Patient Eligibility Screening Record
Vaccines for Children Program

1. Initial Screening Date: __ __ __ __ __ __ __ __
   M M D D Y Y Y Y

2. Child's Name: _____ _____ __
   Last Name First MI

3. Child's Date of Birth: __ __ __ __ __ __ __ __
   M M D D Y Y Y Y

4. Parent/Guardian/Individual of Record: _____ _____ __
   Last Name First MI

5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)?
   □ Yes □ No

6. Primary Provider's Name: _____ _____ __
   Last Name First MI

7. Does this patient qualify for immunization through the VFC program because he/she (check only one) :

a) Yes, is enrolled in Medicaid □
b) Yes, does not have health insurance □
c) Yes, is an American Indian or Alaska Native □
d) Yes, is underinsured (has health insurance that does not pay for vaccinations)* □
f) No, this child does not qualify for immunizations through the VFC program because he/she does not meet the eligibility criteria. □

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Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria

This documentation does not have to be on the patient's chart, as long as it is accessible to view during VFC site visits. Documentation that VFC eligibility screening has occurred at each immunization visit must be kept in the health care provider's office. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed.

*** To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC**.