA, dated 11/01/2018, is hereby amended to establish the incident period for this disaster as beginning 10/09/2018 and continuing through 10/23/2018.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Number 59008)

**James Rivera,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. 2018-24565 Filed 11-8-18; 8:45 am]

**BILLING CODE 8025-01-P**

**SMALL BUSINESS ADMINISTRATION**

**[Disaster Declaration #15744 and #15745; GEORGIA Disaster Number GA-00108]**

**Presidential Declaration Amendment of a Major Disaster for the State of Georgia**

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 3.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for the State of Georgia (FEMA-4400-DR), dated 10/14/2018.

*Incident:* Hurricane Michael.

*Incident Period:* 10/09/2018 through 10/23/2018.

**DATES:** Issued on 11/02/2018.

*Physical Loan Application Deadline Date:* 12/13/2018.

*Economic Injury (EIDL) Loan Application Deadline Date:* 07/15/2019.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, Processing and

Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205-6734.

**SUPPLEMENTARY INFORMATION:** The notice of the President's major disaster declaration for the State of GEORGIA, dated 10/14/2018, is hereby amended to establish the incident period for this disaster as beginning 10/09/2018 and continuing through 10/23/2018.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Number 59008)

**James Rivera,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. 2018-24568 Filed 11-8-18; 8:45 am]

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**SOCIAL SECURITY ADMINISTRATION**

**[Docket No: SSA-2018-0058]**

**Agency Information Collection Activities: Proposed Request**

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of

information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202-395-6974, Email address: *OIRA\_Submission@omb.eop.gov.*

(SSA), Social Security Administration, OLCA, Attn: Reports Clearance Director, 3100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address: *OR.Reports.Clearance@ssa.gov.*

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2018-0058].

The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than January 8, 2019. Individuals can obtain copies of the collection instruments by writing to the above email address.

*1. Certificate of Responsibility for Welfare and Care of Child Not in Applicant's Custody—20 CFR 404.330, 404.339-404.341 and 404.348-404.349-0960-0019.* SSA uses Form SSA-781 to determine if non-custodial parents who file for spouse, mother's, father's, or surviving divorced mother's or father's benefits based on having a child in their care, meet the in-care requirements. The in-care provision requires claimants to have an entitled child under age 16 or disabled in their care. The respondents are applicants for spouse, mother's, father's, or surviving divorced mother's or father's Social Security benefits.

*Type of Request:* Request for a new information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-781 .....	14,000	1	10	2,333

*2. Farm Self-Employment Questionnaire—20 CFR 404.1082(c) & 404.1095-0960-0061.* SSA collects the information on Form SSA-7156 on a voluntary and as-needed basis to determine the existence of an agriculture trade or business which may affect the monthly benefit, or insured status, of the applicant. SSA requires the existence of a trade or business

before determining if an individual or partnership has net earnings from self-employment. When an applicant indicates self-employment as a farmer, SSA uses the SSA-7165 to obtain the information we need to determine the existence of an agricultural trade or business, and subsequent covered earnings for Social Security entitlement purposes. As part of the application

process, we conduct a personal interview, either face-to-face or via telephone, and document the interview using Form SSA-7165. We also allow applicants to complete a fillable version of the form available on our website, which they can complete, print, and sign. The respondents are applicants for Social Security benefits whose entitlement depends on whether the

worker received covered earnings from self-employment as a farmer.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-7156 .....	47,500	1	10	7,917

*3. Child Relationship Statement—20 CFR 404.355 & 404.731—0960-0116.* To help determine a child’s entitlement to Social Security benefits, SSA uses criteria under section 216(h)(3) of the Social Security Act (Act), deemed child provision. SSA may deem a child to an insured individual if: (1) The insured individual presents SSA with

satisfactory evidence of parenthood, and was living with or contributing to the child’s support at certain specified times; or (2) the insured individual (a) acknowledged the child in writing; (b) was court decreed as the child’s parent; or (c) was court ordered to support the child. To obtain this information, SSA uses Form SSA-2519, Child

Relationship Statement. The respondents are people with knowledge of the relationship between certain individuals filing for Social Security benefits and their alleged biological children.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-2519 .....	50,000	1	15	12,500

*4. Pre-1957 Military Service Federal Benefit Questionnaire—20 CFR 404.1301-404.1371—0960-0120.* SSA may grant gratuitous military wage credits for active military or naval service (under certain conditions) during the period of September 16, 1940 through December 31, 1956, if no other Federal agency (other than the Veterans Administration) credited the service for

benefit eligibility or computation purposes. We use Form SSA-2512 to collect specific information about other Federal, military, or civilian benefits the wage earner may receive when the applicant indicates both pre-1957 military service and the receipt of a Federal benefit. SSA uses the data in the claims adjudication process to grant gratuitous military wage credits when

applicable, and to solicit sufficient information to determine eligibility. Respondents are applicants for Social Security benefits on a record where the wage earner claims pre-1957 military service.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-2512 .....	5,000	1	10	833

