



**Participation in the Colorado  
Vaccines For Children Program:  
Program Introduction**

April 2009

The Vaccines for Children (VFC) program is a federally funded and state-operated vaccine supply program that was created on July 15, 1994. It was implemented in Colorado for the public health clinics on October 1, 1994 and for physicians in private practice on October 1, 1995. The program is intended to help raise childhood immunization levels in the United States, especially among infants and young children. The program will supply, *at no cost to all public health care providers and to private health care providers who agree to participate*, federally purchased vaccine to be administered to children in certain groups. Approximately 60% of U.S. children may be expected to benefit from the VFC program.

The VFC program guarantees vaccine purchase and supply to all states, territories, and the District of Columbia for use by participating providers. *These vaccines are given to eligible children without vaccine cost to the provider.* All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program.

- Why do we need the VFC Program?

**The VFC program reduces cost as a barrier to vaccination and enables better access to health care.**

Many children are not vaccinated because their parents either do not have health insurance, or their insurance does not cover the cost of vaccines. The risk of serious illness or even death from vaccine-preventable disease is far greater for these children. However, for the many children who qualify for the no-cost vaccines provided through the VFC program, this barrier to immunization is no longer a problem.

- Which patients are eligible?

**Children, from birth through 18 years of age, who meet at least one of the following criteria:**

- Medicaid eligible;
- Uninsured;
- American Indian or Alaskan Native, or;
- Underinsured - These patients can receive VFC vaccines at federally qualified health centers or rural health clinics.

- How can I enroll as a provider?

**Enrolling in the VFC program is easy! Call the Colorado Department of Public Health and Environment Immunization Program. Then...**

1. Request a provider enrollment packet, which lists your state's requirements for participation.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

**Colorado Vaccine for Children Program:  
Welcome to the Colorado VFC Program**



April 2009

Welcome and thank you for choosing to participate in the Colorado Vaccines for Children (VFC) Program! In the attached enrollment packet are several items you and your staff will need to review, as well as the actual New Provider Enrollment Form, the Physician Signature Page, and the New Provider Profile Form. These pages are the actual enrollment agreement and need to be completed as thoroughly and accurately as possible. If you have questions on how to complete any of the forms, please feel free to call the VFC program at the Colorado Department of Public Health and Environment and someone will be able to assist you.

Please pay particular attention to item number 12 “Type of Facility” on the New Provider Enrollment Form and use the following information to guide your response to this item.

**Definitions for type of facility:**

Please select the provider type that best describes your funding source from the list of definitions provided below. If you are unsure, please contact our office.

1. **Public Health Department Clinic** – any provider that is a recognized public health entity, such as local/regional Health Departments and County Nursing Services that are not recognized as FQHCs.
2. **Public Hospital** – a facility that receives federal, state, or local funding for operation.
3. **Private practices**, including solo, group, and HMO.
4. **Private hospital** – owned by a for-profit company or a non-profit organization and privately funded through payment for medical services by patients themselves or by insurers.
5. **FQHC** (Federally Qualified Health Center) is a health center designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population in facilities such as those for the homeless and persons with acquired immunodeficiency syndrome (AIDS) that receive grants under the Public Health Service (PHS) Act, and “look-a-likes,” which meet the qualifications, but do not actually receive grant funds. *They also include health centers within public housing, Indian health centers, migrant, and community health centers.*
6. **RHC** (Rural Health Clinic) is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area. An RHC is required to be staffed by physician assistants, nurse practitioners, or certified nurse midwives at least 50% of the time that the clinic is open, and are certified to receive special Medicare and Medicaid reimbursement.
7. **Other Public Facilities** – Clinics that receive public funding for operations. The following is a list of facilities which fall into this category:
  - a. Public pre-schools/day cares/head start
  - b. WIC sites (not associated with a local HD or CNS)
  - c. Correctional facilities
  - d. HIV/STI clinics
  - e. Substance Abuse Clinics
  - f. Military Health Care Facilities
  - g. Public Hospital-based clinics, including university/resident clinics
8. **Other Private Facilities** – private hospital-based clinics, including university/resident clinics, privately funded day care/pre-school/head start.

