

# 2016-2017 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH INFLUENZA VACCINE APPLICATION FORM

Please complete this application form and return by Wednesday, August 31, 2016 to: SFPDPH / CDPU  
Via Fax: (415) 554-2579 or Email: [Tina.Milton@sfdph.org](mailto:Tina.Milton@sfdph.org)

1. Organization Name: \_\_\_\_\_

2. Mission or Purpose of Your Organization: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 3. Is your organization nonprofit? <i>(please check/circle one)</i>         | Yes | No |
| Are you a Long-term care facility / skilled nursing facility?               | Yes | No |
| Do you provide primary health care?   | Yes | No |
| Do you bill Medicare for flu?   | Yes | No |
| Do you bill Medicare for other services?                                    | Yes | No |
| Do you have a pin number with the "Vaccines For Children"(VFC) program?     | Yes | No |
| Will you administer flu vaccine to children this coming season?             | Yes | No |
| Do you plan to use the vaccine you are requesting only for a one-day event? | Yes | No |
| If yes, please provide the name and date of your event (if known)           |     |    |
- \_\_\_\_\_

4. Number of staff of your organization who have direct patient contact. \_\_\_\_\_ (#)

5. Population (#) directly served by your organization each year:

- Total # \_\_\_\_\_
- # clients age 6-35 months \_\_\_\_\_
- # clients age 3-6 years \_\_\_\_\_
- # clients age 7-18 years \_\_\_\_\_
- # clients age 19-49 years \_\_\_\_\_
- # clients age 50-59 years \_\_\_\_\_
- # clients age 60-64 years \_\_\_\_\_
- # clients age 65+ years \_\_\_\_\_

Approximate percentage of your clients < 65 years of age who are chronically ill? \_\_\_\_\_

6. Approximately what percentage of your clients have the following types of insurance:

Medicare	Medi-Cal	Private Insurance	No Insurance	Other (including Healthy SF)
_____ %	_____ %	_____ %	_____ %	_____ %

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Organization Name: \_\_\_\_\_

**7. Doses Requested – Please complete this entire section**

**We cannot fill your order without all of this information**

**\*Please note: Multidose vials come in 10 doses. We can only accept request for doses in multiples of 10 (e.g. 10, 20, etc.).**

	Number of Doses
7a. Number of doses of standard (multidose vial) flu vaccine requested from SFPDH/CDPU for use for 2016-2017	# Doses for people 3 - 18 years, not eligible for VFC (Vaccines For Children program) _____  # Doses for people $\geq$ 19 years _____  Total # (sum of above numbers): _____
7b. Number of doses of preservative-free, pre-filled syringe flu vaccine requested for 2016-2017	# Doses for people 6 – 35 months, not eligible for VFC _____  # Doses 4-18 years, not eligible for VFC _____  # Doses $\geq$ 19 years _____  Total # (sum of above numbers): _____
7c. Total number of doses requested (total of 7a + 7b)	
7e. Number of doses you are trying to secure from sources other than SFPDH/CDPU for use in 2016-17 (VFC, private, or other)	

\*Please Note:

- If you are a VFC provider and you plan to provide flu vaccine to children eligible for the VFC program, you should order the vaccine directly from VFC. Do not include in your above request.
- Requested doses may not be shared with satellite or partner sites. All sites must apply separately to the Influenza Vaccine Program.

8. Please indicate which type of refrigerator you use for vaccine storage:

- Full-size, household-style, stand-alone refrigerator
- Full-size, household-style unit with separate refrigerator and freezer compartments
- Dormitory style unit with refrigerator and freezer compartments that share one external door
- Full size, biologic/pharmaceutical grade, stand-alone refrigerator
- Full size, biologic/pharmaceutical grade, refrigerator-freezer combo unit
- Under-the-counter, biologic/pharmaceutical grade, stand-alone refrigerator
- Under-the-counter, biologic/pharmaceutical grade, refrigerator-freezer combo unit
- Other \_\_\_\_\_

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Organization Name: \_\_\_\_\_

9. Which of the following types of calibrated thermometers do you currently have?
- One digital thermometer with a glycol probe, MIN/MAX setting and alarm. **Calibration date:** \_\_\_\_\_
  - Two digital thermometers with glycol probes, MIN/MAX settings and alarms (one primary, one back-up).  
**Calibration dates:** \_\_\_\_\_
  - One data logger or other type of continuous monitoring system. **Calibration date:** \_\_\_\_\_
  - One data logger/continuous monitoring system AND one digital thermometer with a glycol probe, MIN/MAX settings, and alarm. **Calibration dates:** \_\_\_\_\_
  - Other \_\_\_\_\_

10. Beginning with the 2016-17 flu season, all program participants will be required to begin using a data logger. SFDPH/CDPU is the recipient of a grant that allows us to procure data loggers for sites that cannot afford to self-purchase. If you do not already have a data logger, would you like CDPU to purchase one for your program?
- Yes
  - No

Person responsible for coordinating your organization's flu program, meeting all terms of agreement with SFDPH/CDPU, and signing all documents submitted to SFDPH/CDPU:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing address

Phone # ( ) \_\_\_\_\_ ext. \_\_\_\_\_

\_\_\_\_\_

Fax ( ) \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Please note: All flu program updates are sent via e-mail only

You must complete the information below. **In the event that the person listed above is not available throughout the duration of flu season 2016-2017**, the below person will assume full responsibility for meeting all terms of agreement with SFDPH/CDPU and sign all documents submitted to SFDPH/CDPU:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_

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Thank you!

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