



NYC Department of Health and Mental Hygiene  
 Immunization Program  
 Vaccines For Children Program



**ELIGIBILITY SCREENING FORM**

**Provider Name:** \_\_\_\_\_ **Date of Screening:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

**HEALTH CARE PROVIDER:** A record must be kept in the healthcare provider’s office that reflects the status of all children up to their 19<sup>th</sup> birthday who receive immunization through the NYC VFC program. The record may be completed by the **parent, guardian, individual of record, or healthcare provider.** The same record may be used for all subsequent visits as long as the child’s health insurance 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.

**PATIENT INFORMATION:**

Child/Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

\_\_\_\_\_  
 Child/Patient Last Name First Name M.I

\_\_\_\_\_  
 Parent/Guardian’s Last Name First Name M.I

**Check the appropriate eligibility category line below for children (up to their 19<sup>th</sup> birthday) who receive publicly purchased vaccine in New York.**

- 1. Medicaid/Medicaid managed care enrolled \_\_\_\_\_  
Date
- 2. Uninsured (no insurance) \_\_\_\_\_  
Date
- 3. Underinsured (insurance does not cover vaccines) \_\_\_\_\_  
Date
- 4. Native American/Alaskan Native \_\_\_\_\_  
Date
- 5. Not Eligible (insurance covers immunization) \_\_\_\_\_  
Date
- 6. Child Health Plus B (CHPlus B) \_\_\_\_\_  
Date

**EXPLANATIONS/INSTRUCTIONS FOR USE OF CATEGORIES ON BACK**

## **Instructions for use of categories**

### **1. MEDICAID**

All children enrolled in Medicaid or any Medicaid managed care plan should be entered here. The **only exception** would be American Indian/Alaskan Native who is enrolled in Medicaid: they should be listed under category 3.

### **2. UNINSURED**

All children having no health insurance at all should be listed here.

### **3. UNDERINSURED (INSURANCE DOES NOT COVER VACCINE)**

Underinsured children are those who have health insurance that does not cover the cost of vaccines. This does **not** refer to those who have a **co-payment** for an office visit

### **4. AMERICAN INDIAN/ALASKAN NATIVE**

American Indian/Alaskan Native are defined as any individual who (a) is a member of a tribe, band, or other group of Indians including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendent, in the first or second degree, or any such member, or (b) is an Eskimo or Aleut or other Alaskan Native or (c) is considered by the secretary of the interior to be an Indian for any purpose.

### **5. NOT ELIGIBLE**

If the child's vaccines/immunization is covered by insurance, the child is **NOT ELIGIBLE** to receive VFC vaccines.

### **6. CHILD HEALTH PLUS B**

Children enrolled in Child Health Plus B (CHPlus B)