Patient Eligibility Screening Record Florida Vaccines for Children Program

1.	Initial Screening Date: M M D D Y Y Y Y					
2.	Child's Name: Last Name	First	MI			
3.	Child's Date of Birth: M M D D Y Y Y Y					
4.	Parent/Guardian/Individual of Record:Last Name	First	MI			
5.	Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC):					
	□ Yes □ No					
6.	Primary Provider's Name:Last Name	First	MI			
7.	This patient qualifies for immunization through the VFC box):	Program because he/she (check only	/ one			

- \Box a) Is enrolled in Medicaid
- \Box b) Does not have health insurance
- \Box c) Is an American Indian or Alaskan Native
- \Box d) Is underinsured (has health insurance that does not pay for vaccinations)*
- e) This child does not qualify for immunizations through the VFC Program because he/she does not meet the eligibility criteria

Eligibility Criteria								
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaskan Native	Underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria			

The health care provider must keep in the office a record of all children 18 years of age or younger who receive immunizations. The record may be completed by the parent, guardian, individual of record or by the health care provider. **VFC eligibility screening 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.

*To be supported with VFC Program-purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC or under a deputized agreement with an approved provider.