



## Patient VFC Status Screening Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full name of Parent, Guardian, or Legal Representative: \_\_\_\_\_

Health Care Provider's Full Name: \_\_\_\_\_

**INSTRUCTIONS:**

- Form must be completed for every child under age 19 years
- Complete only once, unless the child's VFC Eligibility Status changes.
- Use the back of form to document any changes in VFC Eligibility status.
- Form can be completed by the child's parent, guardian, or legal representative, or by a health care provider.
- Verification of responses is not required.
- Keep this form in the child's medical record or on file in the provider office.
- This form must be made available on request at site review as required by CDC guidance
- Documentation of VFC Eligibility Status must be kept for a minimum of 6 years after the child has left this practice (as per CDC and Washington State guidelines).

**SECTION ONE:** Please choose one of the following for VFC Status:

Initial Screening Date: \_\_\_\_\_

**Patient's Vaccine's for Children (VFC) Status Is:**

- American Indian or Alaska Native
- Medicaid: Department of Social and Health Services (DSHS) - Healthy Options or Fee for Service
- No health insurance
- Underinsured (the child has health insurance coverage that has limited or no coverage for administration of vaccines)
- Private insurance

**SECTION TWO:** Please choose one of the following for state supplied vaccine:

**Patient Can Receive State Supplied Vaccine:**

- DSHS - SCHIP, CHP or other **with green and white DSHS medical identification coupon**
- Basic Health Plan (BHP) - Health Care Authority
- American Indian or Alaska Native
- Medicaid Department of Social and Health Services (DSHS) - Healthy Options or Fee for Service
- No health insurance
- Underinsured (the child has health insurance coverage that has limited or no coverage for vaccines)
- Unaccompanied Minor with no insurance information (family planning clinic, incarceration, etc.)
- Private insurance – **ALL VACCINES EXCEPT FOR HPV VACCINE**

**If this patient's VFC Eligibility Status changes,  
please document his or her new status in the table on the back of this form.**

