

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

## Patient Eligibility Status Screening Record

All providers enrolled in the Washington State Childhood Vaccine Program:

**Patient Information** 

- Must screen and document patient eligibility status for EVERY child less than 19 years of age at EVERY immunization visit.
- Must retain this information in every child's medical record for a minimum of three years.
- May use alternate form (paper based or electronic) but MUST capture all elements included in this form.

Patient Name:						
Patient Date o	f Birth:					
Parent/Guardia	an Name:					
Provider Name	j:					
Eligibility Statu	us					
			_	ven and appropriat /parent/guardian.	te eligibility cate	gory. Select
Date Vaccine Given		Federal VFC	State Vaccine Eligible			
	American Indian or Alaskan Native	Medicaid	Uninsured	Under-insured served by FQHC/RHC*	CHIP**	Private Insurance***

<sup>\*</sup>Children who have health insurance that does not include vaccines or only covers select vaccine types and are receiving care in a Federally Qualified Health Center (FQHC) or certified Rural Health Clinic (RHC).

<sup>\*\*</sup>Children enrolled in the Children's Health Insurance Program (CHIP) or the Washington State Child Health Insurance Program (CHP). These children are covered under the Apple Health umbrella and have the same Apple Health card as Medicaid enrolled children. Providers must determine a patient's status using Provider One.

<sup>\*\*\*</sup>Children who are fully insured receiving care in any facility and underinsured children receiving care in a non-FHQC/RHC.

## Childhood Vaccine Program



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## **Eligibility Status (continued)**

**Instructions:** For each immunization visit, mark date vaccine given and appropriate eligibility category. Select the category with the lowest out-of-pocket cost to the patient/parent/guardian.

		Federal VFC-	State-funded Vaccine			
Date Vaccine Given	American Indian or Alaskan Native	Medicaid	Uninsured	Under-insured served by FQHC/RHC*	CHIP**	Private Insurance***

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