



Patient Eligibility Screening Record Connecticut Vaccine for Children Program

Date Screened: _____

Child's Name: _____
Last Name First Name MI

Child's Date of Birth: ____ / ____ / ____

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

Provider: GALES FERRY PEDIATRICS

This child qualifies for immunization through the federally funded portion of the VFC program because he/she (check only one box):

- (a) Is enrolled in Medicaid _____ or
- (b) Does not have health insurance _____ or
- (c) Is American Indian or Alaskan Native _____ or
- (d) Is underinsured (has health insurance that does not pay for vaccinations)* _____ or
- (e) Is otherwise eligible to receive state funded vaccine. _____

If you checked (d), is this facility a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC)?

Yes _____ No _____

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunization through the Connecticut VFC Program. The record may be completed by the parent, guardian or individual or record, or by the healthcare 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.

