

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the CA Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA, LHD 317).

Patient Information

Patient Name (Last, First, MI): _____ Date of Birth: _____
 Provider Name: _____

Eligibility Criteria for 317-Funded Vaccines (e.g., VFA, LHD 317, and BAP)

- ✓ **Eligible for VFA, LHD 317, and/or BAP (COVID) vaccines if at least 19 years of age and**
 1. Has no insurance, or
 2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹
- ✓ **Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and**
 3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A, HPV
 - MMR, Polio (IPV), RSV
 - Tdap, Varicella, and Zoster
 4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20/PCV21

Document Patient's Eligibility

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

Screening Date	1. Eligible for VFA, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
 2 Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.