

Form 5A Important Notes:

- If you currently receive “Health Care for the Homeless” (HCH) sub program funding, as noted in the Budget Information: [Section A - Budget Summary](#) section of this application, you must have Column I and/or Column II selected for the ‘HCH Required Substance Abuse Services’ service row for your application to be eligible for funding.
- If you do not receive HCH sub program funding, as noted in the Budget Information: Section A - Budget Summary section of this application, do not make any changes to the ‘HCH Required Substance Abuse Services’ service row. Instead, you must have Column I and/or Column II selected for the ‘Behavioral Health - Substance Abuse Services’ service row for your application to be eligible for funding.
- If you receive HCH sub program funding, do not make any changes to the ‘Behavioral Health - Substance Abuse Services’ service row.

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY		
	Grant Number	Application Tracking #	
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)
General Primary Medical Care			
Diagnostic Laboratory			
Diagnostic Radiology			
Screenings			
Coverage for Emergencies During and After Hours			
Voluntary Family Planning			
Immunizations			
Well Child Services			
Gynecological Care			
Obstetrical Care			
• Prenatal Care			
• Intrapartum Care (Labor & Delivery)			
• Postpartum Care			
Preventive Dental			
Pharmaceutical Services			
HCH Required Substance Abuse Services			
Case Management			
Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY		
	Grant Number	Application Tracking Number	
FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)			
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			
Behavioral Health Services			
• Mental Health Services			
• Substance Abuse Services			
Optometry			
Recuperative Care Program Services			
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech Language Pathology/Therapy			
Nutrition			
Complementary Alternative Medicine			
Additional Enabling/Supportive Services			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY		
	Grant Number	Application Tracking Number	
FORM 5A: SERVICES PROVIDED (SPECIALTY SERVICES)			
Service Type	Service provided directly by Health Center	Service provided by formal written agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
Podiatry			
Psychiatry			
Endocrinology			
Ophthalmology			
Cardiology			
Pulmonology			
Dermatology			
Infectious Disease			
Gastroenterology			
Advanced Diagnostic Radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine)			

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.