

poverty. The poverty guidelines issued by the Department of Health and Human Services are used for administrative purposes—for instance, for determining whether a person or family is financially eligible for assistance or services under a particular Federal program. The poverty thresholds are used primarily for statistical purposes. Since the poverty guidelines in this notice—the 2003 guidelines—reflect price changes through calendar year 2002, they are approximately equal to the poverty thresholds for calendar year 2002 which the Census Bureau expects to issue in September or October 2003. (A preliminary version of the 2002 thresholds is now available from the Census Bureau.)

In certain cases, as noted in the relevant authorizing legislation or program regulations, a program uses the poverty guidelines as only one of several eligibility criteria, or uses a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines). Non-Federal organizations which use the poverty guidelines under their own authority in non-Federally-funded activities also have the option of choosing to use a percentage multiple of the guidelines such as 125 percent or 185 percent.

While many programs use the guidelines to classify persons or families as either eligible or ineligible, some other programs use the guidelines for the purpose of giving priority to lower-income persons or families in the provision of assistance or services.

In some cases, these poverty guidelines may not become effective for a particular program until a regulation or notice specifically applying to the program in question has been issued.

The poverty guidelines given above should be used for both farm and non-farm families. Similarly, these guidelines should be used for both aged and non-aged units. The poverty guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

#### Definitions

There is no universal administrative definition of “family,” “family unit,” or “household” that is valid for all programs that use the poverty guidelines. Federal programs in some cases use administrative definitions that differ somewhat from the statistical definitions given below; the Federal office which administers a program has the responsibility for making decisions about its administrative definitions. Similarly, non-Federal organizations

which use the poverty guidelines in non-Federally-funded activities may use administrative definitions that differ from the statistical definitions given below. In either case, to find out the precise definitions used by a particular program, please consult the office or organization administering the program in question.

The following statistical definitions (derived for the most part from language used in U.S. Bureau of the Census, Current Population Reports, Series P60–185 and earlier reports in the same series) are made available for illustrative purposes only; in other words, these statistical definitions are not binding for administrative purposes.

(a) *Family*. A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment, they would all be considered members of a single family.

(b) *Unrelated individual*. An unrelated individual is a person (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment, or may be living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.

(c) *Household*. As defined by the Census Bureau for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next item), but only one household. Some programs, such as the Food Stamp Program and the Low-Income Home Energy Assistance Program, employ administrative variations of the “household” concept in determining income eligibility. A number of other programs use administrative variations of the “family” concept in determining income eligibility. Depending on the precise program definition used, programs using a “family” concept would generally apply the poverty guidelines separately to each family and/or unrelated individual within a

household if the household includes more than one family and/or unrelated individual.

(d) *Family Unit*. “Family unit” is not an official U.S. Census Bureau 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 3, 2003.

**Tommy G. Thompson,**

*Secretary of Health and Human Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry

(Program Announcement 03012)

#### Public Health Conference Support Cooperative Agreement Program; Notice of Availability of Funds Amendment

A notice announcing the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for Public Health Conference Support published in the **Federal Register** on January 10, 2003, Volume 68, Number 7, and pages 1463–1467. The notice is

amended as follows: On page 1466, first column, under Section G. Submission and Deadline, paragraph one should read: For conferences May 15, 2003–September 30, 2004. Also on page 1466, first column, under Section G. Deadline, paragraph three, should read: If your conference dates fall between October 1, 2002 and May 14, 2003; and paragraph four, should read: May 15, 2003 to September 30, 2004.

Dated: January 31, 2003.

**Sandra R. Manning,**

*CGFM, Director, Procurement and Grants Office Centers for Disease Control and Prevention.*

[FR Doc. 03–3029 Filed 2–6–03; 8:45 am]

**BILLING CODE 4163–18–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

#### Citizens Advisory Committee; Public Health Service Activities and Research at Department of Energy Sites

Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Oak Ridge Reservation Health Effects Subcommittee (ORRHES): the meeting originally planned for February 10, 2003, has been postponed until March 3, 2003.

The items originally scheduled for discussion on February 10th will be presented and discussed when the subcommittee meets in Oak Ridge on March 3, 2003.

*Contact Person for More Information:* La Freta Dalton, Designated Federal Official, or Marilyn Palmer, Committee Management Specialist, Division of Health Assessment and Consultation, ATSDR, 1600 Clifton Road, NE., M/S E–54, Atlanta, Georgia 30333, telephone 1–888–42–ATSDR (28737), fax (404) 498–1744.

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 3, 2003.

**Burma Burch,**

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

[FR Doc. 03–3028 Filed 2–6–03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY–27–03]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

*Proposed Project:* Exposure to Aerosolized Brevetoxins During Red Tide Events (OMB No. 0920–0494)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Gymnodinium breve* is the marine dinoflagellate responsible for extensive blooms (called “red tides”) that form in the Gulf of Mexico. *G. breve* produces potent toxins, called brevetoxins, that have been responsible for killing

millions of fish and other marine organisms. The biochemical activity of brevetoxins is not completely understood and there is very little information regarding human health effects from environmental exposures, such as inhaling brevetoxin that has been aerosolized and swept onto the coast by offshore winds. CDC, National Center for Environmental Health is planning to recruit 100 people who work along the coast of Florida and who potentially will be occupationally exposed to aerosolized red tide toxins some time during the year following recruitment. We plan to administer a base-line respiratory health questionnaire and conduct pre- and post-shift pulmonary function tests during a time when there is no red tide reported near the area. When a red tide develops, we plan to administer a symptom survey and conduct pulmonary function testing (PFT) on a group of study participants who are working in the area where the red tide is near shore and on a control group of study participants who are not working in an area where the red tide is near shore (*i.e.*, are not exposed to the red tide). We will then compare (1) symptom reports before and during the red tide and (2) the changes in baseline PFT values during the work shift (differences between pre- and post-shift PFT results without exposure to red tide) with the changes in PFT values during the work shift when individuals are exposed to red tide.

In addition, we plan to assist in collecting biological specimens (inflammatory cells from nose and throat swabs) to assess whether they can be used to verify exposure and to demonstrate a biological effect (*i.e.*, inflammatory response) from exposure to red tide. We have collected part of the data, but, because we are dealing with natural phenomena and are subject literally to the tides, we must extend our data collection time for an additional two years. The estimated annualized burden is 206 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pulmonary History Questionnaire .....	20	1	20/60
Spirometry .....	20	20	20/60
Nasal and Throat Swabs .....	20	20	5/60
Symptom Questionnaire .....	20	20	5/60