



OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Supplemental Information Form	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

1) Scope of Services

The table below displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided), populated from your scope of project as of the date that you first accessed your application in EHB.

Currently Approved Form 5A			
Service Type	Column I (Direct – Health Center Pays)	Column II (Formal Contract/ Agreement – Health Center Pays)	Column III (Formal Referral Arrangement – Health Center DOES NOT pay)
Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To maximize OHI funding, oral health care must be provided directly or through contract/agreement. If you are not already providing Preventive Dental services via Column I or II, you must request a Scope Adjustment once you complete your OHI project(s). You may also need to adjust your scope for other reasons.

Access the technical assistance materials on the [Scope of Project website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary. Click on the “Services” header in the Resources section and [Updating Form 5A](#) to determine which changes require a Scope Adjustment or Change in Scope request.

- If a Scope Adjustment or Change in Scope is required (e.g., adding Additional Dental services for the first time), you must request it outside of this application.
- Note that you do not need to submit a Scope Adjustment or Change in Scope request if OHI funding will be used for infrastructure investments that enhance access to services that you are already providing using the same modes of provision (i.e., Form 5A Column I, Column II).

After completing your OHI project(s), will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to oral health services are on your Form 5A?

Select One Option:

Yes, I reviewed my Form 5A and determined that my health center’s proposed OHI activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

No, I reviewed my Form 5A and determined that my health center’s proposed OHI activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

2) Are you proposing to use OHI funding to purchase telehealth equipment or to increase access to virtual dentistry?

Select One Option:

Yes, I am proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.

No, I am not proposing to use OHI funding for telehealth and/or virtual dentistry.

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 14N-39, Rockville, Maryland, 20857.