OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES**  **Health Resources and Services Administration**  **FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)** | | **FOR HRSA USE ONLY** | | |
| Grant Number | | Application Tracking # |
|  | |  |
| This form will pre-populate for competing continuation applicants. For more information, refer to the [Service Descriptors for Form 5A: Services Provided](https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf) and the [Column Descriptors for Form 5A: Services Provided](https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5acolumndescriptors.pdfhttps:/bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5acolumndescriptors.pdf). | | | | |
| **Service Type** | **Service Delivery Methods** | | | |
| **Direct (Health Center pays)** | | **Formal Written Contract/ Agreement (Health Center**  **pays)** | **Formal Written Referral Arrangement (Health Center DOES NOT pay)** |
| General Primary Medical Care |  | |  |  |
| Diagnostic Laboratory |  | |  |  |
| Diagnostic Radiology |  | |  |  |
| Screenings |  | |  |  |
| 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 |  | |  |  |
| Preventive Dental |  | |  |  |
| Pharmaceutical Services |  | |  |  |
| HCH Required Substance Use Disorder Services |  | |  |  |
| Case Management |  | |  |  |
| Eligibility Assistance |  | |  |  |
| Health Education |  | |  |  |
| Outreach |  | |  |  |
| Transportation |  | |  |  |
| Translation |  | |  |  |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES**  **Health Resources and Services Administration**  **FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)** | | **FOR HRSA USE ONLY** | | | |
| Grant Number | | Application Tracking Number | |
|  | |  | |
| **Service Type** | **Service Delivery Methods** | | | | |
| **Direct (Health Center pays)** | | **Formal Written Contract/ Agreement (Health Center**  **pays)** | | **Formal Written Referral Arrangement (Health Center DOES NOT pay)** |
| Additional Dental Services |  | |  | |  |
| Behavioral Health Services | | | | | |
| * Mental Health Services |  | |  | |  |
| * Substance Use Disorder Services |  | |  | |  |
| Optometry |  | |  | |  |
| Recuperative Care Program Services |  | |  | |  |
| Environmental Health Services |  | |  | |  |
| Occupational Therapy |  | |  | |  |
| Physical Therapy |  | |  | |  |
| Speech-Language Pathology/Therapy |  | |  | |  |

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| **Service Type** | **Service Delivery Methods** | | |
| **Direct (Health Center pays)** | **Formal Written Contract/ Agreement**  **(Health Center pays)** | **Formal Written Referral Arrangement (Health Center DOES NOT pay)** |
| Nutrition |  |  |  |
| Complementary and Alternative Medicine |  |  |  |
| Additional Enabling/Supportive Services |  |  |  |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov).