Patient Eligibility Screening Record for Vaccines for Children Program

Patient Information

Patient Name *Last*	*First*	*MI*	Date

Date of Birth	Parent/Guardian (if applicable) *Last*	*First*	*MI*

Provider Name

☐ **The patient named above qualifies for immunization through the VFC Program because he/she or his/her parent/guardian states the child is 18 years of age or younger and:**

Choose only one of the following.

(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies.)

- ☐ is Medi-Cal or Child Health and Disability Prevention (CHDP) eligible; or
- ☐ Is uninsured (does not have private health insurance); or
- ☐ Is an American Indian or Alaskan Native.
- ☐ Health insurance does not cover vaccines (only at federally qualified and rural health centers).

☐ **The patient named above does not qualify for immunization through the VFC Program because he/she has health insurance that pays for vaccines.**

Eligibility Status Verification

Screening Date	VFC Eligible				Not VFC Eligible
	Medi-Cal or CHDP Eligible	Uninsured	America Indian/ Alaskan Native	[Under-Insured (health insurance does not cover vaccine(s)]	Insured (Patient has health insurance)

Notes

1. This form documents the eligibility status of the patient named above.
2. The health care provider must keep this record for the VFC-eligible child for no less than three (3) years and make it available to state or federal officials for inspectionupon request.
3. This record may be completed by the patient (if he or she is an emancipated minor or 18 years of age), his or her parent or guardian or by the health care provider.
4. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure eligibility status has not changed.
5. Parent-provided responses do not need to be verified.

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