**Protocol for Participation in the  
Colorado Vaccine for Children Program:**



April 2009

As a new provider in the VFC program, what do I need to know to get started?

**Who is eligible to be vaccinated with VFC vaccines?**

Persons eligible to be vaccinated with VFC Program-provided vaccines are those children 0 through 18 years of age whom:

1. *Are* Medicaid eligible; or
2. *Are* Uninsured; or
3. *Are* American Indian or Alaskan Native (as defined by the Indian Health Services Act).

In addition, "underinsured" children (those with insurance that does not pay for vaccines) may receive VFC vaccine at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

- **FQHC:** A center that provides health care to a medically under-served population may apply to the BPHC/HRSA for FQHC status. If the application is approved and the health center meets the Health Resources and Services Administration (HRSA) qualifications, FQHC status is conferred. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with AIDS that receive grants under the Public Health Service (PHS) Act, and "look-alikes" which meet the qualifications but do not actually receive grant funds. *They also include health centers within public housing and Indian health centers.* There are about 1,400 designated FQHCs nationwide.
- **RHC:** The Rural Health Clinic program was established in 1977. Its two-fold purpose was to increase access to health care for rural under-served communities, and to expand the use of nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs) in rural communities. To be eligible for certification as an RHC, a clinic must be located in a Health Professional Shortage Area, Medically Under-served Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by PAs, NPs, or CNMs at least half of the time the clinic is open. RHCs provide comprehensive family oriented primary health services to medically underserved and disadvantaged populations experiencing financial, geographical, or cultural barriers to care. There are about 800 RHCs nationwide.

**NOTE:** Because most private sector providers do not qualify to be an FQHC or RHC, they are **NOT** eligible to use VFC-vaccine to vaccinate children who have health insurance that does *not* cover vaccine costs.

**How does a provider order vaccine through the VFC Program?**

To order vaccine, providers will need to complete and submit (by mail or fax) a current VFC vaccine order form to the VFC Program office. *Do not mail and fax the same vaccine order* as this can result in the provider receiving a double order: The vaccine order does not need to be signed by a physician.

**Notes:**

1. Providers should not order vaccine more frequently than once a month. *Routine orders submitted more frequently than monthly will not be accepted.* If vaccines are forgotten on the initial month's order, they will go on the next month's order.
2. Be sure to place orders with sufficient vaccine stock on hand to allow up to *three (3)*

- weeks for delivery* but maintaining no more than a 60-90 day inventory.
3. It is recommended that providers keep copies of their VFC vaccine order requests.

#### **How is the VFC vaccine delivered?**

The VFC Program has contracted with McKesson Specialty in Tennessee to ship vaccine to providers Monday through Wednesday. The vaccine should arrive at provider offices between Tuesday and Thursday.

#### **Notes:**

1. To reduce the chance that vaccine will arrive at provider's offices on days when the providers cannot receive it, providers should specify on their New Provider Enrollment Forms the day(s) their offices are closed.
2. ***Providers must notify the VFC Program if they change the day(s) their offices are closed or change their delivery address.***
3. Providers should call the VFC Program office immediately at 303-692-2795 (Houston) or 303-692-2334 (Nicole) if there are any discrepancies with their vaccine orders.
4. Providers with vaccine that will not be used before it expires should contact the VFC program so that the vaccine can be redistributed. The program should be contacted ***at least three months*** before the vaccine expires.
5. **NOTE:** Varicella vaccine is shipped to the provider directly from Merck.

#### **What are the requirements for screening patients for VFC eligibility?**

Providers must screen each child who receives VFC vaccine for eligibility for the VFC Program. Screening of the child must occur at every visit, but only needs to be documented at the initial screening and updated as necessary. Verification of responses is not required. Providers may use either of the following tools to screen children for VFC eligibility.

