



VFC ELIGIBILITY SCREENING FORM

Provider Name: _____ Date of Screening: ____/____/____
MM DD YYYY

HEALTH CARE PROVIDER: A record must be kept in the healthcare provider's office that reflects the status of all children up to their 19th birthday who receive immunization through the NYC VFC program. The record may be completed by the **parent, guardian, individual of record, or healthcare provider**. The same record may be used for all subsequent visits as long as the child's health insurance status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

PATIENT INFORMATION:

Child/Patient Date of Birth: ____/____/____
MM DD YYYY

Child/Patient Last Name First Name M.I

Parent/Guardian's Last Name First Name M.I

Check the appropriate eligibility category line below for children (up to their 19th birthday) who receive publicly purchased vaccine in New York.

1. Medicaid/Medicaid managed care enrolled _____
Date
2. Uninsured (no insurance) _____
Date
3. Underinsured (insurance does not cover vaccines) _____
Date
4. Native American/Alaskan Native _____
Date
5. Not Eligible (insurance covers immunization) _____
Date
6. Child Health Plus B (CHPlus B) _____
Date

EXPLANATIONS/INSTRUCTIONS FOR USE OF CATEGORIES ON BACK

Instructions for use of categories

1. MEDICAID

All children enrolled in Medicaid or any Medicaid managed care plan should be entered here. The **only exception** would be American Indian/Alaskan Native who is enrolled in Medicaid: they should be listed under category 3.

2. UNINSURED

All children having no health insurance at all should be listed here.

3. UNDERINSURED (INSURANCE DOES NOT COVER VACCINE)

A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); a child whose insurance does not include first-dollar coverage for a vaccine. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

4. AMERICAN INDIAN/ALASKAN NATIVE

American Indian/Alaskan Native are defined as any individual who (a) is a member of a tribe, band, or other group of Indians including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendent, in the first or second degree, or any such member, or (b) is an Eskimo or Aleut or other Alaskan Native or (c) is considered by the secretary of the interior to be an Indian for any purpose.

5. NOT ELIGIBLE

If the child's vaccines/immunization is covered by insurance, the child is **NOT ELIGIBLE** to receive VFC vaccines.

6. CHILD HEALTH PLUS B

Children enrolled in Child Health Plus B (CHPlus B)