



Registration and Renewal

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Through WIR

VFC Registration Through the WIR
Portal

WIR users may both register and renew their registration for the Vaccines for Children (VFC) program using the r/r menu option at the top of the WIR home page.

Non-users may also register for VFC without logging in to WIR using the Renewal/Registration menu option on the public WIR Portal.

VFC Registration and Renewal Through WIR

WIR users should perform the following steps to complete a VFC registration or renewal through WIR:

1. Click the r/r menu option at the top of the WIR home page.
2. Click the Begin Online VFC Registration or Renewal link.
3. Select your site from the drop-down list. Press **Select Site**.

Vaccines for Children - Registration & Renewal

NOTE: To renew your enrollment, please enter your WIR login information on the left. If this is the first time you have used the online VFC application, you may be required to enter all information.

- All fields appearing in blue are required.

Facility Information

Facility Name:
Medicaid #:
VFC PIN:
Address:
City: State: Zip: -
County:
Phone: () - Ext. Fax: () - Ext.

Medical Director or Authorized Designee Information

Instructions: Under Wisconsin state law the signee of this provider agreement must be a practitioner authorized to administer pediatric vaccines, who will be held accountable for compliance by the entire organization and its VFC providers to comply with the responsibilities outlined in this provider agreement. The individual listed below **must** sign the provider agreement.

First Name: M.I.: Last Name:
Medical License #: NPI #: or Medicaid #:
Title: Specialty:

Primary Vaccine Coordinator Contact (This contact is responsible for receiving/managing all VFC vaccines)

First Name: Last Name:
Contact Type:
Phone Number: () - Ext. E-mail:
Completed Annual Training: Yes No Type of Training Received:
Keep proof of training on hand when VFC comes for a visit.

4. Enter or edit information on the VFC Registration & Renewal form. Under Facility Information, enter or edit the National Provider Identifier (NPI) or Medicaid number, address and county, telephone number, and fax number.

Under Medical Director or Authorized Designee, enter or edit the

practitioner's name, medical license number, NPI or Medicaid number, title, and specialty.

Under Primary Vaccine Coordinator Name, enter or edit the name of the first contact, type of contact (physician or non-physician), telephone number, email address, and training information.

Back-Up Vaccine Coordinator Contact (Must be different than the Primary but requires the same training)

First Name: Last Name:

Contact Type: (dropdown)

Phone Number: () - Ext.

E-mail:

Completed Annual Training: Yes No Type of Training Received: (dropdown)

You will be contacted by VFC program about completing training.

Type of Facility (Please select only one facility type)

Private Facilities	Public Facilities	
<input type="radio"/> Private Hospital	<input type="radio"/> Public Health Department Clinic	<input type="radio"/> Migrant Health Facility
<input checked="" type="radio"/> Private Practice (solo/group/HMO)	<input type="radio"/> Public Health Department Clinic as agent for FQHC/RHC-deputized	<input type="radio"/> Refugee Health Facility
<input type="radio"/> Private Practice (solo/groups as agent for FQHC/RHC-deputized)	<input type="radio"/> Public Hospital	<input type="radio"/> School-Based Clinic
<input type="radio"/> Community Health Center	<input type="radio"/> FQHC/RHC (Community/Migrant/Rural)	<input type="radio"/> Teen Health Center
<input type="radio"/> Pharmacy	<input type="radio"/> Community Health Center	<input type="radio"/> Adolescent Only Provider
<input type="radio"/> Birthing Hospital	<input type="radio"/> Tribal/Indian Health Services Clinic	<input type="radio"/> Other:
<input type="radio"/> School-Based Clinic	<input type="radio"/> Women, Infants and Children	
<input type="radio"/> Teen Health Center	<input type="radio"/> STD/HIV	
<input type="radio"/> Adolescent Only Provider	<input type="radio"/> Family Planning	
<input type="radio"/> Other:	<input type="radio"/> Juvenile Detention Center	
	<input type="radio"/> Correctional Facility	
	<input type="radio"/> Drug Treatment Facility	

Vaccines Offered (Select either ACIP or Select)

All ACIP Recommended Vaccines

Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)
A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.



Blue field names indicate the field is required.



