

**Vaccines for Children (VFC)  
Patient Eligibility Screening Record**

VFC eligibility screening and documentation must take place with each immunization visit and recorded in MCIR. Providers may also utilize the below form to document screening.

1. Child's Name: \_\_\_\_\_  
Last Name
First Name
MI

2. Child's Date of Birth: \_\_\_\_\_

3. To determine if a child (0 through 18) is eligible to receive federal vaccine through the VFC and state programs, at each immunization visit, enter the date and mark the appropriate eligibility. To be eligible for VFC vaccine, **patients must be under 19 years old and meet one of the criteria in columns A-D.** Ensure MCIR documentation as well. For additional public vaccine providers such as MI-AVP, Universal Hepatitis B, or High-Risk Hepatitis A & B Vaccine Providers, guidance is available at [www.mi.gov/vfc](http://www.mi.gov/vfc).

	Eligible for VFC Vaccine				NOT eligible for VFC Vaccine
	A	B	C	D	E
Date	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	*Underinsured	Has health insurance that covers vaccines

*\*Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for VFC vaccines that are not covered by insurance.*