



Eligibility Screening Record

This record must be completed by the child's parent, guardian, or health care provider for children who receive immunizations through the Utah VFC Program.

Date _____
mm/dd/yyyy

Child's Name _____
Last Name First Name Middle Initial

Date of Birth _____
mm/dd/yyyy

Parent or Guardian's Name _____
Last Name First Name Middle Initial

Facility Name _____

To be completed by health care provider

DATE SCREENED	VFC ELIGIBILITY* (Check only one category)				<i>Eligible at FQHC / RHC Only**</i>	<i>Not Eligible***</i>
	ENROLLED IN MEDICAID	NO HEALTH INSURANCE	AMERICAN INDIAN OR ALASKAN NATIVE	ENROLLED IN CHIP	UNDER-INSURED	INSURANCE COVERS VACCINATIONS

*This record must be kept with the patient's medical record. Patients must be screened for VFC eligibility and eligibility status must be documented at each visit. Verification of a child's eligibility status is NOT required.
 **As of January 1, 2012, under-insured patients may only receive publicly funded vaccine in a Federally Qualified Health Center or Rural Health Center (FQHC/RHC).
 *** Patients whose health insurance plan includes vaccine as a covered medical service are considered insured and are not eligible for publicly funded vaccine.