If you are using WIR to complete a VFC renewal, many of the fields will be populated with previously entered information. Check to ensure the information is still accurate, and make any necessary changes.

Under Back-Up Vaccine Coordinator Name, enter or edit the name of the back-up contact, type of contact (physician or non-physician), telephone number, email address, and training information.

5. Select the type of facility from the list provided under Type of Facility. If Other is selected, enter the other facility type in the field provided.
6. Indicate the array of vaccines offered, whether all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines, or selected vaccines only, under Vaccines Offered. Select Vaccines is available for facilities designated as Specialty Providers by the VFC Program. When this option is selected, VFC specialty vaccines will be displayed; select all that apply. If Other is selected, enter the vaccine name in the field provided.



WIR users will have the option of saving the VFC Registration and Renewal form in WIR and coming back to it. However, users who use the registration option available through the public WIR Portal will not be able to save the information they enter.

7. Press **Continue**.

Wisconsin VFC Program Legal Agreement

After a determination is made contact the Wisconsin Immunization Vaccines for Children Program at 608-266-2346.

1. Providers must return all non-viable vaccine to McKesson following current return guidelines.
2. Providers must submit a written report, and a determination report of the incident that describes the circumstances of the loss, and the steps taken to ensure that vaccine is protected in the future. Further shipments of vaccine will not be sent to the provider until this information is received.
3. Providers must email Lynette Hanson at lynette.hanson@wisconsin.gov, or fax to 608-267-9493, invoices or documentation of replaced vaccine, and receipt of purchase to the Wisconsin Immunization Program within 90 business days.
4. The provider must consult with staff of the Wisconsin Immunization Program to assess storage and handling policies. The Wisconsin Immunization Program may recommend further training on storage and handling of vaccines.

If special circumstances exist, contact Lynette Hanson at lynette.hanson@wisconsin.gov.

Right to Appeal

If you believe that you should not be held responsible for the vaccine loss, you may appeal the decision in writing to Lynette Hanson, VFC Coordinator, Wisconsin Immunization Program, PO Box 2659, Madison, WI 53701-3659 or via email at lynette.hanson@wisconsin.gov.

Note: Noncompliance with the Vaccine Restitution Policy may be grounds for placing the provider on suspension. The Wisconsin Immunization Program will determine if probation or suspension from receiving further state-supplied vaccine is warranted after an investigation surrounding the circumstances of the vaccine loss.

Once you have reviewed the agreements in full, check the acknowledgement box below to continue. Next, by choosing "accept" you will continue with the enrollment process. After completing the last form online, you'll be prompted to print, sign and mail or fax your provider enrollment application.

I have read and understand all of the requirements above.

8. Once you have reviewed the entire Wisconsin VFC Program Legal Agreement and restitution policy, you will click the check box at the bottom of the screen. By checking the box, you are confirming that you have read and understand the Wisconsin VFC Program Legal Agreement. Once the box is checked, the "Accept" button will be made available.
9. Press **Accept** to continue the enrollment process after reading the Wisconsin VFC Program Legal Agreement.
10. Verify the "Name of Person Completing This Form" is correct on the Providers Within the Practice That Administer Vaccines screen.
Note: Public health organizations will not see this screen; these providers should proceed to step 16.

Providers within the Practice that Administer Vaccines

Name of person completing this form

First Name: Middle Initial: Last Name:

Providers Within the Practice

Provide the names and medical license numbers of the other health providers who may administer vaccines. It is not necessary to include the names of all staff who may administer vaccines, but rather only those who possess a medical license or are authorized to write prescriptions.

Provider Information

Create New...

First Name: Middle Initial: Last Name:

Title: Specialty:

NPI / Medicaid Provider #: Medical License #:

Current Providers

Provider added successfully.

Edit	Remove	First Name	M.I.	Last Name	Title	Specialty	NPI/Medicaid #	Medical License #
<input type="button" value="edit"/>	<input type="button" value="Remove"/>	Kim		Evans	BPH	Pediatrics	1234567890	22222



On the provider information portion of the “Providers Within the Practice That Administer Vaccines” screen, it is not necessary to include the names of all staff who may administer a vaccine, but only those who possess a medical license or are authorized to write prescriptions.

