

**Patient Eligibility Screening Record
Vaccines for Children Program**



1. Initial Screening Date: (_ _ / _ _ / _ _ / _ _)
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2. Child's Date of Birth: (_ _ / _ _ / _ _ / _ _)
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3. Child's Name: _____ MI
Last Name First

4. Parent/Guardian/Individual of Record: _____ MI
Last Name First

5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes No

6. Primary Provider's Name: _____ MI
Last Name First

7. Does this patient qualify for immunization through the VFC program because he/she (check only one box):
- a) Yes, is enrolled in Medicaid
 - b) Yes, does not have health insurance
 - c) Yes, is an American Indian or Alaska Native
 - d) Yes, is underinsured (has health insurance that does not pay for vaccinations)
 - e) No, this child is privately insured and does not qualify for immunizations purchased with VFC funds, however this child does qualify for vaccines purchased with other funds and can receive vaccine supplied by the Maine Immunization Program.

Eligibility Checked					
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not pay for vaccinations)	Privately Insured

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, and 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. This eligibility status must be documented with each visit.