



Iowa HHS Vaccines for Children Program Patient Eligibility Screening Record Private 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) 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	Not eligible for VFC	Staff Initials