At least one provider must be included on the list to proceed.

11. Enter information for providers in your organization who administer vaccines and are not already listed on the Current Providers table.
 - If selecting from the site’s list of existing providers, click the Select Existing radio button and use the drop-down list to choose the desired provider. Press **Add Provider**.
 - If entering a new provider, click the Create New radio button and enter the first name, last name, title, specialty, NPI or Medicaid provider number, and medical license number. Press **Add Provider**.
12. Repeat step 11 as necessary until all health providers authorized to prescribe vaccines are listed in the table at the bottom of the screen.
13. To remove a health provider from the list, click the Remove link next to the name of the provider you wish to remove.
14. To edit a health provider on the list, press **Edit** for the provider you wish to edit. After the provider’s information populates the Current Provider fields, make the necessary changes and press **Save**.
15. Press **Continue** when the health provider list is complete.
16. Select the type of data that is being used to determine the provider population. If IIS (i.e., Immunization Information System) is chosen and Refresh is clicked, reported client eligibility will be automatically populated into the tables below. Proceed to step 18.
17. If entering population estimates manually (i.e., a data source other than “IIS” was selected), enter the number of children who received



Provider Population must be reported based on patients seen during the previous 12 months. When estimating the number of children who had been seen, only count a child once for each 12-month period, no matter the number of visits.

Note: The IIS Refresh option will only be accurate for providers consistently reporting client level eligibility to WIR. If your organization does not report client-level eligibility, please use another source (benchmarking, Medicaid claims data, billing system, etc.) to enter your provider population estimate.



WIR does not have a category for the Children's Health Insurance Program (CHIP). For this reason, zeros will be populated for each field in the row designated for CHIP.

vaccinations into the tables provided. Be sure to enter counts appropriately into VFC and non-VFC categories, organizing counts by age group and vaccine eligibility.

Note: If you are only providing data for a one-month period, check the "Values represent a single month's worth of data" box.

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

Type of Data Used to Determine Provider Population

IIS (Refresh) [WIR]
 Medicaid Claims Data
 Provider Encounter Data
 Other :
 Benchmarking
 Doses Administered
 Billing System
 Values represent a single month's worth of data.

Estimates

Please manually enter your estimates.

Estimate the number of children who will receive a vaccination at your health facility by each age group. Each child should only be counted once per 12 month period no matter the number of visits to the facility. Please also indicate the source used to provide this data.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC or deputized facility ¹	0	0	0	0
Total VFC	0	0	0	0

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health ins. covers vaccines)	0	0	0	0
Children's Health Insurance Program (CHIP) ²	0	0	0	0
Total Non-VFC	0	0	0	0
Total Patients	0	0	0	0

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VAFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²CHIP - Children enrolled in the state Children's Health Insurance Program (CHIP). The children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

18. Press Continue.

Vaccines for Children - Delivery & Shipping Information

Facility Name

Facility/Provider: Badger Clinic
 Address: 15 SWEET ST
 City: Madison State: WI
 Zip: 53703

Hours Available for Delivery (Vaccines will be delivered to the Primary Vaccine Coordinator)

	Open	From	To	From	To
Monday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Tuesday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Wednesday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Thursday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Friday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Saturday	<input checked="" type="checkbox"/>	0800	1200	1300	1600
Sunday	<input type="checkbox"/>	0000	0000	0000	0000

Special Shipping Instructions (35 characters or less)

Do you have any special shipping instructions? (i.e. deliver to front desk only, deliver to side door)

Previous Save & Submit



Blue field names indicate the field is required.



Delivery hours are indicated using a 24-hour clock (i.e., military time). However, “0000” in WIR does not refer to midnight, but rather indicates a period when the site is not available to take deliveries or is not open.

19. Review the site information that has auto-populated from the first screen and edit as needed.
20. Check the Open boxes under the Hours Available for Delivery section to indicate the days when a contact is available at your site to receive deliveries.
21. Enter the delivery hours for your site, indicating any closed periods (e.g., lunch hour) by entering a break between the To and From time ranges. Also include any special shipping instructions in the free text field.
 Note: A break must be indicated for each open day.
22. Press **Save & Submit**.
23. Press **OK** in the dialog box.
24. Click the VFC Acceptance Agreement link on the Vaccines for Children — Application Submitted screen. A new window will open with the completed Annual Provider Enrollment form for VFC.
25. Print the displayed Annual Provider Enrollment form, sign and date it, and mail, email, or fax it to the address or fax number listed on the Vaccines for Children — Application Submitted screen. (For a renewal, only the final signature page of this acceptance needs be sent.)

