NYC Department of Health and Mental Hygiene
Immunization Program
Vaccines For Children Program

ELIGIBILITY SCREENING FORM

Provider Name: __________________________ Date of Screening: ___/___/_____

MM  DD  YYYY

HEALTH CARE PROVIDER: A record must be kept in the healthcare provider’s office that
reflects the status of all children up to their 19th birthday who receive immunization through the NYC
VFC program. The record may be completed by the parent, guardian, individual of record, or
healthcare provider. The same record may be used for all subsequent visits as long as the child’s
health insurance 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.

PATIENT INFORMATION:

Child/Patient Date of Birth: ___/___/_____

MM  DD  YYYY

Child/Patient Last Name __________________________ First Name __________ M.I

Parent/Guardian’s Last Name __________________________ First Name __________ M.I

Check the appropriate eligibility category line below for children (up to their 19th birthday)
who receive publicly purchased vaccine in New York.

1. Medicaid/Medicaid managed care enrolled __________________________ Date

2. Uninsured (no insurance) __________________________ Date

3. Underinsured (insurance does not cover vaccines) __________________________ Date

4. Native American/Alaskan Native __________________________ Date

5. Not Eligible (insurance covers immunization) __________________________ Date

6. Child Health Plus B (CHPlus B) __________________________ Date

EXPLANATIONS/INSTRUCTIONS FOR USE OF CATEGORIES ON BACK

DOH 3835P (Revised 12/2008)
Instructions for use of categories

1. **MEDICAID**
   All children enrolled in Medicaid or any Medicaid managed care plan should be entered here. The **only exception** would be American Indian/Alaskan Native who is enrolled in Medicaid: they should be listed under category 3.

2. **UNINSURED**
   All children having no health insurance at all should be listed here.

3. **UNDERINSURED (INSURANCE DOES NOT COVER VACCINE)**
   Underinsured children are those who have health insurance that does not cover the cost of vaccines. This does **not** refer to those who have a **co-payment** for an office visit.

4. **AMERICAN INDIAN/ALASKAN NATIVE**
   American Indian/Alaskan Native are defined as any individual who (a) is a member of a tribe, band, or other group of Indians including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendent, in the first or second degree, or any such member, or (b) is an Eskimo or Aleut or other Alaskan Native or (c) is considered by the secretary of the interior to be an Indian for any purpose.

5. **NOT ELIGIBLE**
   If the child’s vaccines/immunization is covered by insurance, the child is **NOT ELIGIBLE** to receive VFC vaccines.

6. **CHILD HEALTH PLUS B**
   Children enrolled in Child Health Plus B (CHPlus B)