

VFC Eligibility Screening Record for Birthing Hospitals



California
Vaccines for
Children Program

Newborn Information

Newborn Name	<i>Last</i>	<i>First</i>	<i>MI</i>	Birth Date
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Birth Parent Information

Parent Name	<i>Last</i>	<i>First</i>	<i>MI</i>	Date
Parent Date of Birth				

☐ **The newborn named above qualifies for immunizations through the VFC Program because their birth parent:**

Choose only one of the following.

(Note: If two or more of the eligibility qualifications is met, choose the first one that applies.)

- ☐ Is covered by Medi-Cal or is Medi-Cal eligible; or
- ☐ Is uninsured (does not have insurance); or
- ☐ Is an American Indian or Alaskan Native
- ☐ Health insurance that does not cover RSV and Hepatitis B vaccines (only at federally qualified and rural health centers).

☐ **Birth parent/guardian has health insurance that covers RSV and Hepatitis B vaccines**

The following is for HOSPITAL STAFF ONLY:

1. This form documents the eligibility status of the infant named above.
2. The health care provider must keep this record for the VFC-eligible child for no less than three (3) years and make it available to state or federal officials for inspection upon request.
3. This record may be completed by the birth parent, guardian or by birthing hospital staff.
4. Parent-provided responses do not need to be verified.

Eligibility Status Verification

- ☐ **VFC Eligible, give VFC Vaccine Inventory**
- ☐ **NOT VFC Eligible, give Private Inventory**