1. VFC Eligibility Screening combined with the Vaccine Administration Record (See section 5).

Note: Since the VFC Program is not able to supply this form in bulk to providers, providers are free to reproduce this form.

2. Other Methods:

- a) A provider may incorporate the screening questions (*including the question regarding American Indian/Alaskan Native descent*) and the responses to the questions from the Eligibility Screening Form into any patient record he or she already uses in his or her office.
- b) Since no signature is required, the eligibility screening information may be stored in an automated record rather than in hard copy e.g., local registry.

Providers should not submit these forms to the VFC Program. However, providers *must* retain the record of screening for each VFC-eligible child for at least three (3) years. The record also must be easily retrievable. (Retention of the Eligibility Screening Forms for children not eligible for the VFC Program is optional.)

### **What vaccine-associated fees may a provider charge the family?**

VFC vaccine is supplied to enrolled providers through CDPHE at no cost. Therefore, providers may not charge for the cost of these vaccines. However, an Administration, Record keeping, and Tracking (ART) fee, which is established by the Colorado State Board of Health and described below, can be charged for each immunization *administered* as long as the immunization is not denied because the fee cannot be paid.

1. **Private Practitioners:** The ART fee that private practitioners may charge the Medicaid program for the administration of VFC vaccines to a Medicaid-enrolled infant or child shall be a maximum of **\$6.50** per dose vaccine.
2. **Private Practitioners:** For non-Medicaid, VFC-eligible children, the provider can request that the family pay an administration fee, or some portion thereof, *not to exceed \$14.74* per immunization.
3. **Public Health Agencies:** For vaccine administered to *Medicaid-enrolled infants and children*, a public health agency may charge the Medicaid program **\$6.50** per vaccine administered for the ART fee.
4. **Public Health Agencies:** For vaccine administered to *non-Medicaid-enrolled infants and children*, a public health agency can request that the family pay an administration fee, or some portion thereof, *not to exceed \$14.74* per immunization.
5. **Providers cannot refuse to administer a VFC vaccine to a VFC-eligible child in their practice simply because the parent cannot pay the administration fee.** However, if the vaccine is provided in conjunction with other services, an office visit charge may be applied.

Other information that will be useful:

### **What is the Colorado Infant Immunization Program and how is it different from the VFC Program?**

The Colorado Department of Public Health & Environment (CDPHE) also furnishes vaccines for children to medical providers at no cost through the Colorado Infant Immunization Program (IIP). The Colorado IIP furnishes vaccines to the provider for **Medicaid (EPSDT) -enrolled clients who are 19 through 20 years of age**. Providers who are enrolled in the VFC program automatically qualify to receive IIP vaccine for their Medicaid-enrolled patients who are 19 through 20 years of age needing to be vaccinated. Separate enrollment for the IIP is not necessary.

#### **Notes:**

1. Vaccine usage is monitored by comparing the number of doses billed to Medicaid with the number of vaccine doses shipped to providers. Only doses billed to and paid for by the Medicaid program are recognized. It is important that providers use accurate procedure codes to bill Medicaid for vaccine doses as soon as possible after the vaccine is administered.
2. It is not necessary for providers to store IIP and VFC provided vaccines separately, or to submit separate vaccine orders to the IIP and VFC program. Accounting of vaccines between the two programs is performed through the Medicaid billing process. It is important that providers use accurate procedure codes to bill Medicaid for vaccine doses as soon as possible after the vaccine is administered. Auditing for the IIP by the CDPHE has shown a significant incidence of billing errors. Therefore accurate coding is important.

