COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CHILD'S NAME	
CASE NAME	
CASE NUMBER	

## Childhood Immunization Certification Temporary Assistance for Needy Families (TANF) & Child Care Subsidy

**Parents:** Children need shots at about 2, 4, 6, 12-15 months of age, before kindergarten, and at 11-12 years of age. You must show that your child has the shots he/she needs or you could lose some of your TANF benefits/child care subsidy. To avoid losing benefits:

- Take this form to your doctor or health department.
- Have your doctor or nurse sign below.
- Take this form to your eligibility worker or child care worker.

**Doctor/Providers:** Children who receive TANF benefits are required to have certification that they are:

- · up-to-date for all recommended immunizations,
- being brought up-to-date, or
- medically exempt.

032-03-0960-03-eng (11/03)

Children who receive a child care subsidy are required to be age-appropriately immunized.

Failure to document immunizations may result in the child losing a portion of his/her TANF benefits or child care subsidy.

Doctor/Providers: Please complete the following for:				
	(Name of Child)	(SSN)	(DOB	
Check the appropriate box below that describes the child's immunization status:				
	Appropriately immunized.			
	Being brought up to date, i.e., the child has received at least one dose of each of the vaccines to make him/her appropriately immunized.			
	Medically exempt from these vaccines.			
	None of the above.			
Date Next Immunization Due: (MM/DD/YY)				
Medic	cal Provider's Name:			
Medic	cal Provider's Address:			
Signa	ture:			
Date:				

## Childhood Immunization Certification Temporary Assistance for Needy Families (TANF) & Child Care Subsidy

FORM NUMBER - 032-03-0960-03-eng

PURPOSE OF FORM - The completed form provides verification necessary to determine compliance with immunization requirements.

USE OF FORM – The form must be given to applicants/recipients to use to supply verification that a child has received required immunizations. The form must be completed by a physician or local health department personnel.

NUMBER OF COPIES - One per child.

DISPOSITION OF FORM – File completed form in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The eligibility worker must complete the case/agency information section at the top of the form and the child's name, social security number, and date of birth in the section completed by the doctor/provider.