

Maine Immunization Program Patient Eligibility Screening Record



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

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

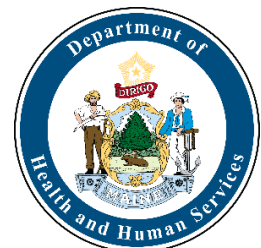
5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes No

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

7. Does this patient qualify for immunization through the Vaccines for Children (VFC) program (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 patient is privately insured and does not qualify for immunizations purchased with VFC funds, however the patient does qualify for vaccines purchased with other funds and can receive vaccine supplied by the Maine Immunization Program.

Eligibility Checked	Childhood Eligibility Screening 0 – 18 Years of Age				Adult Eligibility Screening 19 – 64 Years of Age <i>(Maine Residents Only)</i>	
	Medicaid Enrolled	No Health Insurance	American Indian or Alaska Native	Privately Insured <i>(Maine Resident Only)</i>	Insured <i>(Private and MaineCare)</i>	Uninsured or Underinsured

The eligibility screening record of all patients 0 - 64 years of age who receive MIP supplied vaccines must be kept in the health care provider's office. The eligibility screening record may be completed by the parent, guardian, patient, or by the health care provider and must take place with each immunization visit to ensure the patient's eligibility status has not changed.



❖ *Eligibility status must be documented with each visit.*