

Illinois Department of Public Health
Patient eligibility screening record
Vaccines for Kids (VFK) Plus Program

Date: _____ Phone: _____

Child: _____
LAST NAME FIRST NAME MIDDLE

Date of Birth: _____

Parent/Guardian: _____
LAST NAME FIRST NAME MIDDLE

Doctor/Provider: _____

A record must be kept in the health care provider's office that reflects the status of all children 18 years of age or younger, who receive immunizations through VFK Plus Program. The record may be completed by the parent/guardian 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 vaccines.

The parent/guardian has stated that this child qualifies for vaccination through the Federal Vaccines for Kids program because he/she: (check one box only)

- a.) is enrolled in Medicaid
- b.) does not have health insurance
- c.) is American Indian or Alaskan Native

Or this child does NOT qualify for Vaccination through the program (unless the provider is a Federally qualified Health Center or Rural Health Clinic): however this child may be provided vaccines through the Illinois Vaccines for Kids Plus Program because he/she:

- d.) has health insurance that DOES NOT pay for vaccines

The parent/guardian agrees that said child will receive immunizations provided by the Illinois Department of Public Aid at the cost of \$23.50 per shot. I understand that this may not be billed to my insurance company for any reason, and that payment is expected today.

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

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE