



**Required for Children 18 years and younger**  
**CONNECTICUT VACCINE PROGRAM (CVP)**  
**Patient Eligibility Screening Record**



**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian\*\*:** \_\_\_\_\_

**Mother's Name (if different than above\*\*):** \_\_\_\_\_

Provider: **Pomperaug District Department of Health**

**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) v02
- (B) Has no health insurance/self-pay v03
- (C) Is American Indian or Alaskan Native v04
- (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 v05

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. v03
- (F) Is enrolled in S-CHIP (HUSKY B) v22
- (G) \*Is Privately Insured v01

*\*Note private insurance patients can receive all vaccines from the CVP except for Human Papillomavirus Vaccine (HPV) for 9-10 & 13 through 18 year olds. 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.

**For PDDH Use**

Date of screening (mo/day/year)	Initials

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