

Patient Eligibility Screening Record Vaccines for Children Program for Family Planning Clinics

1. Initial Screening Date: _____
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2. Child's Name: _____ MI
 Last Name First

3. Child's Date of Birth: _____
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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. This patient qualifies for immunization through the VFC Program because he/she (check only one box):

- a) Is enrolled in Medicaid
- b) Does not have health insurance
- c) Is an American Indian or Alaskan Native
- d) Is underinsured (has health insurance that does not pay for vaccinations)*
- e) This child does not qualify for immunizations through the VFC Program because he/she does not meet the eligibility criteria

Eligibility Changes						
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaskan Native	Is underinsured (has health insurance that does not pay for vaccinations)*	Is an unaccompanied minor without insurance information	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 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 other approved deputized provider.**