# Vaccine Eligibility Guidelines

For Community Health Centers (CHCs) enrolled in California vaccine programs

<table>
<thead>
<tr>
<th>Program</th>
<th>VFC</th>
<th>VFA</th>
<th>BAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines for Children Program</strong></td>
<td><strong>Vaccines for Adults Program</strong></td>
<td><strong>Bridge Access Program</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.</td>
<td>Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.</td>
<td>Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.</td>
</tr>
</tbody>
</table>
| **Age and Eligibility** | Children Birth–18 years:  
• Medi-Cal/CHDP eligible  
• Uninsured (no health insurance)  
• American Indian or Alaskan Native  
• Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation). | Adults, 19 years and older:  
• Uninsured (no health insurance)  
• Underinsured (vaccines are not covered by insurance) | Adults 19 years and older:  
• Uninsured (no health insurance)  
• Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.) |
| **Vaccines** | • COVID-19  
• DTaP  
• Hepatitis A, Hepatitis B  
• Hib, HPV, Influenza  
• Meningococcal Conjugate (MenACWY)  
• Meningococcal B (MenB)  
• MMR  
• Pneumococcal Conjugate (PCV15 and PCV20)  
• Pneumococcal Polysaccharide (PPSV23)  
• Polio (IPV)  
• Rotavirus  
• RSV (coming soon)  
• Td, Tdap  
• Varicella | • Hepatitis A  
• Hepatitis B  
• HPV  
• Meningococcal Conjugate (MenACWY)  
• MMR  
• Pneumococcal Conjugate (PCV20)  
• RSV (Available Fall/Winter Season)  
• Td (ONLY when Tdap is not indicated)  
• Tdap  
• Varicella  
• Zoster  
For more details about Medicare Part B and/or D eligibility, see IMM-1247. | • COVID-19 |
| **Ordering Website** | [myVFCVACCINES](mailto:myVFCVACCINES) | [myCAvax](mailto:myCAvax) | [myCAvax](mailto:myCAvax) |

California Vaccine Management System  
California Vaccine Management System