

Please print or type

Illinois Department of Public Health
Patient Eligibility Screening Record
Vaccines for Children (VFC) *Plus* Program

Date _____

Patient _____
Last Name First Name MI

Date of Birth _____

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

Provider _____

A record must be kept in the health care provider's office that reflects the status of all children 18 years of age or younger, who receive immunization through the VFC Plus 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 response is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

The parent or guardian has stated that this child qualifies for vaccination through the Vaccines for Children (VFC) *Plus* Program because he or she (check only one box):

- (a) Is enrolled in Medicaid
- (b) Does not have health insurance
- (c) Is American Indian or Alaskan Native
- (d) Is underinsured (health insurance does not pay for immunizations)*

*Persons with immunization coverage after deductibles or co-payments **DO NOT** qualify
The above eligibility status information was provided by me to my child's health care provider.

Signature of Parent or Legal Guardian

Date