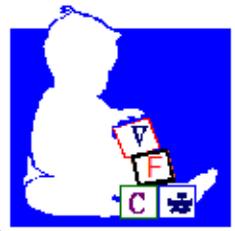




Vaccines for Children Program
 Bureau of Immunization
 NYC DOHMH
 42-09 28th Street, 5th Floor, CN-21
 Queens, New York, 11101-4132
 Phone: (347) 396-2404 / Fax: (347) 396-2559



NEW ENROLLMENT SUPPLEMENTAL INFORMATION

*(Please complete all *required fields & return by fax or mail)*

FACILITY NAME:* _____

Assigned Pin Number _____ Assigned Facility Code _____

FACILITY CLASSIFICATION:

*Practice Type (age group your facility serves): Pediatric (i.e., Child<19) Adult Both

*Funding Class (primary source of funding at this site):

<input type="checkbox"/> Private _____ <small>(Please indicate type of facility [e.g. private practice, private hospital, other medical facility])</small>	<input type="checkbox"/> Public _____ <small>(Please indicate type of facility [e.g. private practice, private hospital, other medical facility])</small>	<input type="checkbox"/> FOHC _____ <small>(Please indicate type of facility [e.g. private practice, private hospital, other medical facility])</small>
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SHIPPING HOURS* (days/times when your facility can receive vaccine shipments):

		First Open Interval		Second Open Interval	
		From	To	From	To
Monday	<input type="checkbox"/> Office is closed/no deliveries				
Tuesday	<input type="checkbox"/> Office is closed/no deliveries				
Wednesday	<input type="checkbox"/> Office is closed/no deliveries				
Thursday	<input type="checkbox"/> Office is closed/no deliveries				
Friday	<input type="checkbox"/> Office is closed/no deliveries				

ANNUAL PATIENT NUMBERS* (number of children immunized or that you expect to immunize yearly in each category listed below):

Category	<1 Year	1-6 Years	7-18 Years	≥ 19 Years
Medicaid/Medicaid Managed Care				
Not Insured/No Insurance				
American Indian/Alaskan Native				
Underinsured*				
Child Health Plus (CHP)				
Not Eligible**				
TOTAL				

*Underinsured – Children who have commercial (private) health insurance but does not cover vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount (when amount is reached, children are categorized as underinsured).

**Not Eligible – Insurance covers all or part of the cost of vaccine.

ADDITIONAL SITES (List any affiliated facilities. If the facility is enrolled with VFC, please provide the VFC Pin number):

Facility Name	Zip Code	Is this site VFC Enrolled	If Yes, please provide PIN