

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED	FOR HRSA USE ONLY	
	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 Health¹

Referral to Substance Abuse¹

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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Translation			
Substance Abuse Services (Required for HCH Programs):			
<ul style="list-style-type: none"> Harm/Risk Reduction (e.g., nicotine gum/patches, educational materials) 			
Additional Services (Optional)			
Clinical Services			
Urgent Medical Care			
Dental Services			
<ul style="list-style-type: none"> Restorative 			
<ul style="list-style-type: none"> Emergency 			
Behavioral Health Services			
<ul style="list-style-type: none"> Treatment/Counseling 			
<ul style="list-style-type: none"> Developmental Screening 			
<ul style="list-style-type: none"> 24-Hour Crisis 			
Substance Abuse Services			
Comprehensive Eye Exams and Vision Services			
Recuperative Care			
Environmental Health Services			
Occupational-Related Health Services ²			
<ul style="list-style-type: none"> Screening for Infectious Diseases 			
<ul style="list-style-type: none"> Injury Prevention Programs 			
Occupational Therapy			
Physical Therapy			
HIV Testing			
TB Therapy			
Hepatitis C			
<ul style="list-style-type: none"> Screening 			
<ul style="list-style-type: none"> Therapy/Treatment 			
Podiatry			
Rehabilitation (Non-Hospital Settings)			
Specialty (Please Specify: _____)			
Other (Please Specify: _____)			
Non-Clinical Services			
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.