Patient Eligibility Screening Record
Florida Vaccines for Children Program

1. Initial Screening Date: _____
   M M D D Y Y Y Y

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

3. Child's Date of Birth: _____
   M M D D Y Y Y Y

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

5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC):

   ☐ Yes ☐ No ☐ Don't know

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

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 Criteria						
Date	**Is enrolled in Medicaid**	**Does not have health insurance**	**Is an American Indian or Alaskan Native**	**Underinsured (has health insurance that does not pay for vaccinations)***	**Does not meet eligibility criteria**	**Eligibility status has not changed**

The healthcare provider must keep in the office a record of all children 18 years of age or younger who receive immunizations. The record may be completed by the parent, guardian and individual of record, or by the healthcare provider. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. This same record will satisfy the requirements for all subsequent vaccinations, 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 child receiving vaccine.

***To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC.**