Florida Vaccines for Children (VFC) Program

Disenrollment Form

For termination of enrollment in the VFC Program, submit this form as a notification of the intent to terminate 30 days to the actual dissolution. The provider is responsible for all VFC Program vaccine doses in inventory. To protect vaccine viability, the VFC Program provider will maintain vaccines properly stored at required refrigerator/freezer temperatures.

|  |  |  |
| --- | --- | --- |
| **Name of Practice**Click here to enter text. | **VFC Pin # (6 digits):**Click here to enter text. | **Shipping Address:** Click here to enter text. |
| **Date:** Click here to enter a date. | **Contact Person:**  Click here to enter text. | **Telephone #:** Click here to enter text. |
| **Fax #:** Click here to enter text.  | **Effective Date:** Click here to enter a date. | **Org. ID:**Click here to enter text. |

Reason for Disenrollment

[ ]  Merged with another facility

[ ]  No longer enrolled in Medicaid

[ ]  Closing office

[ ]  Provider left the office

[ ]  VFC too costly/time-consuming

[ ]  Serve too few VFC-eligible children

**Pin # where vaccines will be transferred \_\_\_\_\_\_\_\_\_\_\_**

**Vaccine Inventory**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine Name** | **# of Doses** | **Manufacturer** | **Lot #** | **Expiration Date** |
| Choose an item. | # of Doses. | Choose an item. | Click here to enter text. | Click here to enter a date. |
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Instructions: Email completed form to FloridaVFC@flhealth.gov. A VFC Program representative will contact the provider regarding the disposition of VFC vaccines. If you have any questions, contact the VFC Program at 1-877-888-7468, option 3.