

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA).

### Patient Information

Patient Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_

### Eligibility Criteria for 317-Funded Vaccines (e.g., VFA and BAP)

✓ **Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and**

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)
3. Has insurance which requires co-payment (BAP only)

✓ **Eligible for certain VFA vaccines if at least 19 years of age and**

4. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
  - Hep A, Hep B (if considered low risk for Hep B)
  - HPV, MMR, RSV, Varicella, and Zoster
  - Td (if no wound exposure) and Tdap
5. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20

### Document Patient's Eligibility

**Write the screening date and check appropriate status.** (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

Screening Date	1. Eligible for VFA and BAP (COVID) No insurance	2. Eligible for VFA and BAP (COVID) Underinsured	3. Eligible for BAP (COVID) Insurance requires co-pay	4 & 5. Eligible for some VFA vaccines Medicare Part B or Part D only	× Not Eligible for VFA Fully insured or both Medicare Part B and D* × Not Eligible for BAP Fully insured w/ no co-pay*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

\* Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.