Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program

Withdrawal Form

PIN: __________________________ Facility Name: __________________________

Withdrawal Date: __________________________

Indicate which program you are withdrawing from:

☐ TVFC Program only  ☐ ASN Program only  ☐ Both TVFC & ASN Programs

Name of the person completing this form: __________________________

See page 2 for withdrawal descriptions.

☐ Lack of personnel to manage TVFC/ASN Program.
☐ Too few TVFC/ASN-eligible patients.
☐ Delayed administration fee reimbursement.
☐ Administration fee reimbursement is too low.
☐ Inventory management issues to include the requirement to (select all that apply):
  ○ Report vaccine inventory.
  ○ Report vaccine loss and/or waste.
  ○ Report vaccine borrowing.
  ○ Replace borrowed doses.
  ○ Account for all TVFC/ASN doses administered.

☐ Storage and handling issues (select all that apply):
  ○ Cost of storage units.
  ○ Cost of data loggers.
  ○ Temperature monitoring practices.

☐ Requirement to carry all ACIP-recommended vaccines.
☐ Inactivity.
☐ Change in practice status.
☐ Non-compliance with TVFC/ASN Program (specify in “Details” section).
☐ Site entered into program in error.
☐ Other reasons not listed, specify in “Details” section.

Details: ________________________________________________________________

For RE use only:

☐ Yes  ☐ No  EVI vaccine inventory is zero.
☐ Yes  ☐ No  PEAR/USH visits complete.
☐ Yes  ☐ No  IQIP visits complete.

TVFC/ASN vaccine/supplies picked up and transferred to PIN(s): __________________________

Signature of RE performing transaction(s): __________________________

Date withdrawal form submitted to TVFC Consultant: __________________________

Texas Department of State Health Services
Immunization Unit

Stock No. F11-11443
Revised 11/2019

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## Definitions

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<tr>
<th>Withdrawal Reason</th>
<th>Description</th>
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<tr>
<td>Lack of staff/personnel.</td>
<td>Clinic does not have enough staff to manage TVFC or ASN Program.</td>
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<tr>
<td>Too few TVFC/ASN-eligible patients served by clinic site.</td>
<td>The clinic site has a low number of eligible patients.</td>
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<tr>
<td>Delayed administration reimbursement fee.</td>
<td>Reimbursement of administration fee is delayed or sometimes not received.</td>
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<tr>
<td>Administration fee reimbursement is too low.</td>
<td>The administration fee reimbursement is too low and causes financial hardship.</td>
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<tr>
<td>Requirement to carry all ACIP-recommended vaccines.</td>
<td>Requirement of all ACIP-recommended vaccines is not necessary for the patient population.</td>
</tr>
<tr>
<td>Inventory management issues.</td>
<td>Issues with reporting vaccine inventory, loss and/or waste, borrowing, replacing borrowed doses, or accounting for all TVFC/ASN doses administered.</td>
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<tr>
<td>Storage and handling issues.</td>
<td>Issues with the cost of equipment requirements (storage unit or data loggers) or requirement of temperature monitoring practices.</td>
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<tr>
<td>Inactivity.</td>
<td>No vaccine order was placed for past 12 consecutive months, signing clinician retired/deceased, or did not complete annual re-enrollment.</td>
</tr>
<tr>
<td>Change in practice status.</td>
<td>No longer vaccinating, facility closed, merged with another facility or change in signing clinician or ownership, or no longer accepting Medicaid.</td>
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<tr>
<td>Site entered in program in error.</td>
<td>Duplicate clinic, incorrect PIN issued, or ASN-only site entered incorrectly in PEAR.</td>
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<tr>
<td>Non-compliance with TVFC/ASN Program.</td>
<td>Non-compliant with TVFC/ASN Program requirements.</td>
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</tbody>
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