

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking #</b>

**NOTES:**

- Form 5A is pre-populated with the OHSE-related list of services and their modes of provision from your Health Center Program grant scope as of 'mm/dd/yyyy hrs:mins:secs PM/AM'. If there was a recent change approved for your scope (e.g., through a Change in Scope application), click the Refresh From Scope button below to populate your most recent scope on file.
- You may propose changes only to the services that are applicable to this supplemental funding opportunity, which are displayed as editable on this form.
- You must either already provide, or propose to provide, Preventive Dental or Additional Dental Services directly (Column I) and/or through formal contract/agreement in which you pay for the service (Column II) to submit an eligible application.
- You may not add services in which the health center does not pay (Column III). However, you may change Column III to either Column I or Column II services through this application.
- Click the 'Save and Continue' button provided at the bottom of this form to proceed.
- Only applicants that receive OHSE funding will have their grant scope updated to reflect changes in Form 5A.

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Preventive Dental			
Case Management			
Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation			

<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>	
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Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Additional Enabling/Supportive Services			

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.