

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
FORM 5B: SERVICE SITES		Application Tracking Number	Grant Number
Site Qualification Criteria			
1. Is the site an "admin-only" site?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No',			
a. Are/will health center encounters generated by documenting in the patients' records face-to-face contacts between patients and providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
b. Do/will providers exercise independent judgment in the provision of services to the patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Choose Site Location Setting			
Is the Site a Domestic Violence (Confidential)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Site Information			
Name of Service Site		Service Site Type	
Location Type		Location Setting	
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	
Web URL			
Site Operated by	<input type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		
If site is operated by sub-recipient or contractor, please provide the organization information below:			
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, Company, and Street/PO Box Address)			
Administration Phone Number		Service Area Population Type	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated

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Service Area Zip Codes (include only those from which the majority of the patient population will come)			
Service Area Census Tracts (include only those from which the majority of the patient population will come)			
Operational Schedule	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)		Months of Operation (required for Permanent and Seasonal Locations)	

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.