



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 _____

Provider's Responsibility:

- Screen patients, 18 years of age and younger, for VFC eligibility during EACH immunization encounter.
- Document the VFC eligibility screening.
- Maintain documentation of screening for VFC eligibility for 3 years.
- The record may be completed by the parent, guardian, or healthcare provider.
- The same record may be used for subsequent visits indicating the date of the visit and screening in the appropriate box.
- Verification of responses is not required.
- Administer VFC-purchased vaccine only to children who are 18 years of age or younger who meet one or more of the VFC eligibility criteria listed below.

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.

*Providers may choose to create their own form for documenting. The form must contain the patient information, date of service, provider information and how the patient meets (or if they do not meet) the eligibility criteria for that date of service.