

# Patient Eligibility Screening /Release of Vaccination Information

Vaccines for Children (VFC) Program

AZ State Immunization Information System

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

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
(Last, First, MI)

Parent/Guardian \_\_\_\_\_

**This child qualifies for vaccinations through the VFC program because he/she:**  
(check only one)

- (0)  is enrolled in KidsCare; or
- (1)  is enrolled in AHCCCS; or
- (2)  does not have health insurance; or
- (3)  is American Indian or Alaskan Native (no matter what the insurance situation is); or
- (4)  has health insurance that does not pay for vaccines.
- (5)  This child does not qualify for VFC – see box below.

Date of Eligibility Changes & Updates				
KidsCare	AHCCCS	Un-Insured	Native American/Alaska Native	Under-Insured

Check here if this child has health insurance that pays for vaccines.

**Please be advised:**  
If your insurance company does not cover immunizations and you do not let us know at the time of the visit, it is your responsibility to pay the cost involved. We cannot make the Vaccines for Children Program retroactive and you are only eligible for the Vaccines for Children Program at the time of the visit. If you are unsure if immunizations and well check-ups are covered, please contact your insurance company. Thank you.

*Please sign below indicating that you understand and agree with the above statement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

