

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED	FOR HRSA USE ONLY		
	Application Tracking Number	Grant Number	
SERVICE TYPE	MODE OF SERVICE PROVISION		
	APPLICANT	AGREEMENT (Grantee pays for service)	REFERRAL ARRANGEMENTS (Grantee DOES NOT pay)
Required Services			
Clinical Services			
General Primary Medical Care			
Diagnostic Laboratory			
Diagnostic X-Ray			
Screenings			
• Cancer			
• Communicable Diseases			
• Cholesterol			
• Blood lead test for elevated blood lead level			
• Pediatric vision, hearing and dental			
Emergency Medical Services			
Voluntary Family Planning			
Immunizations			
Well Child Services			
Gynecological Care			
Obstetrical Care			
Prenatal and Perinatal Services			
Preventive Dental			
Referral to Behavioral Health ¹			
Referral to Substance Abuse ¹			
Referral to Specialty Services			
Pharmacy			
Substance Abuse services (required for HCH programs):			
• Detoxification			
• Outpatient Treatment			
• Residential Treatment			
• Rehabilitation (non hospital settings)			
Non - Clinical Services			
Case Management			
• Counseling/Assessment			
• Referral			
• Follow-up/Discharge Planning			
• Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation ²			

Substance abuse services (required for HCH programs):			
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)			
Additional Services (Optional)			
Clinical Services			
Urgent Medical Care			
Dental Services			
• Restorative			
• Emergency			
Behavioral Health Services			
• Treatment/Counseling			
• Developmental Screening			
• 24-Hour Crisis			
Substance Abuse Services			
Comprehensive Eye Exams and Vision Services			
Recuperative Care			
Environmental Health Services			
Occupational-Related Health Services ³			
• 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: _____)			
Non Clinical Services			
WIC			
Nutrition (not WIC)			
Child Care			
Housing Assistance			
Employment and Education Counseling			
Food Bank/Meals			
Specialty (Please Specify: _____)			
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 under additional services.
2. Required for Health Centers serving a substantial number of patients with limited English-Proficiency.
3. Additional Services for Health Centers serving Migrant and seasonal farm workers (MSFWs).

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 .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 10-33, Rockville, Maryland, 20857.