TEXAS VACCINES FOR CHILDREN PROGRAM (TVFC)
PATIENT ELIGIBILITY SCREENING RECORD

CLINIC USE ONLY:
TVFC Eligible
☐ Yes ☐ No

Purpose: To determine eligibility and the source of funds for the Texas Department of State Health Services to be reimbursed for vaccines. A record must be kept in the office of the health care provider that reflects the status of all children 18 years of age or younger who receive immunizations through the *Texas Vaccines for Children Program*. The record may be completed by the parent, guardian, or individual of record, 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.

Date of Screening: _____

Child's Name: _____
Last Name First Name MI

Child's Date of Birth: _____/_____/_____

Parent/Guardian/Individual of Record:

_____
Last Name First Name MI

Provider's/Clinic's Name:

_____

The above named child qualifies for vaccines through the Texas Vaccines for Children Program because he/she (check the first category that applies, check only one)*:

- ☐ (a) is enrolled in Medicaid, or
- ☐ (b) does not have health insurance, or
- ☐ (c) is an American Indian, or
- ☐ (d) is an Alaskan Native, or
- ☐ (e) is underinsured (has health insurance that **Does Not** pay for vaccines, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage) *, or
- ☐ (f) is a patient who is served by any type of public health clinic and does not meet any of the above criteria, or
- ☐ (g) is a patient who receives benefits from the Children's Health Insurance Plan (CHIP).
- ☐ **None of the above, not eligible for TVFC vaccine**

***Pneumococcal conjugate vaccine (PCV7) may be administered in all TVFC-enrolled clinic sites to children in categories "a," "b," "c," "d," and "g" only. This vaccine can only be given to children in category "e" who have health insurance that does not pay for vaccine AND present for services in a federally-qualified health center, migrant health clinic, or rural health clinic.**

Signature: _____ Date: _____

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: "I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice."