

Please print or type

Illinois Department of Public Health
Patient Eligibility Screening Record
Vaccines for Children (VFC) *Plus* Program

Date: _____

Child: _____
Last Name First Name MI

Date of Birth: _____

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

Provider: _____ **Lee County Health Department** _____

A record must be kept in the health care provider's office that reflects the status of all children 18 years or younger, who receive immunization through the VFC Plus Program. The record may be completed by the parent, guardian or individual of record, or by the health care provider. This same record may be used for all subsequent visits 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.

The parent or guardian has stated that this child qualifies for vaccination through the federal Vaccines For Children (VFC) program because he or she (check only one box):

- (a) Is enrolled in Medicaid (Public Aid Card)
- (b) Does not have health insurance
- (c) Is American Indian or Alaskan Native

OR this child does not qualify for vaccination through the Vaccines For Children (VFC) program (unless the provider is a Federally Qualified Health Center or Rural Health Clinic); however, this child may be provided vaccine through the Illinois Vaccines for Children (VFC) *Plus* Program because he or she:

- (d) Has health insurance that does not pay for vaccines (underinsured).

The above eligibility status information was provided by me to my child's health care provider.

X _____
Signature of Parent or Legal Guardian Relationship Date

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P.O. #515144 10M 09/94 IL 482-0893

Please check any that apply:

Enrolled in Family Case Management Program