

Missouri Vaccines for Children Program Patient Eligibility Screening Record

Today's Date: _____

Child's Name: _____ Date of Birth: _____
Last Name First MI

Parent/Guardian/Individual of Record: _____
Last Name First MI

Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes No

Primary Provider's Name: _____
Last Name First MI

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

- a) Is enrolled in Medicaid Or
- b) Does not have health insurance Or
- c) Is an American Indian or Alaskan Native Or
- d) Is underinsured (has health insurance that does not pay for vaccinations) **FQHC or RHC ONLY**

Eligibility Changes				
DATE	IS ENROLLED IN MEDICAID	DOES NOT HAVE HEALTH INSURANCE	IS AN AMERICAN INDIAN OR ALASKAN NATIVE	IS UNDERINSURED (has health insurance that does not pay for immunizations) FQHC/RHC ONLY*

A record of all children 18 years of age or younger who receive VFC program immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record, or by the health care provider. **VFC eligibility screening must take place with each visit to ensure the child's eligibility status has not changed.** This same record will satisfy the requirements for all subsequent vaccinations, 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 vaccine.

***To be supported with VFC purchased vaccine, underinsured children must be vaccinated at FQHC or RHC facilities.**