*5. Authorization for the Social Security Administration to Obtain Account Records from a Financial Institution—20 CFR 416.200, 416.203, 404.508, & 416.553—0960-0293.* SSA collects and verifies financial information from individuals applying for Title II and Title XVI waiver determinations, as well as those who apply for, or currently receive (in the case of redetermination), Supplemental Security Income (SSI) payments. We require the financial information from

these applicants to: (1) Determine the eligibility of the applicant or recipient for SSI benefits; or (2) determine if a request to waive a Social Security overpayment defeats the purpose of the Act. If the Title II and Title XVI waiver applicants, or the SSI claimants provide incomplete, unavailable, or seemingly altered records, SSA contacts their financial institutions to verify the existence, ownership, and value of accounts owned. Financial institutions need individuals to sign Form SSA-

4641-F4, or work with SSA staff to complete one of SSA’s electronic applications, e4641 or the Access to Financial Institutions (AFI) screens, to authorize the individual’s financial institution to disclose records to SSA. The respondents are Title II and Title XVI recipients applying for waivers, or SSI applicants, recipients, and their deemors to determine SSI eligibility.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-4641 (paper) .....	140,000	1	6	14,000
e4641 and AFI (Internet) .....	15,860,000	1	2	528,667
Totals .....	16,000,000	.....	.....	542,667

6. *Vocational Rehabilitation Provider Claim—20 CFR 404.2108(b), 404.2117(c)(1)&(2), 404.2101(b)&(c), 404.2121(a), 416.2208(b), 416.2217(c)(1)&(2), 416.2201(b)&(c), 416.2221(a)—0960–0310.* State vocational rehabilitation (VR) agencies submit Form SSA–199 to SSA to obtain reimbursement of costs incurred for providing VR services. SSA requires state VR agencies to submit the reimbursement claims for the following

categories: (1) Claiming reimbursement for VR services provided; (2) certifying adherence to cost containment policies and procedures; and (3) preparing causality statements. The respondents provide the information requested through a web-based Secure Ticket Portal, in lieu of submitting forms. This Portal allows VRs to retrieve reports, and enter and submit information electronically, minimizing the use of the paper form to SSA for consideration and

approval of the claim for reimbursement of costs incurred for SSA beneficiaries. SSA uses the information on the SSA–199, along with the written documentation, to determine whether, and how much, to pay State VR agencies under SSA’s VR program. Respondents are State VR agencies offering vocational and employment services to Social Security and SSI recipients.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Number of responses	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA–199 CFR 404.2108 & 416.2208 .....	80	160	12,800	23	4,907
CFR 404.2117 & 416.2217 Written requests .....	80	1	80	60	80
CFR 404.2121 & 416.2221 Written requests .....	80	2.5	200	100	333
<b>Total .....</b>	<b>80</b>	<b>.....</b>	<b>13,080</b>	<b>.....</b>	<b>5,320</b>

7. *Request for Change in Time/Place of Disability Hearing—20 CFR 404.914(c)(2) and 416.1414(c)(2)—0960–0348.* At the request of the claimants or their representatives, SSA schedules evidentiary hearings at the reconsideration level for claimants of Title II benefits or Title XVI payments

when we deny their claims for disability. When claimants or their representatives find they are unable to attend the scheduled hearing, they complete Form SSA–769 to request a change in time or place of the hearing. SSA uses the information as a basis for granting or denying requests for changes

and for rescheduling disability hearings. Respondents are claimants or their representatives who wish to request a change in the time or place of their hearing.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA–769 .....	7,483	1	8	998

8. *Application for Supplemental Security Income—20 CFR 416.305–416.335, Subpart C—0960–0444.* SSA uses Form SSA–8001–BK to determine an applicant’s eligibility for SSI and SSI payment amounts. SSA employees also collect this information during

interviews with members of the public who wish to file for SSI. SSA uses the information for two purposes: (1) To formally deny SSI for nonmedical reasons when information the applicant provides results in ineligibility; or (2) to establish a disability claim, but defer the

complete development of non-medical issues until SSA approves the disability. The respondents are applicants for SSI payments.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSI Claims System .....	802,368	1	20	267,456
iClaim/SSI Claims System .....	168,661	1	20	56,220
SSA–8001–BK (Paper Version) .....	2,588	1	20	863
<b>Totals .....</b>	<b>973,617</b>	<b>.....</b>	<b>.....</b>	<b>324,539</b>

