

|  |                             |              |
|--|-----------------------------|--------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>FORM 5A: SERVICES PROVIDED</b> | <b>FOR HRSA USE ONLY</b>    |              |
|  | Application Tracking Number | Grant Number |
|  |                             |              |

| SERVICE TYPE | MODE OF SERVICE PROVISION |  |  |
|--------------|---------------------------|--|--|
|              | DIRECT BY APPLICANT       | FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service) | FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant 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                          |  |  |  |
| Referral to Behavioral Health <sup>1</sup> |  |  |  |
| Referral to Substance Abuse <sup>1</sup>   |  |  |  |
| Referral to Specialty Services             |  |  |  |
| Pharmacy                                   |  |  |  |

**Substance Abuse Services (Required for HCH Programs):**

|  |  |  |  |
|--|--|--|--|
| • Detoxification                         |  |  |  |
| • Outpatient Treatment                   |  |  |  |
| • Residential Treatment                  |  |  |  |
| • Rehabilitation (Non-Hospital Settings) |  |  |  |

**Non-Clinical Services**

**Case Management**

|                                |  |  |  |
|--------------------------------|--|--|--|
| • Counseling/Assessment        |  |  |  |
| • Referral                     |  |  |  |
| • Follow-Up/Discharge Planning |  |  |  |
| • Eligibility Assistance       |  |  |  |

|                  |  |  |  |
|------------------|--|--|--|
| Health Education |  |  |  |
| Outreach         |  |  |  |
| Transportation   |  |  |  |

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|  | Application Tracking Number | Grant Number |  |
|  |                             |              |  |
| Translation  |                             |              |  |
| Substance Abuse Services (Required for HCH Programs):  |                             |              |  |
| <ul style="list-style-type: none"> <li>Harm/Risk Reduction (e.g., nicotine gum/patches, educational materials)</li> </ul>                      |                             |              |  |
| <b>Additional Services (Optional)</b>  |                             |              |  |
| <b>Clinical Services</b>   |                             |              |  |
| Urgent Medical Care  |                             |              |  |
| Dental Services  |                             |              |  |
| <ul style="list-style-type: none"> <li>Restorative</li> </ul>  |                             |              |  |
| <ul style="list-style-type: none"> <li>Emergency</li> </ul>  |                             |              |  |
| Behavioral Health Services   |                             |              |  |
| <ul style="list-style-type: none"> <li>Treatment/Counseling</li> </ul>   |                             |              |  |
| <ul style="list-style-type: none"> <li>Developmental Screening</li> </ul>  |                             |              |  |
| <ul style="list-style-type: none"> <li>24-Hour Crisis</li> </ul>   |                             |              |  |
| Substance Abuse Services   |                             |              |  |
| Comprehensive Eye Exams and Vision Services  |                             |              |  |
| Recuperative Care  |                             |              |  |
| Environmental Health Services  |                             |              |  |
| Occupational-Related Health Services <sup>2</sup>  |                             |              |  |
| <ul style="list-style-type: none"> <li>Screening for Infectious Diseases</li> </ul>  |                             |              |  |
| <ul style="list-style-type: none"> <li>Injury Prevention Programs</li> </ul>   |                             |              |  |
| Occupational Therapy   |                             |              |  |
| Physical Therapy   |                             |              |  |
| HIV Testing  |                             |              |  |
| TB Therapy   |                             |              |  |
| Hepatitis C  |                             |              |  |
| <ul style="list-style-type: none"> <li>Screening</li> </ul>  |                             |              |  |
| <ul style="list-style-type: none"> <li>Therapy/Treatment</li> </ul>  |                             |              |  |
| Podiatry   |                             |              |  |
| Rehabilitation (Non-Hospital Settings)   |                             |              |  |
| Specialty (Please Specify: _____)  |                             |              |  |
| Other (Please Specify: _____)  |                             |              |  |
| <b>Non-Clinical Services</b>   |                             |              |  |
| WIC  |                             |              |  |
| Nutrition (not WIC)  |                             |              |  |
| Child Care   |                             |              |  |
| Housing Assistance   |                             |              |  |
| Employment and Education Counseling  |                             |              |  |
| Food Bank/Meals  |                             |              |  |
| Specialty (Please Specify: _____)  |                             |              |  |
| Other (Please Specify: _____)  |                             |              |  |

1. Applicants are required to provide behavioral health and substance abuse services by referral arrangements. However, applicants may provide these services by applicant or formal agreement in addition to by referral arrangements by indicating these services under additional services.
2. Additional Services for Health Centers serving Migrant and Seasonal Farm Workers (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.