



Patient Eligibility Screening Record

Vaccines for Children Program

Date _____

Child _____
Last Name First Name MI

Date of Birth _____
(MM/DD/YYYY)

Parent/Guardian/Individual of Record _____
Last Name First Name MI

Provider _____

A record that reflects the status of all children, 18 years of age or younger, who received immunization through the Vaccines for Children (VFC) Program, must be kept in the healthcare provider's office. The record may be completed by the parent, guardian or individual of records, or by the healthcare provider. The same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each receiving vaccine.

This child qualifies for vaccination through the VFC program because he/she is:

(a) age 18 or younger Date Date Date Date

And

(check only one box):

(a) enrolled in Medicaid

(b) does not have health insurance

(c) American Indian or Alaskan Native

(d) **Underinsured:**

A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured. **Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).**

(e) not VFC eligible

If you have any questions regarding the completion of this form, please call 1-800-282-8672