



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Immunization Program
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone (775) 684-5900 · Fax (775) 684-8338

Vaccines for Children Program Participation Withdrawal Survey

Pin: _____ Facility Name: _____

Date of Withdrawal: _____

The Nevada State Immunization Program regrets to hear of this facility's choice to withdraw from the Vaccines for Children (VFC) Program. As you know, the VFC Program can be integral to increasing immunization rates for medically underserved children. For quality purposes and to help us improve the Nevada State Immunization Program, please complete the survey below and return to Glenn Witt by e-mail at gwitt@health.nv.gov, by faxing to (775) 684-8338, or by mail to 4150 Technology Way, Suite 210, Carson City, NV 89706.

Why did you withdraw from the VFC Program (**please choose only the most appropriate response**):

- Patient profile changed (e.g., decrease in volume of VFC-eligible patients)
- Office scope changed (e.g., no longer see children/adolescents, no longer see un-insured, etc.)
- Lack of staff (medical or administrative)
- Medicaid reimbursement issues
- Program administration issues (e.g., too much paperwork, etc.)
- Program equipment requirements (e.g., unable to purchase an approved storage unit or calibrated thermometers)
- Closing the practice
- Other (please write in your reason for leaving)

If your office is not closing, will you still be providing vaccines to your privately insured patients?

YES NO Please explain if you answered NO _____

What, if any, incentives could the Nevada State Immunization Program provide to keep you enrolled in the program?

Thank you for taking the time to complete and turn in this survey; it will help us to continually improve services to providers.