



Form 1A: General Information Worksheet

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1A: GENERAL INFORMATION WORKSHEET	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

1. Applicant Information

Applicant Name	<i>Will pre-populate from the Grants.gov application forms</i>
Fiscal Year End Date	<i>Select from drop-down menu (e.g., January 31, March 31)</i>
Application Type	<i>Will pre-populate from the Grants.gov application forms</i>
Grant Number	<i>Will pre-populate from the Grants.gov application forms, if applicable</i>
Business Entity (Select one option that aligns with the type entered in SAM.gov)	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> All <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: _____

2. Proposed Service Area

Note: Applicants applying for Community Health Center (CHC) Designation must provide at least one designated service area ID under an MUA or MUP. Provide the IDs for all MUAs and/or MUPs within the service area proposed in this application.

2a. Service Area Designation

Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces.) Find an MUA/MUP https://data.hrsa.gov/tools/shortage-area/mua-find	<input type="checkbox"/> Medically Underserved Area (MUA): ID# _____ <input type="checkbox"/> Medically Underserved Population (MUP): ID# _____ <input type="checkbox"/> MUA Application Pending: ID# _____ <input type="checkbox"/> MUP Application Pending: ID# _____
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2b. Service Area Type

Choose Service Area Type

You must select Urban or Rural. If you select Rural, Sparsely Populated may also be selected, if applicable.

Urban

Rural

Sparsely Populated - Specify population density by providing the number of people per square mile: _____
(Provide a value ranging from 0.01 to 7.)

2c. Unmet Need Score (UNS)

Enter Your Organization's Unmet Need Score (UNS) as manually generated after entering all zip codes on Form 5B

Unmet Need Score: _____
(Value ranging from 0 to 100).

2d. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients do you project to serve in the last year of the three-year designation period?

Population Type	Current Number		Projected by End of Designation Period	
	Patients	Visits	Patients	Visits
Total			<i>Pre-populated from above</i>	
General Underserved Community (Includes all patients/visits not reported in the rows below.)				
Migratory and Seasonal Agricultural Workers and Families				
Public Housing Residents				
People Experiencing Homelessness				

Patients and Visits by Service Type

Service Type	Current Number		Projected by End of Designation Period	
	Patients	Visits	Patients	Visits
Total Medical Services				
Total Dental Services				
Behavioral Health Services				
Total Mental Health Services				
Total Substance Use Disorder Services				
Total Enabling Services				
Total Vision Services				

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

1. Applicant Information

- Select the Fiscal Year End Date for your organization's fiscal year (e.g., January 31).
- Check only one category for the Business Entity. Make sure the selection aligns with the type entered in [SAM.gov](#).
 - If you are a Tribal or Urban Indian entity, always select the Tribal or Urban Indian category.
- You may select more than one category for the Organization Type.

2. Proposed Service Area

a. Service Area Designation

- If you are applying for Community Health Center (CHC) designation, you MUST serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP).
- Select the MUA and/or MUP designations for the proposed service area and enter the identification number(s).
- To find out if all or part of your service area is located in a designated MUA or MUP, see <https://data.hrsa.gov/tools/shortage-area/mua-find> or <https://data.hrsa.gov/tools/shortage-area/by-address>.
- To learn more about MUAs or MUPs, see [What is Shortage Designation?](#) or email sdb@hrsa.gov.

b. Service Area Type

- Select the type (urban or rural) that describes the majority of the service area. For information about rural populations, visit the Office of Rural Health Policy's website at <https://www.hrsa.gov/rural-health/about-us/what-is-rural>.
- If rural is selected, you may further choose sparsely populated, if applicable, and provide the number of people per square mile (value must range from 0.01 to 7). To find out if your site address zip code is located in a frontier and remote (FAR)¹ area, see <https://www.ruralhealthinfo.org/am-i-rural>.

c. Unmet Need Score (UNS)

- Enter your organization's Unmet Need Score (UNS). Manually generate your UNS using the [Unmet Need Score Map Tool](#) from all zip codes entered on Form 5B.

¹ See <https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes> for more information about FAR areas.

d. Patients and Visits

General Guidance for Patient and Visit Numbers: When providing the number of patients and visits within each service type or population type category, note the following (see the [Uniform Data System \(UDS\) Manual](#) for detailed information):

- A visit is an individual² in-person or virtual³ encounter between a patient and a licensed or credentialed provider who exercises independent, professional judgment in providing services. To be included as a visit, services must be paid for by your organization (Form 5A: Services Provided, Columns I and/or II) and documented in a written or electronic form in a system that permits ready retrieval of current data for the patient.
- A patient is an individual who had at least one visit in the reporting year or is projected to have at least one visit in the calendar year ending the three-year project period.
- Since a patient must have at least one documented visit, the number of patients cannot be more than the number of visits.
- Report aggregate data for all service sites in the proposed project.
- Do not include patients and visits for pharmacy services or services outside the proposed scope of project.
- Make your projections consistent throughout the application.

Unduplicated Patients and Visits by Population Type: The population types in this section do NOT refer only to the requested designation categories. For example, if you are applying for only CHC designation (General Underserved Community), you may still have patients/visits reported in the other population type categories. **All patients/visits that do not fall within the Migratory and Seasonal Agricultural Workers and Families, Public Housing Residents, or the People Experiencing Homelessness categories must be included in the General Underserved Community category.**

- 1) Project the number of unduplicated patients to be served in the calendar year ending the three year designation period. This value will pre-populate in the corresponding cell within the table below this field.
- 2) Provide the number of current unduplicated patients and visits for each population type category to establish a baseline. **Across all population type categories, an individual can only be counted once as a patient.** The total number of current unduplicated patients seen at your health center must be consistent with Attachment 1: Patient Origin and Utilization Information.
- 3) Under the Current Number heading, provide the current number of Patients being seen at the health center and corresponding Visits in the Total row and the current number of Patients and Visits for each Population Type. The Total row for the current number of Patients must be greater than 0. The patients and visits for each Population Type must add up to the numbers in the Total Row. The system will auto-populate the number in the Total row of the Patients column under the Projected by End of Designation Period heading.

² An exception is allowed for behavioral health visits, which may be conducted in a group setting.

³ Only interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient may be considered and coded as telehealth services.

Patients and Visits by Service Type: A person who receives multiple types of services should be counted once for each service type (e.g., someone who receives both medical and dental services should be counted once for medical and once for dental). This section does not have a row for total numbers since a patient may be included in more than one service type category.

- 1) Provide the number of current patients and visits within each service type category. If you are requesting HCH designation, the number of current and projected substance use disorder patients cannot be zero.
- 2) Project the total number of patients and visits anticipated within each service type category to be served in the last year of the three-year designation period. Projections should include virtual and face-to-face visits.
- 3) Because look-alikes must deliver primary health care services with a focus on primary medical care, the number of current and projected medical patients must be greater than the number of current and projected patients within each of the other service types.