



TVFC ELIGIBILITY

Patient Name: _____

DOB: _____

The above named child qualifies for vaccines through the Texas Vaccines for Children Program because he/she (circle 1st category that applies, check only ONE):

- A. enrolled in Medicaid: Medicaid Number _____ Eligibility Date: _____
- B. does not have health insurance.
- C. is an American Indian.
- D. is an Alaskan Native
- E. is a patient who receives benefits from the Children's Health Insurance Plan (CHIP).
CHIP Number: _____ Eligibility Date: _____
- F. is underinsured: 1) has commercial (private) health insurance, but coverage does not include vaccines; or 2) insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only) ; or 3) insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.
- G. Has private insurance that covers vaccines: (Not VFC eligible)

**Knowingly falsifying information on this document constitutes fraud. By signing this form, I hereby attest that the above information is true and correct. I declare that the person named above is an authorized person and is eligible to receive TVFC vaccines.*

Signature: _____

Date: _____

IMMTRAC

I understand that, by granting the consent, I am authorizing the release of the child's immunization information to ImmTrac Registry and my consent to release information from the Immtrac Registry at any time may be revoked by written communication to the Texas Department of State Health Services,

**ImmTrac Group – MC 1946
P.O. Box 149347, Austin,
Texas 78714-9347.**

Once in the registry, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child-care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

By signing this form, I GRANT consent for registration. I wish to INCLUDE my child's information in the above selected registry.

Signature: _____

Date: _____