



## Vaccines For Children (VFC) Program Patient Eligibility Screening Record Form in DPH Health Departments

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure 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. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name: \_\_\_\_\_ 2. Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last Name First Name MI

3. Parent/Guardian/Individual of Record: \_\_\_\_\_  
Last Name First Name MI

4. Provider's Name: \_\_\_\_\_  
Last Name First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive publicly funded vaccine through the VFC or state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. *If Column A-C is marked, the child is eligible for the VFC program. If column E or F is marked the child is not eligible for federal VFC vaccine.*

	Eligible for VFC Vaccine				Not eligible for VFC Vaccine	
	A	B	C	D	E	F
<b>Date of Immunization visit</b>	<b>Medicaid Enrolled (VFC stock)</b>	<b>No Health Insurance (VFC stock)</b>	<b>American Indian or Alaska Native (VFC stock)</b>	<b>VFC Underinsured served by FQHC, RHC or deputized provider (VFC stock)</b>	<b><sup>1</sup>SC State Underinsured, (State stock)</b>	<b><sup>2</sup>SC State Insured, Insured Hardship (State stock)</b>
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		

**<sup>1</sup>SC State Vaccine Program Underinsured:** *These children are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not an FQHC/RHC or a deputized provider. However, these children may be served with state vaccine program vaccine to cover these non-VFC eligible children. Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have SC State Vaccine program vaccine stock prior to seeing this patient population.*

**<sup>2</sup>SC State Vaccine Program - Insured and Insured Hardship:** *These children are considered insured and are not eligible for vaccines through the VFC program. However, these children may be served state vaccine program vaccine to cover these non-VFC eligible children. Insured Hardship is defined as an insured child 0 through 18 years of age served in a DPH Immunization Clinic. Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have SC State Vaccine program vaccine stock prior to seeing this patient population.*

## South Carolina Department of Public Health

### Vaccines For Children (VFC) Program Patient Eligibility Screening Record Form in DPH Health Departments

#### Purpose:

The purpose of this form is to provide screening and documentation of the eligibility status at each immunization encounter (visit) for the Vaccines for Children (VFC) program for children 18 years of age or younger, prior to administration of vaccine(s). In addition, screening and documenting eligibility status for the state vaccine eligible child through the South Carolina State Vaccine Program at each immunization encounter (visit). This form captures the documentation for screening all categories of VFC and non-VFC eligible children seen in DPH Health Departments enrolled as VFC provider's during immunization encounters (visits). Screening and Documentation of eligibility statuses is a requirement for all providers enrolled in the vaccine programs. All must be documented in SIMON within 10 days of administration.

#### General Instructions for Use:

The Vaccines For Children (VFC) Patient Eligibility Screening Record Form will be completed by the parent, guardian, individual of record, or healthcare provider staff **prior** to administration of vaccine(s) for every immunization encounter (visit).

#### Item-By-Item Instructions:

1. Complete the Child's Name, Child's Date of Birth, Parent/Guardian/ Individual of Record, and Provider's Name.
2. Assess client's eligibility for publicly funded vaccine. Record the date of the immunization encounter (visit).
3. After determination of eligibility category, mark in the appropriate column:

#### Eligible for VFC Vaccine

- A. Medicaid- Enrolled (VFC Stock)
- B. No Health Insurance (VFC Stock)
- C. American Indian or Alaska Native (VFC Stock)
- D. **Underinsured - NOTE: DPH clinics do not currently serve underinsured children with VFC vaccine therefore, not applicable "N/A".**

#### Not eligible for VFC Vaccine

- E. <sup>1</sup>SC State Underinsured, served by Non-FQHC/RHC (State stock)
- F. <sup>2</sup>SC State Insured, Insured Hardship (State stock)

#### Office Mechanics and Filing:

The completed DPH 1146D must be filed in the medical record according to the most current records format. The medical record is retained in accordance with the adult and child medical record retention schedules.

[Under Retention schedule 15726](#)

[Record Group Number 169](#)

[Retention: 3 years, destroy](#)