Private Provider
Vaccines for Children (VFC) Program
Patient Eligibility Screening Record

A 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 record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child’s Name: ________________________________________________
   Last Name                                                                          First Name                                                                             MI

2. Child’s Date of Birth: ___ / ___ / ___ ___ ___ ___

3. Parent/Guardian/Individual of Record: ___________________________________________
   Last Name                                            First Name                                                             MI

4. Primary Provider’s Name: ________________________________________________
   Last Name                                                     First Name                                                                            MI

5. 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-C is marked, the child is eligible for the VFC program. If column D, E or F is marked the child is not eligible for federal VFC vaccine.

<table>
<thead>
<tr>
<th>Eligible for VFC Vaccine</th>
<th>Not eligible for VFC Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>B</td>
<td>E</td>
</tr>
<tr>
<td>C</td>
<td>F</td>
</tr>
</tbody>
</table>

Date
Medicaid Enrolled
No Health Insurance
American Indian or Alaskan Native
Has health insurance that covers vaccines
*Underinsured
**Enrolled in FAMIS

*Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Underinsured children are not eligible to receive federal vaccine purchased with VFC funds.

**Children enrolled in the Family Access to Medical Insurance Security Plan (FAMIS). These children are considered insured and are not eligible for federal vaccine purchased with VFC funds. The Virginia Department of Medical Assistance Services (DMAS) provides specific guidance on how FAMIS vaccine is purchased and administered through participating providers.