

California Department of Public Health, Immunization Branch  
**Vaccines for Adults (VFA) Program Application Instructions**

**Application Process:**

1. Review the application questions below. Prepare your answers beforehand. **DO NOT SUBMIT THIS INSTRUCTION SHEET TO THE VFA PROGRAM.**
2. Login to your site's [myVFCvaccines account](#) to begin the application and click on the link displayed on your MyVFCvaccines dashboard.
3. Submit your application by the stated deadline to be considered for enrollment to the VFA program.
4. You will receive a copy of your application and confirmation of receipt immediately following your application submission.

Clinic Information				
<b>Number of years providing adult immunizations.</b> <input type="radio"/> <1 year <input type="radio"/> 1-2 years <input type="radio"/> 3+ years <input type="radio"/> We do not offer adult immunizations		<b>Experience with adult immunization community outreach</b> <input type="radio"/> None <input type="radio"/> A little <input type="radio"/> Some <input type="radio"/> A lot		
<b>Estimated number of all adults 19 years of age and older (317/VFA eligible and privately insured) who will receive immunizations in your clinic during the upcoming 12-month period according to the Immunization Branch Eligibility Table for the use of state-supplied vaccines (excluding influenza immunization). Enter patient estimates by eligibility category and by age:</b>				
Category	19-26	27-49	50-64	≥65
<b>317 Eligible</b>				
<b>Non-317/VFA Eligible</b>				
CAIR/SDIR/Healthy Futures ID				
<b>Which 317-funded VFA vaccines does your clinic plan to order?</b> <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HPV <input type="checkbox"/> Meningococcal Conjugate (MCV4) <input type="checkbox"/> MMR <input type="checkbox"/> Pneumococcal Conjugate (PVC13) <input type="checkbox"/> Pneumococcal Polysaccharide (PPSV23) <input type="checkbox"/> Td <input type="checkbox"/> Tdap <input type="checkbox"/> Varicella <input type="checkbox"/> Zoster				
<b>Promotional/Marketing Plans Community outreach efforts: How will your organization promote the availability of no cost immunizations to uninsured and underinsured adults (19 years and older)? Please check all that apply:</b> <input type="checkbox"/> Offer vaccine to adults coming in for other reasons <input type="checkbox"/> Advertise in local community newspaper, radio stations, or TV stations <input type="checkbox"/> Distribute a brochure <input type="checkbox"/> Display a poster <input type="checkbox"/> Other strategy: Please explain  <input type="checkbox"/> No plans to promote immunizations				
<b>Where do you plan to store VFA vaccine?</b> <input type="checkbox"/> In the same storage unit(s) as VFC vaccine (if application is approved, must update VFC storage unit to indicate storing 317 and VFC vaccine) <input type="checkbox"/> In storage unit(s) separate from VFC vaccine				

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Complete this section only if you have vaccine storage unit(s) separate from VFC:

Vaccine Storage Units & Temperature Monitoring Equipment Information		
Indicate information for your <b>REFRIGERATOR</b> storage unit below:		
<b>Refrigerator Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>
Indicate information for your <b>FREEZER</b> storage unit below:		
<b>Freezer Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>

**Vaccines for Adults (VFA) Provider Agreement**

To receive federally-funded Section 317 vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent.

- Section 317 vaccines will be administered to any individual aged 19 years and older, who is uninsured or underinsured. Patients covered by Medi-Cal are considered insured and NOT eligible for the VFA program. Staff will consult the [VFA Vaccine Eligibility Based on Insurance](#) table as needed to determine specific vaccine eligibility for patients. Eligibility screening will be conducted prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual. All staff, including front office and billing staff, will be knowledgeable of VFA eligibility.
- Section 317 vaccines will be administered in compliance with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless: a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or b) the patient declines particular immunizations.

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3. Patients immunized with Section 317 vaccines will not be billed for the cost of the vaccine nor be charged an administration fee. All systems will be checked to ensure patients are not charged and vaccine cost will not be billed.
4. Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) [www.vaers.hhs.gov](http://www.vaers.hhs.gov)
5. Organization will remain enrolled in the local immunization information system (CAIR2/SDIR/Healthy Futures).
6. Immunization of patients will be documented using either the local immunization information system (CAIR2/SDIR/Healthy Futures), or Electronic Health Record (EHR). The total number of patients immunized with Section 317 vaccines and inventory on-hand will be reported to the California Department of Public Health (CDPH) according to reporting guidelines. Review doses reported in the immunization information system a minimum of every six months.
7. The patient's recorded 317 eligibility status and all records related to the VFA program will be retained for three (3) years. If requested, these records will be made available to the California Department of Public Health (CDPH). Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.
8. Standards for vaccine ordering, reporting and management will be followed as outlined in the [Program Provider Agreement Addendum](#). Detailed information on ordering can be found at <http://eziz.org/vfa-317/>.
9. Order vaccines according to the quarterly VFA order frequency; providers who have not ordered vaccines in the past calendar year may be terminated from the VFA Program.
10. Organization will operate in a manner intended to avoid fraud and abuse of Section 317 vaccines.  
**Fraud:** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.  
**Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
11. Authorized representatives of the VFA Program will be permitted to visit the facility in order to review compliance with policies and procedures.
12. Vaccine purchased with Section 317 federal funds that are deemed non-viable due to provider negligence will be replaced on a dose-for-dose basis.
13. The term of this agreement is from January 1, 2021 until vaccine doses are completely administered. Section 317 vaccines can continue to be administered until its expiration date.
14. I understand that the CDPH, Immunization Branch or my practice/organization may terminate this agreement at any time. If the agreement is terminated, any unused Section 317 vaccines will be properly returned to the CDPH Vaccines for Children Program, who administers the VFA Program.

# Vaccines for Adults (VFA) Program Application Instructions

By signing the form online, the Provider of Record certifies the following: I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Provider of Record Contact Information		
Name	Title	Medical License
Phone	Email	
Primary VFA Contact Information		
Last Name	First Name	Title
Specialty	Clinic title	Direct Phone Number
Email address for official VFA letters and memos		Please re-type email address
Person Submitting Application		
Name	Phone	
Email		