Massachusetts Department of Public Health
Immunization Division
Vaccine Program

Provider Name:_____
Provider Address: _____
_____
Provider Phone Number: _____

Vaccines for Children Patient Eligibility Screening Form

Patient's full Name:_____ Patient Date of Birth: _____

Parent, Guardian, or Legal Representatives full name: _____

VFC Eligibility Categories It is required to screen and record VFC eligibility for all patients under 19 years of age at each immunization visit. One of the following categories must be selected to determine a child's eligibility for the federal VFC program.	
VFC Eligible- Medicaid	Any patient insured with a Medicaid product (even as secondary insurance). Some common examples of Medicaid plans seen in MA are MassHealth ACO's, MCO's, PCC's, etc. If you cannot determine if a plan is a Medicaid product, please refer to Medicaid.gov or the current years' MassHealth Enrollment guide.
VFC Eligible- Alaska Native/American Indian	Patient(s) whom self-identify as Alaska Native/American Indian (Native American)
VFC Eligible- Uninsured	Patient (s) who have no active insurance plan/coverage.
****VFC Eligible- Under-insured**** FQHC's ONLY	Please note that this category is only applicable to sites that are registered as Federally Qualified Health Centers (FQHC's). Please see the cases of under-insured patients described below: • Children who have health insurance, but coverage does not include any vaccines • Children who have health insurance, but coverage does not include all vaccines recommended by the (ACIP) • Children whose insurance does not provide first-dollar coverage for vaccines. First-dollar coverage includes copays, coinsurance and deductibles.
Not VFC Eligible	Patients who do not fall into one of the categories above and has private insurance coverage that will cover all ACIP recommended vaccines. Please note that all privately insured children (Under the age of 19) can receive state-supplied vaccines according to the Childhood Avaliability Table found online at https://www.mass.gov/resource/vaccine-management.

Please use the table below to document a patient's VFC eligibility status at **every** immunization visit and store this document within the medical record.

Date of Immunization	Insurance Status or insurance plan name and plan type (ACO, MCO, PCC, HMO,PPO, etc.)	VFC Eligibility status
		___VFC Eligible- Uninsured ___VFC Eligible- Medicaid ___VFC Eligible- Alaska Native/American Indian ___ VFC Eligible- Under-Insured (FQHC's ONLY) ___ Not VFC Eligible
		___ VFC Eligible- Uninsured ___VFC Eligible- Medicaid ___VFC Eligible- Alaska Native/American Indian ___VFC Eligible- Under-Insured (FQHC's ONLY) ___Not VFC Eligible
		___VFC Eligible- Uninsured ___VFC Eligible- Medicaid ___VFC Eligible- Alaska Native/American Indian ___VFC Eligible- Under-Insured (FQHC's ONLY) ___Not VFC Eligible
		___VFC Eligible- Uninsured ___VFC Eligible- Medicaid ___VFC Eligible- Alaska Native/American Indian ___VFC Eligible- Under-Insured ___Not VFC Eligible