



CONNECTICUT VACCINE PROGRAM (CVP)

Patient Eligibility Screening Record

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Provider: _____

This child qualifies for immunization through the Connecticut Vaccine Program since he/she is under 19 years of age and (check only one box):

VFC eligible:

- (A) Is enrolled in Medicaid (HUSKY A)
- (B) Has no health insurance/self-pay
- (C) Is American Indian or Alaskan Native
- (D) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC.

State eligible:

- (E) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office.
- (F) Is enrolled in S-CHIP (HUSKY B)
- (G) *Is Privately Insured

*Note private insurance patients can receive all vaccines from the CVP except for Rotavirus, Human Papillomavirus Vaccine (HPV), Influenza for 5 through 18 year olds, Hepatitis A for 2 through 18 year olds and Meningococcal Group B vaccines; these vaccines are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office (paper copy or in an EHR/EMR) that reflects the status of all children 18 years of age and younger who receive vaccine from the CVP.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening. If the screening result above (A-G) changed, please complete a new patient eligibility screening record.

Date of screening (mo/day/year)	Initials

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