



Form 5A: Services Provided

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 #

This form will pre-populate for competing continuation applicants. For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) and the [Column Descriptors for Form 5A: Services Provided](#).

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: 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.

Instructions

General Notes

- **Competing continuation applicants:** These forms will be pre-populated and cannot be modified to ensure that they reflect the current scope of project. Changes in services, sites, and other activities/locations require prior approval through a Change in Scope request submitted in HRSA EHBs. If the pre-populated data do not reflect recently approved scope changes, click the **Refresh from Scope** button in HRSA EHBs to display the latest scope of project.

Note: In order for forms to accurately pre-populate, you must correctly complete the SF-424 in Grants.gov by selecting **Continuation** for Box 2 and providing the grant number for Box 4. **Failure to apply in this manner may result in delayed HRSA EHBs application access.**

- **New or competing supplement applicants:** Complete these forms based only on the scope of project included in this application for the proposed service area.
- If the application is funded, only the services, sites, and other activities/locations listed on these forms will be in the approved scope of project, regardless of what is described elsewhere in the application.
- Refer to the [Scope of Project](#) documents and resources for details pertaining to defining and changing scope (i.e., services, sites, service area zip codes, target population).

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Identify how services will be provided (i.e., direct by health center, formal written contract (health center pays for service), formal written referral arrangement).

- You must provide all required services 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 listed on this form and provided without regard for 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. Only one form is required regardless of the number of sites proposed.

Refer to the [Form 5A Service Descriptors](#) for descriptions of the required and additional services. Also see the [Form 5A Column Descriptors](#) for descriptions of the three service delivery methods used by health centers. All contracts/referral arrangements for services noted on Form 5A as provided via Column II and/or III must be formal written contracts/referral arrangements.

Competing supplement applicants:

- All services in your current scope of project must be accessible to patients in the newly proposed service area.
- If new services are proposed on Form 5A and this application is funded, these services must be accessible to both current and proposed patients.