



Guide to VFC Eligibility

Illinois Vaccines For Children Eligibility Decision-Making Tool for Clinicians

How old is the patient?

● **18 or younger**

Patient is **ELIGIBLE** for VFC vaccines

Continue to the next questions

● **19 or older**

Patient is **NOT ELIGIBLE** for VFC vaccines

V01 Not VFC eligible

Is the patient American Indian or Alaskan Native?

YES

● **ELIGIBLE**

V04 American Indian/Alaskan Native

NO

Is the patient covered under Medicaid as primary or secondary insurance?

YES

Check **MEDI** on the day of service for type of coverage

Title XIX

● **ELIGIBLE**

V02 Medicaid/Managed Care

Title XXI or State Funded

● **ELIGIBLE**

V22 CHIP

NO

Is the patient covered under private insurance?

NO

● **ELIGIBLE**

V03 Uninsured

YES

Does private insurance cover all ACIP recommended vaccines?

NO

Is your site an FQHC, RHC, or Deputized LHD?

YES

● **ELIGIBLE**

V05 Under-insured

YES

● **NOT ELIGIBLE**

V01 Not VFC eligible

NO

● **STOP!**

Refer patient to FQHC, RHC, or Deputized LHD for VFC vaccines