



Health Resources & Services Administration

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

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

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 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 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 Use Disorder 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			

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 14-N39, Rockville, Maryland, 20857.

Instructions for Form 5A: Services Provided

Identify how the required and any additional health services will be provided at the proposed NAP sites (i.e., direct by health center, formal written contract (health center pays for service), formal written referral arrangement). You must provide all required services either directly and/or through established contracts or referral arrangements without regard to ability to pay and on a sliding fee discount schedule. Additional services are not required. However, in order to be considered in-scope services, additional services must be provided in compliance with section 330 (e.g., provided without regard to ability to pay and on a sliding fee discount schedule). For more information, refer to [Chapter 4](#): Required and Additional Health Services of the [Compliance Manual](#).

Because comprehensive primary medical care is the main purpose of the NAP project, you must provide General Primary Medical Care either directly by the health center (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II). You cannot provide General Primary Medical Care solely by referral (Column III) for the NAP project. This is an eligibility criterion.



Refer to the [Service Descriptors for Form 5A: Services Provided](#) for descriptions of the general elements for all required and additional services. Also see the [Column Descriptors for Form 5A: Services Provided](#) for descriptions of the three service delivery methods used by health centers and the specific requirements for using them. All contracts and referral arrangements for services noted on Form 5A as provided via Column II and/or III must be formal written contracts and arrangements, summarized in Attachment 7.

If the NAP project is funded, only the services included on Form 5A will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application. Refer to the [Scope of Project](#) policy documents and resources for more information on services and modes of service delivery.

You cannot add specialty services to your scope of project at the time of NAP submission. However, after NAP funding has been awarded, you may request to add specialty services to the scope of project through the Change in Scope process.¹

Note: All services must be accessible to all patients in the service area, though the mode of service delivery may be different across sites.

¹ See [PIN 2009-02: Specialty Services and Health Centers' Scope of Project](#).