Patient Eligibility Screening Record Vaccines for Children Program

This record must be kept in the healthcare provider's office to reflect the current status of all children 18 years of age or younger declared eligible to receive immunizations through the VFC program. The record may be completed by the parent, guardian, individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's VFC eligibility status has not changed. Provider verification of responses is not required, but it is necessary to retain this record on file for a minimum of three years.

Please	prin	t or type:			
Initial	l Scre	ening Date:	· .		
Childs Name:		ne: Last Name	First Name	First Name	
Child	's Da	te of Birth:			
Parent/Guardian/ Individual of Record:			First Name	MI	
Provi	der:				
This c	hild q	qualifies for vaccination thro	ugh the VFC program because h	ne or she (check o	only one box):
(0)	[]	is enrolled in KidsCare; or			
(1)	[]	is enrolled in AHCCCS; or			
(2)	[]	does not have health insurar	nce; or		
(3)	[]	is American Indian or Alaskan Native (no matter what the insurance situation is); or			
(4)	[]	has health insurance that does not pay for vaccines.			
(5)	[]	This child does not qualify	for VFC – see reverse side of thi	is form.	

Date of Eligibility Changes & Updates								
KidsCare	AHCCCS	Un-Insured	Native American/ Alaska Native	Under-Insured				

[] Check here if th	is child has health insurance that pays for vaccin	es.
Please be advised:		
If your insurance con	ipany does not cover immunizations and you do i	not let us know at the
time of the visit, it is yo	our responsibility to pay the cost involved. We can	not make the Vaccines
for Children Program	n retroactive and you are only eligible for the V	accines for Children
Program at the time of	of the visit. If you are unsure if immunizations ar	d well check-ups are
covered, please contac	et your insurance company.	
Thank You.		
Please sign below indi	cating that you understand and agree with the ab	oove statement.
Signature:	:	