**What is benchmarking and when do I need to be prepared for it?**

Since its inception in 1994, the Colorado VFC Program has asked enrolled providers to complete the annual Provider Enrollment Form, Physician Signature Form, and Provider Profile Form estimating the total number of children to be immunized in each successive 12 month period. In 1998, the Centers for Disease Control and Prevention (CDC) began requiring the annual Provider Profile be based on *actual* recorded data. Since that time, the Colorado VFC program has chosen the benchmarking method to record the actual number of children vaccinated at each enrolled site. *ALL currently enrolled providers must complete the benchmarking packet each April to maintain enrollment in the VFC program. The benchmarking packet comes to your office by mail, addressed to the VFC contact listed on the Provider Enrollment Form.*



## New Provider Enrollment Form (FORM 1)

1. VFC Pin #: \_\_\_\_\_ Medicaid # \_\_\_\_\_
2. Clinic Name: \_\_\_\_\_
3. Provider's Name: \_\_\_\_\_  

Last
First
MI

 \_\_\_\_\_  
 Title \_\_\_\_\_
4. Shipping Contact: \_\_\_\_\_  

Last
First
MI
5. Shipping Address: \_\_\_\_\_  
 Street (No P.O. Boxes) \_\_\_\_\_  

City
State
County
Zip Code
6. Shipping Contact's E-mail Address: \_\_\_\_\_
7. Shipping Contact's Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_
8. Shipping Contact's Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
9. Mailing Contact: \_\_\_\_\_  

Last
First
MI
10. Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_  

City
State
County
Zip Code
11. Mailing Contact's E-mail Address: \_\_\_\_\_
12. Mailing Contact's Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_
13. Mailing Contact's Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
14. The standard delivery schedule for vaccines will be Tuesday, Wednesday or Thursday between 9:00am and 4:00pm. Please indicate if your clinic hours are open during this standard delivery time. Circle: Yes or No  
 If no, please indicate the clinic hours on Tuesday, Wednesday, and Thursday:  
 Hours: \_\_\_\_\_
15. Do you participate in the Colorado Immunization Information System (CIIS)? Circle: Yes or No
16. Type of Facility:
 

<input type="checkbox"/> A. Public Health Department	<input type="checkbox"/> E. Federally Qualified Health Center (FQHC)*
<input type="checkbox"/> B. Public Hospital	<input type="checkbox"/> F. Rural Health Clinic (RHC)**
<input type="checkbox"/> C. Private Practice (individual or group)	<input type="checkbox"/> G. Other Public Facility*** _____
<input type="checkbox"/> D. Private Hospital	<input type="checkbox"/> H. Other Private Facility**** _____

\* FQHC – Federally Qualified Health Centers: FQHC designation requires applying to the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

\*\*RHC – Rural Health Centers: RHC certification requires applying to the Health Facilities Division at the Colorado Department of Public Health and Environment.

\*\*\*Other Public Facility: Clinics that receive public funding for operation (Public pre-school/day care/head start, WIC sites, correctional facilities, HIV/STI clinics, substance abuse clinics, Military health care facilities, public hospital-based clinics including university/resident clinics.

\*\*\*\*Other Private Facilities: private hospital-based clinics, including university/resident clinics, privately funded day care/pre-school/head start.



## PROVIDER ENROLLMENT AGREEMENT (FORM 2)

**Instructions:** Please review the following requirements. This Provider Enrollment Agreement must be signed by a physician and submitted by mail or fax for your enrollment to be completed.

### Provider Enrollment Requirements

The VFC Program requires providers to:

1. Screen patients at all immunization encounters for eligibility and administer VFC-purchased vaccine only to children who are 18 years of age or younger who meet one or more of the following categories:
  - a. Are federally vaccine-eligible
    1. Are an American Indian or Alaska Native
    2. Are eligible for Medicaid
    3. Have no health insurance
    4. Are Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC – eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount – once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).
  - b. Is considered State vaccine-eligible under criteria determined by each grantee (e.g., underinsured children not served through a FQHC or RHC) for administration of pediatric vaccine purchased with 317 or other State funds. Currently, Colorado does not use state funds to purchase vaccine.
2. Comply with immunization schedule, dosage, and contraindications that are established by ACIP and included in the VFC program unless:
  - a. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate.
  - b. The particular requirements contradict state law, including those pertaining to religious and other exemptions.
3. Document the VFC status on the first visit and when VFC eligibility changes. If I participate in the Colorado Immunization Information System, I will record the VFC eligibility in CIIS.
4. Retain such information for a period of 3 years following the date the vaccine was administered. Release of such records will be bound by the privacy protection of the federal Medicaid law. If requested, I will make such records available.
5. Maintain all records related to the VFC program for a minimum of three years or longer if required by state law and make these records available to public health officials including the state or Department of Health and Human Services (DHHS) upon request.
6. Distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
7. Provide the patient (parent/guardian) with a personal immunization record (which can be a copy printed from CIIS) or update his/her existing personal record. (Yellow Immunization Cards are provided free of charge by CDPHE).
8. Immunize eligible children with VFC-supplied vaccine at no charge to the patient for the vaccine.
9. Not charge a vaccine administration fee to the non-Medicaid VFC-eligible children that exceeds the administration fee cap of \$14.74 per vaccine dose. For Medicaid VFC-eligible children, accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
10. Not deny administration of a federally purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.

