

Patient Eligibility Screening Record

Vaccines for Children Program

This provider participates in the Vaccines for Children Program (VFC). If you meet the requirements of this program, we can provide your child's immunizations at a reduced fee. In order to determine eligibility, we must know if your child has insurance that pays for immunizations.

Date (Today) _____
MM/DD/YYYY

Child _____
Last Name First Name MI

Date of Birth _____
MM/DD/YYYY

Parent/Guardian _____
Last Name First Name MI

Provider/Physician _____

INELIGIBLE FOR STATE-SUPPLIED VACCINE (Check if applicable)

The child has Private Insurance that pays for immunizations.

(Fully-insured/ Private Pay)

ELIGIBLE FOR STATE-SUPPLIED VACCINE

This child qualifies for vaccination with state-supplied vaccine because he/she (check only one box):

(a) Is enrolled in Medicaid (VFC)

(Circle applicable managed care coordinator)

Amerigroup

Peachstate

Wellcare

(b) Is enrolled in PeachCare for Kids (CHIP)

(Circle applicable managed care coordinator)

Amerigroup

Peachstate

Wellcare

(c) Is American Indian or Alaskan Native

(d) Does not have insurance (Not Insured)

(e) Has health insurance that does not pay for vaccines

(Underinsured)

Note to Providers:

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunizations with vaccines supplied by state programs. The record may be completed by the parent, guardian, or individual of record, or by healthcare provider. This same record may be used for all subsequent visits as long as 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.