



Patient Eligibility Screening Record Vaccines for Children Program

Date: _____
MM/DD/YYYY

Primary Provider's Name: Ashley L. Hineman, MD

This Form will help our office determine your eligibility for the Vaccines for Children program. If you meet the requirements, we can provide immunizations for your child at a reduced fee.

Child's Name: _____ **Date of Birth:** _____
Last Name First Name MI MM/DD/YYYY

Parent/Guardian: _____
Last Name First Name MI

Does this patient qualify for immunizations through the VFC program because he/she:

- ☐ a) **Yes**, is enrolled in Medicaid
☐ b) **Yes**, does NOT have health insurance
☐ c) **Yes**, is an American Indian or Alaska Native
☐ d) **NO**, is underinsured (has health insurance that does not cover immunizations)
☐ e) **NO**, has insurance that covers immunizations

Screening Updates:

(This is to be updated/recorded below at each visit where VFC vaccines are given to a child)

Date of Screening	VFC Eligible Please check only ONE category			NOT ELIGIBLE	
	Is enrolled in Medicaid	Does NOT have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not cover immunizations)	Has health insurance that covers immunizations

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 change. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines.