

**Patient Eligibility Screening Record
Vaccines for Children Program**

1. Initial Screening Date: (_ _ / _ _ / _ _ _ _)
M M D D Y Y Y Y

2. Child's Name: _____ MI
Last Name First

3. Child's Date of Birth: (_ _ / _ _ / _ _ _ _)
M M D D Y Y Y Y

4. Parent/Guardian/Individual of Record: _____ MI
Last Name First

5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)?
 Yes No

6. Primary Provider's Name: _____ MI
Last Name First

7. Does this patient qualify for immunization through the VFC program because he/she (check only one box):
- a) Yes, is enrolled in Medicaid
 - b) Yes, does not have health insurance
 - c) Yes, is an American Indian or Alaska Native
 - d) Yes, is underinsured (has health insurance that does not pay for vaccinations)*
 - f) No, this child does not qualify for immunizations through the VFC program because he/she does not meet the eligibility criteria.

Current Eligibility Status					
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record, or by the health care provider. **VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure 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 child receiving vaccine.

** To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC or under a deputized agreement with an approved provider.*