11. Comply with the requirements for ordering, vaccine accountability, and vaccine management. Agree to operate within the VFC program in a manner intended to avoid fraud and abuse.
12. Comply with the Centers for Disease Control and Prevention's (CDC) *Recommendations for Handling and Storage of Vaccines*.
13. Use a certified calibrated thermometer in all freezers and refrigerators used to store VFC vaccines.
14. Record and log temperatures twice daily.
15. Ensure a Vaccine Disaster Recovery Plan is written, posted, and read by current and new staff and updated as staff change.
16. Notify the CDPHE Immunization Program as soon as possible, preferably three months before the expiration date, if it appears that any vaccine will not be used prior to its expiration.
17. Permit visits to my facility by authorized representatives of CDPHE to review my compliance with VFC Program requirements including vaccine storage and record keeping.
18. Permit an authorized representative of CDPHE to perform a CoCASA assessment to determine my immunization coverage levels. If I participate in the (CIIS) I authorize CDPHE to use CIIS to determine my immunization coverage levels. I will permit an authorized representative of CDPHE to perform a CoCASA assessment to determine my immunization coverage levels. If I participate in the (CIIS) I authorize CDPHE to use CIIS to determine my immunization coverage levels.
19. Notify the CDPHE Immunization Program within ten days of a change of the provider shipping and mailing address or key medical partner whom has signed this agreement.
20. Participate in a one month Benchmarking project yearly and adhere to CDPHE requirements for returning benchmarking forms. Information from the CIIS can be used to complete the benchmarking report.
21. Understand that all VFC vaccine is property of CDPHE and will allow the CDPHE Immunization Program to redistribute any VFC vaccine I have in inventory during time of a vaccine shortage or disease outbreak.
22. In the event that vaccines obtained through the Colorado Department of Public Health and Environment (CDPHE) Immunization Program are wasted due to gross negligence and/or improper vaccine storage and handling practices, I will reimburse CDPHE for the replacement cost of vaccines wasted.
23. Know that the grantee or the provider may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If the provider chooses to terminate the agreement, he or she agrees to properly return any unused VFC vaccine.

## **VFC Provider Agreement (Attachment 1)**

### 1. I will:

- Document the VFC status on the first visit and when VFC eligibility changes. If I participate in the Colorado Immunization Information System, I will record the VFC eligibility in CIIS.
- Retain such information for a period of 3 years following the date the vaccine was administered. Release of such records will be bound by the privacy protection of the federal Medicaid law. If requested, I will make such records available.
- Participate in a one-month Benchmarking project yearly and adhere to CDPHE requirements for returning benchmarking forms. Information from the CIIS can be used to complete the benchmarking report.
- Permit visits to my facility by authorized representatives of CDPHE to review my compliance with VFC Program requirements including vaccine storage and record keeping.
- Permit an authorized representative of CDPHE to perform a CoCASA assessment to determine my immunization coverage levels. If I participate in the Colorado Immunization Information System (CIIS), I authorize CDPHE to use CIIS to determine my immunization coverage levels.

