

At each immunization visit, determine if patients are eligible for 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 or LHD 317)

- ✓ **Eligible for VFA or LHD 317 vaccines if at least 19 years of age and**
 1. Has no insurance, or
 2. Is underinsured: health insurance doesn't cover vaccines; doesn't cover all ACIP-recommended vaccines; covers vaccines but with a fixed dollar limit; does not provide first-dollar coverage (i.e., copay, co-insurance or deductible is required).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
 - MenACWY, MMR, Polio (IPV), RSV
 - Tdap, Varicella, and Zoster
 4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: COVID-19, 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 or LHD 317 No insurance	2. Eligible for VFA or LHD 317 Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA or LHD 317 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"/>
	<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.