**VFC/WyVIP Program**

**Sample Eligibility Screening Form**

The VFC/WyVIP Program provides vaccines to children through the age of 18. If this child is aged **18 years or younger**, please complete this form to determine eligibility. VFC/WyVIP eligibility should be reviewed and documented at every immunization encounter. See Quick Reference Guide: [*Patient Eligibility and Vaccine Administration Fee.*](https://wdhstaging.health.wyo.gov/familyhealth/immunization/VFCWyVIP_Program_EducationalResources.html)

**Screening Date:**

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| --- | --- |
| **Patient Information** | |
| Child’s Full Name: | Date of Birth: |
| Full Name of Parent, Guardian, or Legal Representative: | |

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| **VFC Eligibility *Circle Response*** | | | | ***Eligibility Details*** |
| 1. Is this child American Indian or Alaska Native? | YES | NO | **If Yes,** VFC eligible even if child has insurance. *No need to proceed.* | |
| 2. Is this child covered by Medicaid/EqualityCare/Title XIX? | YES | NO | **If Yes,** VFC eligible, *no need to proceed.* | |
| 3. Does this child have NO insurance (uninsured)? | YES | NO | **If Yes,** VFC eligible, *no need to proceed.* | |
| 4. Does this child have insurance that does not cover the vaccines needed (underinsured):  a. If yes, is your facility an RHC, FQHC, or has a delegation of authority | YES YES | NO NO | **If Yes to both 4 and 4a**, the patient is VFC eligible. *Only providers with a delegation of authority, FQHC’s, and RHC’s may vaccinate underinsured patients with publicly-supplied vaccine.* | |
| **Is this patient VFC eligible** *(based on the answers above)***?** | **NO** | **YES** | If Yes, there is no need to continue as the patient is VFC eligible and should receive public stock vaccine. | |

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| **WyVIP Eligibility *Circle Response*** | | | | ***Eligibility Details*** |
| 1. Is this child a Wyoming resident and not VFC eligible? | YES | NO | **If Yes,** the patient is WyVIP eligible. | |
| The following vaccines are not provided by the WyVIP Program, providers must administer private stock vaccine.  • Hepatitis A  • Influenza  • Human papillomavirus  • Meningococcal conjugate | | | | |

In certain situations, a patient may have a different eligibility status for different vaccines. In these situations, specify patient eligibility for each vaccine below. See Quick Reference Guide: [Eligibility and Administration Fee](https://wdhstaging.health.wyo.gov/familyhealth/immunization/VFCWyVIP_Program_EducationalResources.html) for examples.

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| **Vaccine** | **Eligibility** | **Comments** |
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If you have any questions about VFC/WyVIP policies and/or eligibility, please contact the Immunization Program at 307-

777-8503.

*\* Eligibility Screening Forms must be maintained with the patient’s record for no less than 3 years.*

*\*\*Any provider changes to this form must be approved by the Immunization Unit.*

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