

<p style="text-align: center;"><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p style="text-align: center;"><b>FORM 5B: SERVICE SITES</b></p>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number

**Site Information (Please )**

Name of Service Site		Service Site Type	<input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative/Service Delivery Site
Location Setting	<input type="checkbox"/> School/School modular <input type="checkbox"/> Mobile Van <input type="checkbox"/> Other If Other, please specify: _____		
Web URL (optional)			
Site Operated by	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Contractor <b>Note:</b> You cannot propose a site operated by 'Contractor' if the site is not currently on file with HRSA		

If Site is operated by Sub-recipient please provide the organization information below:

**Organization**

Organization Name	
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened (mm/dd/yyyy)			
Site Operational By (mm/dd/yyyy)		Medicare Billing Number (optional)	
Medicaid Billing Number (optional)		Medicaid Pharmacy Billing Number (optional)	
Site Phone Number		Site Fax Number	
Site Physical Address			
Site Mailing Address (Including Mailstop Code, Division/Department Name, and Company) (optional)			
Administration Phone Number		Service Area Population	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
Service Area Zip codes			
Service Area Census Tracts			
Operational Schedule	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week		Months of Operation	

(include extended hours)			
<b>Agreement</b>			
A written agreement between the sponsoring facility and the local education agency (i.e., school) must be in place indicating the type of service(s) that will be provided and who will be providing the service(s). This document should include the location and duration of services and any other pertinent information.			
<b>(Please include 'Agreement' document for each site if applicable)</b>			

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 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 10-33, Rockville, Maryland, 20857.