

Vaccines for Children (VFC) Program Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 6 years. 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. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.


Child's Name: _____
Last Name
First Name
MI

Child's Date of Birth: __/__/____

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

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

To determine if a child **(0 through 18 years of age)** is eligible to receive federal vaccine through the VFC and state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. If Column A-C is marked, the child is eligible for the VFC program. If column D or E is marked, the child is not eligible for federal VFC vaccine.

	Eligible for VFC Vaccine			Not eligible for VFC Vaccine	
	A	B	C	D	E
Date	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	***Other underinsured	Has health insurance that covers vaccines

****Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.*

Please be advised:

If your insurance company does not cover immunizations and you do not let us know at the time of the visit, it is your responsibility to pay the cost involved. We cannot make the Vaccines for Children Program retroactive, and you are only eligible for the Vaccines for Children Program at the time of the visit. If you are unsure if immunizations and well check-ups are covered, please contact your insurance company. Thank You.

Please sign below indicating that you understand and agree with the above statement.

Signature: _____

Date: _____