Iowa Department of Public Health
Vaccines for Children Program
Patient Eligibility Screening Record
Public Provider

Initial Screening Date: _____

Child: _____
Last Name First Name MI

Date of Birth: _____

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

Primary Health Care Provider's Name: _____

The Vaccines for Children (VFC) program is a federally funded program requiring screening and documentation of eligibility status for all patients from birth through 18 years of age. A record must be kept in the health care provider's office that reflects the status of all children receiving immunizations through the VFC Program. The record may be completed by the parent, guardian or individual of record or by the health care provider and should be used for all subsequent visits. It is necessary to retain this or a similar record for each child receiving vaccine for a minimum of three years.

Indicate the child's eligibility status (check only one box):

(a) Enrolled in Medicaid (copy of MCO member ID card required) ☐
(b) Uninsured-no health insurance coverage ☐
(c) American Indian or Alaskan Native (AI/AN) ☐
(d) Underinsured (has health insurance that DOES NOT pay for vaccinations) ☐
(copy of insurance card or name/policy # required)
(Can only receive VFC vaccine at a Federally Qualified Health Center [FQHC], rural health clinic [RHC], or local public health agency [LPHA])
(e) Not eligible for the VFC Program because they do not meet the above criteria (insured) ☐

Office Use Only

This record should be used to document VFC eligibility for all subsequent vaccinations. Information below should be completed by clinic staff.

Eligibility Changes						
Date	Medicaid	No health insurance	AI/AN	Underinsured	Not eligible for VFC	Staff Initials