

**Patient Eligibility Screening Record
Vaccines for Children Program**

This record must be kept in the healthcare provider's office to reflect the current status of all children 18 years of age or younger declared eligible to receive immunizations through the VFC program. The record may be completed by the parent, guardian, individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's VFC eligibility status has not changed. Provider verification of responses is not required, but it is necessary to retain this record on file for a minimum of three years.

(Please print or type)

Date: _____

Child: _____
Last Name First Name M.I.

Date of Birth: _____

Parent/Guardian/
Individual of Record: _____

Provider: Great Destinations Pediatrics, P.C.

**This child qualifies for vaccination through the VFC program because he/she
(check only one box):**

- (0) is enrolled in KidsCare; or
- (1) is enrolled in AHCCCS; or
- (2) does not have health insurance; or
- (3) is American Indian or Alaskan Native; or
- (4) has health insurance that does not pay for vaccines

 Check here if this child has health insurance that pays for vaccines.
These children do not qualify for VFC.

Please be advised, if your insurance company does not cover immunizations and you do not let us know at the time of the visit, it is your responsibility to pay the cost involved. We cannot make Vaccines For Children Program retroactive and you are only eligible for Vaccines For Children Program at the time of the visit. If you are unsure if immunizations and well check-ups are covered, please contact your insurance company.

Thank You

Signature: _____ Date: _____