



## Patient Eligibility Screening Record Vaccines for Children Program

**Date:** \_\_\_\_\_  
MM/DD/YYYY

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

MM/DD/YYYY

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:**

Last Name \_\_\_\_\_

First Name

---

MI

**Date of Birth:**

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)

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