

[illegible]

• 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)													
<table border="1"> <tr> <td rowspan="3"> <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>   <b>FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)</b> </td> <td colspan="3"><b>FOR HRSA USE ONLY</b></td> </tr> <tr> <td>Application Tracking Number</td> <td colspan="2">Grant Number</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>				<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)</b>	<b>FOR HRSA USE ONLY</b>			Application Tracking Number	Grant Number				
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Additional Services (Optional)													
Clinical Services													
Urgent Medical Care													
Additional Dental Services													
• Restorative													
• Emergency													
Behavioral Health Services													
• Treatment/Counseling													
• Developmental Screening													
• 24-Hour Crisis													
• Mental Health Services													
• Substance Abuse Services													
Comprehensive Eye Exams and Vision Services Optometry													
Recuperative Care Program Services													
Environmental Health Services													
Occupational-Related Health Services <sup>2</sup>													
• Screening for Infectious Diseases													
• Injury Prevention Programs													
Occupational Therapy													
Physical Therapy													
HIV Testing													
TB Therapy													
Hepatitis C													
• Screening													
• Therapy/Treatment													

Podiatry			
Rehabilitation (Non-Hospital Settings)			
Specialty (Please Specify: _____)			
Other (Please Specify: _____)			
<b>Non-Clinical Services</b>			
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 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).~~
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 1-5 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 14N-3910-33, Rockville, Maryland, 20857.~~