

Vaccines for Children (VFC) Program Patient Eligibility Screening Record

Record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar form for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements listed in this form.

Child's Name : _____
Last Name First Name MI

Child's Date of Birth: ____/____/____

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

Your Child's Doctor's Name: _____
Last Name First Name MI

To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the VFC and state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. *If Column A-D is marked, the child is eligible for the VFC program. If column E, F or G is marked the child is not eligible for federal VFC vaccine.*

	Eligible for VFC Vaccine				Not eligible for VFC Vaccine		
	A	B	C	D	E	F	G
Date	Medicaid Enrolled Title XIX (19) (V02)	No Health Insurance (V03)	American Indian or Alaskan Native (V04)	*Underinsured at FQHC, RHC or deputized LHD only (V05)	Has health insurance that covers vaccines (V01)	**Other underinsured (V01)	***Enrolled in CHIP/Medicaid Title XXI (21) or State Funded (V22)

Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized local health department.

Children who are enrolled in separate state Children's Health Insurance Program (CHIP) with Medicaid Title XXI (21) or State Funded programs are considered insured and are NOT eligible for vaccines through the VFC program.

Livingston County Public Health Department

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Public Health
Prevent. Promote. Protect.

Child's Name: _____

Child's Date of Birth: _____

The Vaccines for Children (VFC) program requires that a child is screened for eligibility each time they present for an immunization. For a child (0 through 18 years of age) to receive federal vaccine through the Vaccine for Children's program, there must not be any Medicaid or private insurance coverage. This vaccine must also be administered through an FQHC, Rural Health Clinic or a deputized provider.

I do hereby declare that there isn't any insurance coverage on the above name child. I agree to pay the administration fee for the federally provided vaccine.

By signing below, you attest that you qualify for "free" vaccine provided by the federal government and there isn't any insurance coverage for the child.

Guardian's printed name

Guardian's signature

Date

Witness signature

Date