Patient Eligibility Screening Record

VFC California Vaccines for Children Program

Patient Information

Patient Name *Last*	*First*	*MI*	Date

Date of Birth	Parent/Guardian (if applicable) *Last*	*First*	*MI*

Provider Name

☐ **The patient named above qualifies for immunization through the VFC Program because he/she or his/her parent/guardian states the child is 18 years of age or younger and:**

Choose only one of the following.

(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies.)

- ☐ Is Medi-Cal eligible or enrolled; or
- ☐ Is uninsured (does not have private health insurance); or
- ☐ Is an American Indian or Alaska Native.
- ☐ Is underinsured (health insurance doesn't cover vaccines, doesn't cover all ACIP-recommended vaccines, covers vaccines but with a fixed dollar limit, or does not provide first-dollar vaccine coverage including copays, coinsurance, or deductibles); only at FQHC or RHC facilities.

☐ **The patient named above does not qualify for immunization through the VFC Program because he/she has health insurance that pays for vaccines.**

Eligibility Status Verification

	VFC Eligible				Not VFC Eligible
Screening Date	Medi-Cal Eligible	Uninsured	America Indian/ Alaska Native	Underinsured	Insured (Patient has health insurance)

Notes

1. This form documents the eligibility status of the patient named above.
2. The health care provider must keep this record for the VFC-eligible child for no less than three (3) years and make it available to state or federal officials for inspection upon request.
3. This record may be completed by the patient (if he or she is an emancipated minor or 18 years of age), his or her parent or guardian or by the health care provider.
4. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure eligibility status has not changed.
5. Parent-provided responses do not need to be verified.