				OMB No.: 0915-0285	Expiration Date: 08/31/2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES				FOR HRSA USE ONLY		
				Application Tracking Number	Grant Number	
			E SITES			
Sit	e Information					
Na	me of Service Site		9	Service Site Type		
Location Type				ocation Setting		
Number of Contract Service Delivery Locations (Voucher Screening Only)				Jumber of Intermittent Sites (Intermittent Only)		
We	eb URL					
Site Operated by [_] Appl		icant [_] Contractor [_] Sub	p-Recipient			
If Site is operated by Sub-recipien			nt or Contractor please prov	ide the organization information belo	ow:	
	Organization					
	Organization Name					
	Address (Physical)					
	Address (Mailing)					
	EIN					
	Comments					
Date Site was Opened			Date Site was Added to Scope			
Site Operational By				Medicare Billing Number		
Medicaid Billing Number				Medicaid Pharmacy Billing Number	-	
Site Phone Number				Site Fax Number		
Site Physical Address						
Site Mailing Address (Including Mailstop Code, Division/Department Name, and Company)						
Administration Phone Number				Service Area Population	[_] Urban [_] Rural	
Service Area Zip codes						
Se	rvice Area Census Tracts	S				
Operational Schedule			[_] Full-Time [_] Part-Time	Calendar Schedule	[_] Year-Round [_] Seasonal	
Total Hours of Operation when Patients will be Served per Week				Months of Operation		

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 1 hour 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.

(include extended hours)