OMB No.: 0915-0285. Expiration Date: 9/30/2016						
				USE	USE ONLY	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	5			Appl #	Application Tracking #	
HEALTH CENTER PROGRAM: SUPPLEMENTAL INFORMATION FORM						
1) New <u>Licensed</u> Onsite Dental Provider Staff (Total must be greater than 1.00 to be eligible for OHSE funding)		Direct Hire Contract Staff FTEs (a) FTEs (b			Total Onsite FTEs (c) (1a+1b)	
Dentists					Sys calculated	
Dental Hygienists					Sys calculated	
Dental Therapists					Sys calculated	
Total Direct and Contractor FTEs:					Sys calculated	
2) Dental Patient Confirmation				Fo	Patients from Form 1A/ Confirmations	
a. Projected total dental patients as of December 31, 2017						
By checking the certification box, I confirm that the projected calendar year 2017 dental patient number is accurate. If not accurate, revisit Form 1A and correct the projected number in the "Patients and Visits by Service Type" table.						
b. New dental patients resulting from OH Project as of December 31, 2017						
By checking the certification box, I confirm that the projected calendar year 2017 NEW dental patient number is accurate (includes only patients NEW to the health center that become health center patients as a result of the expanded oral health services and will be served between January 1, 2017 and December 31, 2017). If not accurate, revisit Form 1A and correct the total projected patient number in the "Unduplicated Patients and Visits by Population Type" table. *This number will be added to your Patient Target.						
3) Proportion of Health Center Patients receiving Oral Health Service at Center (3d must be greater						
than 3c to be eligible for OHSE funding)						
a. Total Dental Patients in 2014 (number from 2014 UDS, Table 5, Row 19(c))				_	UDS pre-population	
 b. Total Unduplicated Patients in 2014 (<i>number from 2014 UDS Table 4, Row 6</i>) c. Percentage of health center patients receiving oral health services at the health center in 2014 (3a/3b) 					UDS pre-population Sys calculated (3a/3b)	
d. Projected percentage of health center patients that will receive oral health services at the health center in 2017						

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 0.5 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.