

Verification of Immunization Status

Instructions

Give this form to DTA

- By mail: DTA Document Processing Center,
P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

You must show that your children getting TAFDC are properly immunized unless you have a medical or religious reason for not doing so. This is required at application, when you have a baby who will get TAFDC, and when the child turns two. You can prove your child is up-to-date on immunizations in these ways:

- If your child is in school, give us proof that your child is enrolled.
- If your child is in a Head Start or licensed day care program, give us proof that your child is enrolled. If DTA pays for this day care, you do not need proof.
- Give us a copy of a MassHealth or other insurance bill for a recent well-child visit.
- Your health care provider can complete the other side of this form or give one of the other documents listed.

If the immunizations are not up-to-date, make an appointment with the child's health care provider and send us proof of the appointment. You can use this form with the date of the appointment as proof. Ask for another blank form because you will need to send us proof of immunization within 30 days after the appointment.

Give us this form or other verification within 60 days, by _____. Tell us if you need help getting proof.

If proof is not returned within 60 days, you will lose your part of your TAFDC grant. In a two-parent household, both parents will lose their parts of the grant.

If you have any questions, contact your case manager at _____.



Name of Head of Household

Agency ID or last 4 of SSN

Name of Child

Child's Date of Birth

Verification of Immunization Status

To Health Care Providers:

The Transitional Aid to Families with Dependent Children (TAFDC) program requires clients to show that their children under 6 have been immunized (unless they have an approved medical or religious reason). **Please complete this form or provide one of the following:**

- 1) a statement on letterhead that the child is up-to-date or scheduled for an appointment (include the appointment date);
- 2) a copy of an insurance bill for a recent well-child visit; or
- 3) a copy of a recent immunization form for Head Start, another child care program, or a school.

.....
Complete, sign and date the form. A signature stamp is acceptable. Authorized staff may sign (for example, the billing office can verify that health insurance has been billed for a well-child visit). If you have any questions, please call DTA at 1-877-382-2363.

Check one:

- Immunizations are up-to-date for age.**
- Well-child visits: The child is (check one)
 - __ age 0 to 18 months and had a well-child visit within the past 3 months.
 - __ age 18 months to 6 years and had a well-child visit within the last 12 months.
- Immunizations are not up-to-date. Appointment scheduled for ____/____/____.
- Immunizations are not up-to-date because of a medical reason or religious belief.

Explain _____

Signature of Provider or Staff

____/____/____
Date

Print Name of Provider

(____)_____
Telephone Number

Address of Provider

City/Town

ZIP

Please return the completed form to the child's parent/guardian.