

Vaccines for Children (VFC) Program Patient Eligibility Screening Record

*Providers must screen and properly document eligibility status at each immunization visit.

VFC Pin #:	1 <u>.</u>	_				
Health Care	Provider: _					
Patient:						
Date		Staff's				
	Medicaid	Uninsured	Native American/ Alaskan Native	Underinsured (refer to LHD/FQHC)	Not VFC Eligible	initials

Date of Birth:											
MEQ E1: -:1 ·1·4											
	Staff's										
	initials										
Medicaid	Uninsured	American/ Alaskan Native	Underinsured (refer to LHD/FQHC)	Not VFC Eligible	minum						
		V] (birth	WFC Eligibi (birth through 18 years Medicaid Uninsured Native American/ Alaskan	VFC Eligibility (birth through 18 years of age) Medicaid Uninsured American/ Alaskan Underinsured (refer to LHD/FQHC)	VFC Eligibility (birth through 18 years of age) Medicaid Uninsured Native American/ Alaskan Underinsured Not VFC Eligible						