

**DATE:** June 17, 1997  
**Transmittal No.:** Policy - 97-06-00004

**TO:** District Economic Self-Sufficiency Services  
Program Administrators (1-10, 12-15) and  
Program Manager (11)

**FROM:** Linda G. Dilworth, Assistant Secretary for  
Economic Self-Sufficiency Services

**SUBJECT:** WAGES and Immunizations  
**EFFECTIVE DATE:** July 1, 1997

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This memorandum provides policy and implementation instructions in accordance with Florida Statute 414.13, relating to immunization requirements for the WAGES program. The provision in WAGES for immunizations requires that a preschool child of applicants and recipients of cash assistance must begin and complete childhood immunizations as a condition of eligibility. This policy does not change the current immunization requirement of the assistance groups in the Family Transition Program. Individuals not meeting the immunization requirement remain eligible for Medicaid.

### **Policy Change**

Applicants and recipients who have a preschool child under age 5 must begin and complete appropriate childhood immunizations for the child. If an applicant or recipient fails to comply with the immunization requirement, the child is removed from consideration in calculating cash assistance to the family. Follow current policy on adding individuals to existing assistance groups if the requirement is met subsequent to removing the child's needs.

If the child is the only child in the assistance group, cash assistance for the family is terminated until verification of compliance is provided. Follow current date of entitlement policy if the assistance group subsequently complies with the immunization requirement and requests cash assistance.

A partial eligibility review must be scheduled if the next series of immunizations is due prior to the next complete eligibility review.

Applicants and recipients must be informed of the availability of childhood immunizations through the county health department or through the child's health provider.

Noncompliance with immunizations is not affected by "Riverside."

### **Verification Requirement**

Verification that the applicant or recipient has begun and is up-to-date with immunizations for their preschool child is required. The assistance group must be pended for verification if documentation is not provided at the eligibility interview. Follow normal verification policy and procedures. Any written statement containing the following is acceptable as verification:

- Immunizations are current;
- Date next immunization is due; and
- Signature and date by a health care professional licensed under Chapters 458, 459 or 460, Florida Statutes (medical doctors, osteopaths and chiropractors) , or their authorized designee.

Examples of acceptable verification are Form DH 680, 11/96, Florida Certification of Immunization (or the previous HRS Form 680, used by some providers) . Attached is a sample copy and instructions for completion by the health care provider.

If all series of immunizations are complete, Part A-1 will be completed. If immunizations are not complete, but are up-to-date, Part B will be completed, including an expiration date. The expiration date should not be less than 15 days after the child's next appointment for immunizations. This date indicates a child is as up-to-date as medically possible and remaining immunizations cannot be completed until the date indicated. If a child is mildly ill, the physician will immunize the child as scheduled.

There is no requirement to verify the child's age unless questionable.

### **Good Cause**

The requirement for preschool children to begin and complete childhood immunizations may be waived if the failure is due to either religious reasons or a permanent medical condition.

- If the failure to immunize the child is due to religious reasons, the applicant's or recipient's written certification indicating the individual is a member of or practices a religion that is opposed to immunization may be accepted. HRS Form 681, Religious Exemption From Immunization, signed by the county health department director/administrator, is also acceptable verification. All individuals, whether or not they are patients, may receive verification of this exemption by the county health department. A copy of this form is attached.

- If the failure to immunize the child is due to a permanent medical condition, Form DH 6810, Part C, Florida Certification of Immunization, is acceptable verification. The form is available through the county health department or health provider.

### **Policy Implementation Instructions**

Applications processed on or after July 1, 1997, for applicants who have a preschool child under age 5 must document that childhood immunizations are up-to-date prior to authorization of cash assistance. If the immunization requirement is not met, the child's needs are not included in the calculation of cash assistance. If the immunization requirement is not met for all of the preschool children in the assistance group, deny cash assistance for the entire assistance group.

Recipients who are requesting to add a preschool child under age 5 must meet the immunization requirement prior to case action to add the needs of the child.

Recipients who have a preschool child under age 5 must begin and have immunizations up-to-date at the complete eligibility review prior to authorizing recurring benefits.