VFC Registration Through the WIR Portal

Users who have not established WIR accounts should complete the following steps to register for VFC through the public WIR Portal:

1. Enter the WIR Portal address (<https://www.dhfwir.org/>) into your browser's address field.
2. Click "VFC Access Forms" under the Renewal/Registration menu option at the top of the screen.
3. Click the VFC Renewal and Registration link.



After a provider submits a VFC registration through the public WIR Portal, he or she will be set up with a WIR log in. After the initial registration, these providers will complete their renewals through WIR using a log in.

Vaccines for Children - Registration & Renewal

NOTE: To renew your enrollment, please enter your WIR login information on the left. If this is the first time you have used the online VFC application, you may be required to enter all information.

- All fields appearing in blue are required.

Facility Information

Facility Name: Pappy's Feel Better Clinic
Medicaid #: 09876543
VFC PIN: N/A
Address: 555 Orbiting Dr
City: Scottsdale State: WI Zip: 55555 - 5555
County: BUFFALO
Phone: (555) 555 - 5555 Ext. 333 Fax: (444) 444 - 4444 Ext. 222

Medical Director or Authorized Designee Information

Instructions: Under Wisconsin state law the signee of this provider agreement must be a practitioner authorized to administer pediatric vaccines, who will be held accountable for compliance by the entire organization and its VFC providers to comply with the responsibilities outlined in this provider agreement. The individual listed below **must** sign the provider agreement.

First Name: Megan M.I.: Last Name: O'Reilly
Medical License #: 88195779 NPI #: or Medicaid #: 12345678
Title: DO Specialty: Family Medicine

Primary Vaccine Coordinator Contact (This contact is responsible for receiving/managing all VFC vaccines)

First Name: Kat Last Name: Sindacradel
Contact Type: Physician Contact (primary)
Phone Number: (555) 555 - 5555 Ext. 223 E-mail: sindacradel@email.com
Completed Annual Training: Yes No Type of Training Received: Other State Approved Ani
Keep proof of training on hand when VFC comes for a visit.

4. Enter information on the VFC Registration & Renewal form. Under Facility Information, enter the facility name, NPI or Medicaid number, address and county, telephone number, and fax number.

Under Medical Director or Authorized Designee, enter the practitioner's name, medical license number, NPI or Medicaid number, title, and specialty.

Under Primary Vaccine Coordinator Name, enter the name of the first contact, type of contact (physician or non-physician), telephone number, email, and training information.

Back-Up Vaccine Coordinator Contact (Must be different than the Primary but requires the same training)

First Name: Last Name:

Contact Type:

Phone Number: () - Ext.

E-mail:

Completed Annual Training: Yes No Type of Training Received:

You will be contacted by VFC program about completing training.

Type of Facility (Please select only one facility type)

Private Facilities	Public Facilities	
<input type="radio"/> Private Hospital	<input type="radio"/> Public Health Department Clinic	<input type="radio"/> Migrant Health Facility
<input checked="" type="radio"/> Private Practice (solo/group/HMO)	<input type="radio"/> Public Health Department Clinic as agent for FQHC/RHC-deputized	<input type="radio"/> Refugee Health Facility
<input type="radio"/> Private Practice (solo/groups as agent for FQHC/RHC-deputized)	<input type="radio"/> Public Hospital	<input type="radio"/> School-Based Clinic
<input type="radio"/> Community Health Center	<input type="radio"/> FQHC/RHC (Community/Migrant/Rural)	<input type="radio"/> Teen Health Center
<input type="radio"/> Pharmacy	<input type="radio"/> Community Health Center	<input type="radio"/> Adolescent Only Provider
<input type="radio"/> Birthing Hospital	<input type="radio"/> Tribal/Indian Health Services Clinic	<input type="radio"/> Other:
<input type="radio"/> School-Based Clinic	<input type="radio"/> Women, Infants and Children	
<input type="radio"/> Teen Health Center	<input type="radio"/> STD/HIV	
<input type="radio"/> Adolescent Only Provider	<input type="radio"/> Family Planning	
<input type="radio"/> Other:	<input type="radio"/> Juvenile Detention Center	
	<input type="radio"/> Correctional Facility	
	<input type="radio"/> Drug Treatment Facility	

Vaccines Offered (Select either ACIP or Select)

All ACIP Recommended Vaccines

Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)
A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.