### 2. I agree to:

- Comply with the Centers for Disease Control and Prevention's (CDC) *Recommendations for Handling and Storage of Vaccines*.
- Keep temperature-monitoring devices in all refrigerators and freezers that store VFC supplied vaccine and record temperatures *twice daily on the temperature-monitoring log provided by the CDPHE Immunization Program*.
- Use certified calibrated thermometers in all freezers and refrigerators used to store VFC vaccines.
- Ensure a Vaccine Disaster Recovery Plan is written, posted, and read by current and new staff and updated as staff change.
- Reimburse CDPHE Immunization Program for the replacement cost of vaccines wasted due to gross negligence and/or improper vaccine storage and handling practices.

3. It is my responsibility to:

- Notify the CDPHE Immunization Program within ten days of a change of the provider shipping and mailing address or key medical partner whom has signed this agreement.
- Provide the patient (parent/guardian) with a personal immunization record (which can be a copy printed from CIIS) or update his/her existing personal record. (Yellow Immunization Cards are provided free of charge by CDPHE).
- Notify the CDPHE Immunization Program as soon as possible, preferably three months before the expiration date, if it appears that any vaccine will not be used prior to its expiration.

4. I understand:

- I am responsible for returning all publicly purchased vaccines that are spoiled or expired (including partial vials) to the CDPHE Immunization Program along with the completed "Vaccine Return Form."
- I understand that beginning in 2009, I am to supply the CDPHE Immunization Program monthly with copies of completed freezer and refrigerator temperature logs (for all VFC vaccine storage units) from the previous month. I also understand that if the logs are not received, or the documented temperatures are not maintained in the correct storage ranges, my vaccine shipments will be placed on hold until suitable temperatures can be maintained for a period of at least 2 weeks from the time of the last out of range temperature.

## PROVIDER ENROLLMENT AGREEMENT (FORM 2)

To participate in the Vaccines for Children (VFC) program and receive federally procured vaccines provided to my clinic at no cost, by signing below, I agree to the above conditions, on behalf of myself and all the practitioners, nurses, and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief.

VFC Pin # \_\_\_\_\_

I wish to enroll in the Vaccines For Children program and agree to the requirements listed above.

\_\_\_\_\_  
**Physician Representing Clinic**  
(Signature)

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Date**

**PLEASE KEEP A COPY FOR YOUR RECORDS**



## PRESCRIBER LIST (FORM 3)

VFC Pin # \_\_\_\_\_

**Physician Representing Clinic**  
*(Please Print)*

**Date**

Medicaid Provider Number: \_\_\_\_\_ Medical License Number: \_\_\_\_\_

**Instructions:**

- List all health care providers at your facility **with prescription writing privileges** who will administer VFC Program-provided vaccines.
- You may use additional copies of this form to list additional providers.

**Note:** It is not necessary to include the names of all staff who may administer VFC vaccine. Please list only those who possess a medical license or are authorized to write prescriptions. You do not need to list LPNs, MAs, RNs,

	LAST NAME, FIRST, MI	MEDICAID PROVIDER NUMBER	MEDICAL LICENSE NUMBER	TITLE <small>(e.g., MD, DO, NP, PA- Provider must have prescription writing privileges)</small>	SPECIALITY <small>(e.g., Peds, Family Med, GP Other [Specify])</small>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**Please keep a duplicate copy of these forms in your clinic.**





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**The VFC program reduces cost as a barrier to vaccination and enables better access to health care.**

Many children are not vaccinated because their parents either do not have health insurance, or their insurance does not cover the cost of vaccines. The risk of serious illness or even death from vaccine-preventable disease is far greater for these children. However, for the many children who qualify for the no-cost vaccines provided through the VFC program, this barrier to immunization is no longer a problem.

- Which patients are eligible?

**Children, from birth through 18 years of age, who meet at least one of the following criteria:**

- Medicaid eligible;
- Uninsured;
- American Indian or Alaskan Native, or;
- Underinsured - These patients can receive VFC vaccines at federally qualified health centers or rural health clinics.

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2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.