OMB No.: 0915-0285. Expiration Date: xx/xx/xxxx

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY		
	Application Tracking Number		Grant Number
SERVICES PROVIDED			
	MODE OF SERVICE PROVISION		
SERVICE TYPE	APPLICANT	AGREEMENT (Grantee pays for service)	REFERRAL ARRANGEMENTS (Grantee DOES NOT pay)
Required Services			
Clinical Services			
General Primary Medical Care			
Diagnostic Laboratory			
Diagnostic X-Ray			
Screenings			
Cancer			
Communicable Diseases			
Cholesterol			
Blood lead test for elevated blood lead level			
Pediatric vision, hearing and dental			
Emergency Medical Services			
Voluntary Family Planning			
Immunizations			
Well-Child Services			
Gynecological Care			
Obstetrical Care			
Prenatal and Perinatal Services			
Preventive Dental			
Mental Health Services (referrals) ¹			
Substance Abuse Services (referrals) ¹			
Referral to Speciality Services			
Pharmacy			
Substance Abuse services (required for HCH programs):		
Detoxification			

Outpatient Treatment		
Residential Treatment		
Rehabilitation (non hospital settings)		
Non - Clinical Services		
Case Management		
Counselling/Assessment		
Referral		
Follow-up/Discharge Planning		
Eligibility Assistance		
Health Education		
Outreach		
Transportation		
Translation ²		
Substance abuse services (required for HCH programs)	:	
 Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches) 		
Additional Services (Optional)	,	
Clinical Services		
Urgent Medical Care		
Dental Services	,	
Restorative		
Emergency		
Mental Health Services		
Treatment/Counseling		
Developmental Screening		
• 24-Hour Crisis		
Other Mental Health		
Substance Abuse Services		
Recuperative Care		
Enviornmental Health Services		
Occupational-Related Health Services ³		
Screening for Infectious Diseases		
Injury Prevention Programs		

Occupational Therapy		
Physical Therapy		
HIV Testing		
TB Therapy		
Podiatry		
Rehabilitation (Non-Hospital Settings)		
Other: Dental Surgical Service		
Non Clinical Services		
WIC		
Nutrition (not WIC)		
Child Care		
Housing Assistance		
Employment/Education Counseling		
Food Bank/Meals		
Other: Unemployment Assistance		

- 1. Applicants are required to provide mental health and substance abuse services by referral arrangement. However, applicants may provide these services by applicant or agreement instead of by referral arrangement.
- 2. Required for Health Centers serving a substantial number of patients with limited English-Proficiency.
- 3. Additional Services for Health Centers serving Migrant and seasonal farmworkers (MSFWs).

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.