



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

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 Cover Page</i>
Fiscal Year End Date	<i>Select from drop-down menu (e.g., January 31, March 31)</i>
Application Type	<i>Initial Designation</i>
LAL Number	<i>N/A</i>
Business Entity (Select one)	<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"/> 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 Designation must provide at least one designated service area ID under an MUA or MUP.

2a. Service Area Designation

Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs.) Find an MUA/MUP (http://muafind.hrsa.gov/)	<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	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: _____ (Provide a value ranging from 0.01 to 7.)
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2c. Patients and Visits				
Unduplicated Patients and Visits by Population Type				
Patient Projection: How many unduplicated patients are projected to be served by end of the Designation Period?				
Population Type	Current Number		Projected by End of Designation Period	
	Patients	Visits	Patients	Visits
Total			Pre-populated from above	
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 Abuse Services				
Total Enabling 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 14N-39, Rockville, Maryland, 20857.