OMB No.: 0915-0285. Expiration Date: xx/xx/xxxx10/31/2013

	FOR HRSA USE ONLY			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Application	Tracking Number	Grant Number	
Health Resources and Services Administration				
FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)				
	MODE OF SERVICE PROVISIONService Delivery Methods			
SERVICE TYPE	DIRECT-B¥ APPLICANT (Health Center pays)	FORMAL WRITTEN CONTRACT/AGREEM T (Applicant <u>Health Cen</u> pays <u>for service</u>)	EN FORMAL WRITTEN REFERRAL ARRANGEMENT/ <u>AGREEMENT</u>	
Required Services				
Clinical Services				
General Primary Medical Care				
Diagnostic Laboratory				
Diagnostic X-RayRadiology				
Screenings				
Cancer				
Communicable Diseases				
Cholesterol				
Blood Lead Test for Elevated Blood Lead Level				
Pediatric Vision, Hearing, and Dental				
Emergency Medical Services Coverage for Emergencies During and After Hours				
Voluntary Family Planning				
Immunizations				
Well Child Services				
Gynecological Care				
Obstetrical Care				
Prenatal Care				
Intrapartum Care (Labor & Delivery)				
Postpartum Care				
Prenatal and Perinatal Services				
Preventive Dental				
Referral to Behavioral Health [±]				
Referral to Substance Abuse ¹				
Referral to Specialty Services				
Pharmacy Pharmaceutical Services				
Substance Abuse Services (Required for HCH Pro	g rams):			
HCH Required Substance Abuse Services				
Detoxification				
Outpatient Treatment				
Residential Treatment				
Rehabilitation (Non-Hospital Settings)				
Non-Clinical Services				
Case Management				
Case Management				
Counseling/Assessment				

Referral				
Follow-Up/Discharge Planning				
Eligibility Assistance				
Eligibility Assistance				
Health Education				
Outreach				
Transportation				
Translation				
Substance Abuse Services (Required for HCH Programs):				
Harm/Risk Reduction (e.g., nicotine- gum/patches, educational materials)				

	DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR HRSA USE ONLY				
		Application Tracking Number		Grant Number		
	Health Resources and Services					
	Administration					
	FORM 5A: SERVICES PROVIDED					
	(ADDITIONAL SERVICES)					
			Service Delivery Methods			
	SERVICE TYPE	DIRECT	FORMAL WRITTEN			
		(Health	CONTRACT/AGREEM T	<u>REFERRAL ARRANGEMENT</u>		
		<u>Center pays)</u>	(Health Center pays	(Health Center DOES NOT pay)		
A	dditional Services (Optional)					
C	inical Services	-				
θI	gent Medical Care					
A	dditional Dental Services					
	Restorative					
	Emergency					
Be	ehavioral Health Services					
	Treatment/Counseling_					
	Developmental Screening					
	24-Hour Crisis					
	Mental Health Services					
	Substance Abuse Services					
	omprehensive Eye Exams and Vision Services_ otometry					
R	ecuperative Care <u>Program Services</u>					
Er	nvironmental Health Services					
θ	ccupational-Related Health Services ²					
	Screening for Infectious Diseases					
	Injury Prevention Programs					
0	ccupational Therapy					
Pł	nysical Therapy					
H	V Testing					
Ŧŧ	3 Therapy					
H	epatitis C					
	Screening					
	Therapy/Treatment					

Podiatry				
Rehabilitation (Non-Hospital Settings)				
Specialty (Please Specify:)				
Other (Please Specify:)				
Non-Clinical Services				
WIC				
Speech-Language Pathology/Therapy				
Nutrition (not WIC)				
Child Care				
Housing Assistance				
Employment and Education Counseling				
Food Bank/Meals				
Specialty (Please Specify:)				
Complementary and Alternative Medicine				
Additional Enabling/Supporting Services				
Other (Please Specify:)				

1. Applicants are required to provide behavioral health and substance abuse services by referral arrangements. However, applicants mayprovide these services by applicant or formal agreement in addition to by referral arrangements by indicating these services underadditional services.

2. Additional Services for Health Centers serving Migrant and Seasonal Farm Workers (MSFWs).

3. 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 <u>1-5</u> 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 <u>14N-3910-33</u>, Rockville, Maryland, 20857.