



Form 5A: Services Provided

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

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 Number

Note(s): Select service delivery methods for services as applicable to the proposed health center project. For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) (PDF) and the [Column Descriptors for Form 5A: Services Provided](#) (PDF).

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/Agreement (Health Center pays)	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 Use Disorder Services			
Case Management			
Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
		Service Delivery Methods	
Service Type	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services			
• Substance Use Disorder Services			
Optometry			
Recuperative Care Program Services			
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition			
Complementary and Alternative Medicine			
Additional Enabling/Supportive 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

On Form 5A, you will indicate the services to be provided at your proposed NAP sites. This form lists required and additional services. See the [Service Descriptors for Form 5A: Services Provided](#) (PDF) for descriptions of these services.

The form has 3 columns where you will indicate the service delivery method for each service. These 3 methods are:

1. Health center personnel provide the service directly (Column I)

2. The health center pays a third party to provide the service through a formal written contract (Column II)
3. The health center does not pay for the service, but has a formal written referral arrangement with a third party who provides the service (Column III)

Review the [Column Descriptors for Form 5A: Services Provided](#) (PDF) for details about these 3 service delivery methods. You must provide all required services. Document how you will do this by selecting one or more columns for each required service. If you select Column II or Column III, you must describe the contracts or referral arrangements in Attachment 7: Summary of Contracts and Agreements.

Because primary medical care is the main purpose of the NAP project, you must provide General Primary Medical Care directly (Column I) and/or through contracts (Column II). You cannot propose to provide General Primary Medical Care solely by referral (Column III).

In the [FY 2025 NAP NOFO](#), behavioral health services are required. Under additional services, you must select at least one service delivery method for:

- Mental Health Services and
- Substance Use Disorder Services.

Other additional services are optional based on your NAP project.

You must provide access to all services documented on this form regardless of someone's ability to pay. Your sliding fee discount program must apply to all services. For more information, see [Chapter 4: Required and Additional Health Services](#) and [Chapter 9: Sliding Fee Discount Program](#) in the [Compliance Manual](#).

If your NAP project is funded, only the services included on Form 5A will be in your approved scope of project, even if you described other services elsewhere in the application. See the [Scope of Project webpage](#) for more information. You must make all services in scope accessible to all patients in the service area.

You cannot add specialty services to your scope of project in your NAP application. However, if awarded, you may request to add specialty services to your scope of project through the Change in Scope process. See [PIN 2009-02: Specialty Services and Health Centers' Scope of Project](#).