Iowa Department of Public Health
Vaccines for Children Program
Patient Eligibility Screening Record
Public Provider

Initial Screening Date:_____

Child: _____
Last Name First Name MI

Date of Birth: _____

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

Primary Health Care Provider's Name: _____

A record must be kept in the healthcare provider's office 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 healthcare provider. This record should be used for all subsequent visits. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

Indicate the child's eligibility status (check only one box):

(a) is enrolled in Medicaid ☐

(b) does not have health insurance ☐

(c) is American Indian or Alaskan Native (AI/AN) ☐

(d) is underinsured (has health insurance that DOES NOT pay for vaccinations) ☐
(Can only receive VFC vaccine at a Federally Qualified Health Center [FQHC], rural health clinic [RHC], or local public health agency [LPHA])

(e) Is not eligible for the VFC Program because they do not meet the above criteria (insured) ☐

Office Use Only

This record should be used to document VFC eligibility for all subsequent vaccinations. Information below should be completed by clinic staff

Eligibility Changes						
Date	Medicaid	No health insurance	AI/AN	Underinsured	Not eligible for VFC	Staff Initials

If there are any questions regarding the Vaccines for Children Program call 1-800-831-6293, ext. 4