Users who use the VFC registration option available through the public WIR Portal will not be able to save the information they enter.

Under Back-Up Vaccine Coordinator Name, enter or edit the name of the back-up contact, type of contact (physician or non-physician), telephone number, email, and training information.

5. Select the type of facility from the list provided under Type of Facility. If Other is selected, enter the other facility type in the field that displays.
6. Indicate the array of vaccines offered, whether all ACIP recommended vaccines or selected vaccines only, under Vaccines Offered. Offers Select Vaccines is available for facilities designated as Specialty Providers by the VFC Program. When this option is selected, VFC specialty vaccines will be displayed; select all that apply. If Other is selected, enter the vaccine name in the field provided.
7. Press Continue.

Wisconsin VFC Program Legal Agreement

16. I understand that data loggers are required and will be used in all refrigerators/freezers that contain state-supplied vaccine. Temperatures must be taken and documented once a day with minimum and maximum temperatures recorded once a day in the morning. Data loggers should be cleared at the time of the morning reading. Data loggers must be reviewed weekly and downloaded either weekly or monthly.

By signing this form, I certify that I am authorized to sign this agreement on behalf of myself, all immunization providers in this facility, and this health care facility. I have read and understand the requirements above.

VACCINE RESTITUTION POLICY - AGREEMENT

INTRODUCTION

This policy outlines conditions to replace vaccine dose-for-dose that was lost due to provider negligence. Vaccines that are lost due to expiration are excluded from restitution.

SCOPE

This policy applies to all that receive Vaccines for Children (VFC) vaccine and state-supplied vaccine.

ROLES AND RESPONSIBILITIES

The Wisconsin Immunization Program staffs, as directed by the program director and the Vaccines for Children coordinator are responsible for the enforcement of this policy.

DEFINITIONS

For the purposes of this document, a "provider" is defined as any staff member of a provider's office or a local health department, tribal health office, or Federally Qualified Health Center/Rural Health Center.

POLICY

Purpose: The Vaccine Restitution Policy is to ensure accountability. It outlines the necessary steps for the

Once you have reviewed the agreements in full, check the acknowledgement box below to continue. Next, by choosing "accept" you will continue with the enrollment process. After completing the last form online, you'll be prompted to print, sign and mail or fax your provider enrollment application.

Previous

I have read and understand all of the requirements above.

Accept

8. Once you have reviewed the entire Wisconsin VFC Program Legal Agreement and restitution policy, you will click the check box at the bottom of the screen. By checking the box, you are confirming that you have read and understand the Wisconsin VFC Program Legal Agreement. Once the box is checked, the "Accept" button will be made available.
9. Press **Accept** to continue the enrollment process after reading the Wisconsin VFC Program Legal Agreement.
10. Enter information under the "Name of person completing this form" section of the Providers Within the Practice That Administer Vaccines screen.
Note: Public health organizations will not see this screen; these providers should proceed to step 16.

Providers within the Practice that Administer Vaccines

Name of person completing this form

First Name: Middle Initial: Last Name:

Providers Within the Practice

Provide the names and medical license numbers of the other health providers who may administer vaccines. It is not necessary to include the names of all staff who may administer vaccines, but rather only those who possess a medical license or are authorized to write prescriptions.

Provider Information

Create New...

Current Providers

Edit	Remove	First Name	M.I.	Last Name	Title	Specialty	NPI/Medicaid #	Medical License #
<input type="button" value="edit"/>	<input type="button" value="Remove"/>	Jane		Curtain	CMA	General Practitioner	091777500	9989128
<input type="button" value="edit"/>	<input type="button" value="Remove"/>	Ned		Ondine	GNP	General Practitioner	199849380	9892830



On the provider information portion of the Providers Within the Practice That Administer Vaccines screen, it is not necessary to include the names of all staff who may administer a vaccine, only those who possess a medical license or are authorized to write prescriptions.

