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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

Grant Number Application Tracking #

FOR HRSA USE ONLY

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## FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

This form will pre-populate for competing continuation applicants. For more information, refer to the <u>Service Descriptors for Form 5A:</u> Services Provided and the Column Descriptors for Form 5A: Services Provided.

Services i Tovided and the Column Descriptors for Form	the <u>Column Descriptors for Form 5A: Services Provided.</u> Service Delivery Methods				
Service Type	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					

Health Resources and Services Administration		Grant Number		Application Tracking Number
FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)				
	Service Delivery Methods			
Service Type	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				
<ul> <li>Substance Use Disorder Services</li> </ul>				
Optometry				
Recuperative Care Program Services				
Environmental Health Services				
Occupational Therapy				
Physical Therapy				
Speech-Language Pathology/Therapy				

	Service Delivery Methods			
Service Type	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. . paperwork@hrsa.gov HYPERLINK "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" 42 U.S.C. 254b HYPERLINK

<sup>&</sup>quot;http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"