

VFC
Illinois Department of Public Health
PATIENT ELIGIBILITY SCREENING RECORD

Vaccines for Children (VFC) Plus Program

Date: _____

Patient: _____
Last Name First Name MI

Provider: **A.B.C. PEDIATRICS, LTD.**

A record must be kept in the health care provider's office that reflects the status of all children 18 years of age or younger who receive immunizations through the VFC Plus Program. The record may be completed by the parent, guardian or individual of record or by the health care provider. This same record may be used for subsequent visits as long as the child's eligibility status has not changed. While verification of response is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

The parent or guardian has stated that this child qualifies for vaccination through the federal Vaccination for Children (VFC) program because he or she (check one box only):

- (a) Is enrolled in Medicaid _____
- (b) Does not have health insurance _____
- (c) Is American Indian or Alaskan Native _____

OR this child does NOT qualify for vaccination through the Vaccines For Children (VFC) program (unless the provider is a Federally Qualified Health Center or Rural Health Clinic); however, this child may be provided vaccine through the Illinois Vaccines for Children (VFC) Plus Program because he or she:

- (d) Has health insurance that DOES NOT pay For vaccines (underinsured). _____

The above eligibility status information was provided by me to my child's health care provider.

Signature of Parent or Legal Guardian

Date