11. Enter provider information for providers in your organization who administer vaccines, including the first name, last name, title, specialty, NPI or Medicaid provider number, and medical license number. Press **Add Provider**.
12. Repeat step 11 as necessary until all health providers who may administer vaccines are listed in the table at the bottom of the screen.
13. To remove a health provider from the list, click the Remove link next to the name of the provider you wish to remove.
14. To edit a health provider on the list, press **Edit** for the provider you wish to edit. After the provider's information populates the Current Provider fields, make the necessary changes and press **Save**.
15. Press **Continue** when the health provider list is complete.
16. Select the type of data that is being used to determine the provider population. Enter the number of children who received vaccinations into the tables provided. Be sure to enter counts appropriately into VFC and non-VFC categories, organizing counts by age group and vaccine eligibility.

Note: If you are only providing data for a one-month period, check the "Values represent a single month's worth of data" box.



When estimating the number of children who will receive vaccines, only count a child once for each 12-month period, no matter the number of visits.

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

Type of Data Used to Determine Provider Population

IIS (Refresh) [WIR]
 Medicaid Claims Data
 Provider Encounter Data
 Other :
 Benchmarking
 Doses Administered
 Billing System
 Values represent a single month's worth of data.

Estimates

Please manually enter your estimates.

Estimate the number of children who will receive a vaccination at your health facility by each age group. Each child should only be counted once per 12 month period no matter the number of visits to the facility. Please also indicate the source used to provide this data.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC or deputized facility ¹	0	0	0	0
Total VFC	0	0	0	0

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health ins. covers vaccines)	0	0	0	0
Children's Health Insurance Program (CHIP) ²	0	0	0	0
Total Non-VFC	0	0	0	0
Total Patients	0	0	0	0

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VAFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²CHIP - Children enrolled in the state Children's Health Insurance Program (CHIP). The children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

17. Press **Continue**.

Vaccines for Children - Delivery & Shipping Information

Facility Name

Facility/Provider: Pappy's Feel Better Clinic
 Address: 555 Orbiting Dr
 City: Scottsdale State: WI
 Zip: 55555 5555

Hours Available for Delivery (Vaccines will be delivered to the Primary Vaccine Coordinator)

	Open	From	To	From	To
Monday	<input checked="" type="checkbox"/>	0700	1200	1300	1700
Tuesday	<input checked="" type="checkbox"/>	0700	1200	1300	1700
Wednesday	<input checked="" type="checkbox"/>	0700	1200	1300	1700
Thursday	<input checked="" type="checkbox"/>	0700	1200	1300	1700
Friday	<input checked="" type="checkbox"/>	0700	1200	1300	1700
Saturday	<input type="checkbox"/>	0000	0000	0000	0000
Sunday	<input type="checkbox"/>	0000	0000	0000	0000

Special Shipping Instructions (35 characters or less)

Do you have any special shipping instructions? (i.e. deliver to front desk only, deliver to side door)



Delivery hours are indicated using a 24-hour clock (aka military time). However, "0000" in WIR does not refer to midnight, but rather indicates a period when the site is not available to take deliveries or is not open.

18. Review the site information that has auto-populated from the first registration screen and make edits as needed.
19. Check the Open boxes under Hours Available for Delivery for the days when a contact is available to receive deliveries.
20. Enter the delivery hours for your site, indicating any closed periods (e.g., lunch hour) by entering a break between the To and From time ranges. Also include any special shipping instructions in the free text field.
 Note: A break must be indicated for each open day.
21. Press Save & Submit.
22. Press OK in the dialog box.
23. Click the VFC Acceptance Agreement link on the Vaccines for Children — Application Submitted screen. A new window will open with the completed Annual Provider Enrollment form for VFC.
24. Print the displayed Annual Provider Enrollment form, sign and date it, and mail, email, or fax it to the address or fax number listed on the Vaccines for Children — Application Submitted screen.