9. *Wage Reports and Pension Information—20 CFR 422.122(b)—0960–0547.* Pension plan administrators annually file plan information with the Internal Revenue Service, which then forwards the information to SSA. SSA maintains and organizes this information by plan number; plan

participant’s name; and Social Security number. Section 1131(a) of the Act entitles pension plan participants to request this information from SSA. The Wage Reports and Pension Information regulation, 20 CFR 422.122(b) of the Code of Federal Regulations, requires requestors submit a written request with

identifying information to SSA, before SSA disseminates this information. The respondents are requestors of pension plan information.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
Requests for pension plan information .....	580	1	30	290

10. *International Direct Deposit—31 CFR 210—0960-0686.* SSA’s International Direct Deposit (IDD) Program allows beneficiaries living abroad to receive their payments via direct deposit to an account at a financial institution outside the United States. SSA uses Form SSA-1199-

(Country) to enroll Title II beneficiaries residing abroad in IDD, and to obtain the direct deposit information for foreign accounts. Routing account number information varies slightly for each foreign country, so we use a variation of the Treasury Department’s Form SF-1199A for each country. The

respondents are Social Security beneficiaries residing abroad who want SSA to deposit their Title II benefit payments directly to a foreign financial institution.

*Type of Request:* Revision of an OMB approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-1199-(Country) .....	13,750	1	5	1,146

11. *Representative Payment Policies and Administrative Procedures for Imposing Penalties for False or Misleading Statements or Withholding of Information—0960-0740.* This information collection request comprises several regulation sections that provide additional safeguards for

Social Security beneficiaries’ whose representative payees receive their payment. SSA requires representative payees to notify them of any event or change in circumstances that would affect receipt of benefits or performance of payee duties. SSA uses the information to determine continued

eligibility for benefits, the amount of benefits due and if the payee is suitable to continue servicing as payee. The respondents are representative payees who receive and use benefits on behalf of Social Security beneficiaries.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
404.2035(d)—Paper/Mail .....	29,601	1	5	2,467
404.2035(d)—Office interview/Intranet .....	562,419	1	5	46,868
404.2035(f)—Paper/Mail .....	296	1	5	25
404.2035(f)—Office interview/Intranet .....	5,624	1	5	469
416.635(d)—Paper/Mail .....	16,146	1	5	1,346
416.635(d)—Office interview/Intranet .....	296,424	1	5	24,702
416.635(f)—Paper/Mail .....	162	1	5	14
416.635(f)—Office interview/Intranet .....	3,067	1	5	256
Totals .....	913,739	.....	.....	76,147

Dated: November 5, 2018.

**Naomi Sipple,**

*Reports Clearance Officer, Social Security Administration.*

[FR Doc. 2018-24517 Filed 11-8-18; 8:45 am]

BILLING CODE 4191-02-P

**DEPARTMENT OF TRANSPORTATION**

**Federal Highway Administration**

**Notice of Final Federal Agency Actions on Proposed Highway in California**

**AGENCY:** Federal Highway Administration (FHWA), DOT.

**ACTION:** Notice of Limitation on Claims for Judicial Review of Actions by the

California Department of Transportation (Caltrans).

**SUMMARY:** The FHWA, on behalf of Caltrans, is issuing this notice to announce actions taken by Caltrans that are final. The actions relate to a proposed highway project on State Route 133 from just south of El Toro Road to State Route 73 between Post Miles 3.1 and R4.1 in the City of Laguna Beach, State of California. Those actions grant licenses, permits, and approvals for the project.

**DATES:** By this notice, the FHWA, on behalf of Caltrans, is advising the public of final agency actions subject to 23 U.S.C. 139(J)(1). A claim seeking judicial review of the Federal agency actions on the highway project will be

barred unless the claim is filed on or before April 8, 2019. If the Federal law that authorizes judicial review of a claim provides a time period of less than 150 days for filing such claim, then that shorter time period still applies.

**FOR FURTHER INFORMATION CONTACT:** For Caltrans: Smita Deshpande, Senior Environmental Planner, Caltrans, 1750 East 4th Street, Suite 100, Santa Ana, California, 92705, (657) 328-6151, [smita.deshpande@dot.ca.gov](mailto:smita.deshpande@dot.ca.gov). For FHWA: Larry Vinzant at (916) 498-5040 or email [larry.vinzant@dot.gov](mailto:larry.vinzant@dot.gov).

**SUPPLEMENTARY INFORMATION:** Effective July 1, 2007, the FHWA assigned, and Caltrans assumed, environmental responsibilities for this project pursuant to 23 U.S.C. 327. Notice is hereby given