VACCINES FOR CHILDREN PROGRAM
PATIENT ELIGIBILITY SCREENING RECORD

Purpose: To determine eligibility and the source of funds for the Texas Department of Health to be reimbursed for vaccines. A record must be kept in the office of the health care provider that reflects the status of all children 18 years of age or younger, who receive immunizations through the Vaccines for Children 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 all subsequent visits as long as the child’s eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines.

Date of Screening: ______________________________________________________________

Child’s Name: _________________________________________________________________

                                      Last Name       First Name       MI

Child’s Date of Birth: ___________________________________________________________

Parent/Guardian/ Individual of Record: ___________________________________________

                                      Last Name       First Name       MI

Provider’s Name: _______________________________________________________________

The above named child qualifies for vaccines through the Vaccines for Children Program because he/she (check the category that applies check; check only one)*:

- [ ] (a) is enrolled in Medicaid or
- [ ] (b) does not have health insurance or
- [ ] (c) is an American Indian or
- [ ] (d) is an Alaskan Native or
- [ ] (e) is underinsured (has health insurance that Does Not pay for vaccines, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage) or
- [ ] (f) is a patient who is served by any type of public health clinic and does not meet any of the above criteria or
- [ ] (g) CHIP: is a patient who receives benefits from the Children’s Health Insurance Plan (CHIP)

*Pneumococcal conjugate vaccine (*Prevnar*) may be administered in all VFC-enrolled clinic sites to children Categories a, b, c, d, and g only. This vaccine can only be given to children in Category (e) who have health insurance that does not pay for vaccine AND present for services in a Federally Qualified Health Center, Migrant Health Clinic, or Rural Health Clinic.