

Adult Safety Net (ASN) Program

ADULT ELIGIBILITY SCREENING RECORD

PURPOSE: To determine and record eligibility for the DSHS ASN program. A record of the eligibility status of adults receiving vaccine supplied by DSHS must be maintained either in hard copy by the clinic providing the service or in an electronic system. Hard copies must be maintained for five years. ASN eligibility screening and documentation of eligibility status must take place at each immunization visit to ensure eligibility status for the program.

Date of Screening: ____/____/____
(mm/dd/yyyy)

Name: _____
(Last) (First) (Middle initial)

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female
(mm/dd/yyyy)

Have you ever served in the United States Armed Forces or Texas Military Forces, regardless of length of service or type of discharge? ☐ Yes ☐ No ☐ Choose not to answer

Important Information for Former Military Service Members:

If you are an adult woman who served in the military, you may be entitled to additional services. Please visit TVC's Women Veterans Program website at <https://tvc.texas.gov/women> and the Texas Veterans Portal at <https://veterans.portal.texas.gov>.

ASN Eligibility Criteria (please check only one box below):

- ☐ I declare that I qualify for vaccines through the ASN program because I do not have health insurance.
- ☐ I declare that I qualify for vaccines through Disaster Relief/Outbreak efforts. The CDC waived insurance status (insured or non-insured) for all disaster relief efforts.

Referring Provider: _____

Patient Signature: _____ Date: ____/____/____
(mm/dd/yyyy)

NOTE: Knowingly falsifying information on this document constitutes fraud. By signing this form, I hereby attest that the above information is true and correct. I declare that the person named above is eligible to receive vaccines.

With few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the agency to correct any information that is determined to be incorrect. See dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, and 559.004)

