Patient Eligibility Screening Record
Louisiana Vaccines for Children Program

1. Initial Screening Date: _____ /_____/_____

2. Child's Name: _____ ___
   Last Name First MI

3. Child's Date of Birth: _____/_____/_____

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

5. Is your facility a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Community Health Center (CHC)?

   ☐ Yes ☐ No

6. Primary Provider's Name: _____ _____ ___
   Last Name First MI

7. This child qualifies for immunization through the VFC program because he/she (check only one box):
   a) Is enrolled in Medicaid ☐
   b) Does not have health insurance ☐
   c) Is an American Indian or Alaska Native ☐
   d) Is underinsured (has health insurance that does not pay for vaccinations)* ☐

Eligibility Changes				
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured (has health insurance that does not pay for vaccinations)*

A record of all children 18 years of age or younger who receive VFC program immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record or by the health care provider. VFC eligibility screening must take place with each visit to ensure the child's eligibility status has not changed. This same record will satisfy the requirements for all subsequent vaccinations, as long as the child's eligibility 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.

* To be supported with VFC purchased vaccine, underinsured children must be vaccinated at a FQHC,RHC, CHC or PHU.