A partial eligibility review must be scheduled if the next series of immunizations is due prior to the next complete eligibility review.

### **FLORIDA Instructions - Workaround # 84**

#### **Problem:**

All WAGES cash applicants and recipients must begin and complete childhood immunizations as a condition of eligibility. If the immunization requirement is not met, the child(ren) is coded with an FC participation status on AGCC and the child(ren)'s income and assets are counted. The child remains eligible for Medicaid. If all preschool children do not meet the immunization requirement, cash assistance for the entire assistance group is terminated or denied.

#### **Workaround:**

Pend the assistance group at the eligibility review if the requirement is not met. Send the manual HRS ES Form 2009, Appointment Notice/Request for Information, to request proof of immunization. Do not authorize benefits until the assistance group either provides proof of immunizations or the child's needs are removed.

If the assistance group fails to provide proof of immunization for the child(ren), then:

Change the participation status of the child(ren) from EC to FC on AGCC for cash assistance eligibility.

#### Immunizations

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- Do not change the participation status of the
- mother/caretaker relative.
  
- Do not change the participation status of these children on the related Medicaid.
  
- ED/BC will correctly calculate eligibility of all cash assistance, related Medicaid and food stamp assistance groups, **if any member remains eligible**. Use reason code 428 on AWAA for reduction, cancellation or denial of cash assistance.
  
- **If there is not a child remaining eligible for cash assistance**, go to AWAA from AGPY and close or deny cash assistance using reason code 428. Authorize the related Medicaid. Press <enter> and complete the ED/BC driver. The system will display AGCC and SFU will not rebuild the cash assistance group. Authorize food. stamps.
  
- Document on CLRC.

# FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: FLORIDA STATUTES 232,032, s. 10D-3.088, F.A.C. and s. 10M-12, F.A.C.

LAST NAME	FIRST	MI	DOB MO/DA/YR
PARENT OR GUARDIAN	Child's SS4 (optional)	STATE IMMUNIZATION ID# <sup>1</sup>	

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (680A or 6SOA-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP <sup>2</sup>	A	_____	_____	_____	_____	_____
DT <sup>3</sup>	B	_____	_____	_____	_____	_____
Td <sup>4</sup>	C	_____	_____	_____	_____	_____
Polio <sup>5</sup>	D	_____	_____	_____	_____	_____
HIB <sup>6</sup>	E	_____	_____	_____	_____	_____
MMR (Combined) <sup>7</sup>	F	_____		_____	_____	_____
(Separate) <sup>8</sup>	G, H, I	_____	_____	_____	_____	_____
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps</i>	<i>Rubella</i>	
Hepatitis B <sup>9</sup>	J.					

<sup>1</sup> The state immunization ID# is an identifier supplied by the state immunization registry (optional).

<sup>2</sup> DTP 5 doses required. If the fourth primary dose is administered on or after the fourth birthday a fifth dose is not required. DTaP is an acceptable alternative for one or more doses of DTP.

<sup>3</sup> DT (pediatric) is acceptable if Pertussis vaccine is medically contraindicated. (Complete Part C for Pertussis contraindication.)

<sup>4</sup> Td (Adult) Vaccine is recommended for children 7 years of age or older.

<sup>5</sup> Polio 4 doses required. If the third dose is administered on or after the fourth birthday, a fourth dose is not required. IPV is an acceptable alternative for one or more doses of OPV. Polio vaccine is not required for children 18 years of age or older.

<sup>6</sup> Hib is required for child care and preschool entry and attendance only.

<sup>7</sup> 1st dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A second dose of measles (preferably NQAR) is required for students in grades K-4 in the 1997-98 school year, and 7th grade entry and attendance effective with the 1997/98 school year. In each subsequent year thereafter, the next highest grades are included.

<sup>8</sup> Includes single measles vaccine (G), single mumps vaccine (ID or single rubella vaccine (I)).

<sup>9</sup> Hepatitis B vaccine series is required for seventh grade entry and attendance effective with the 1997-98 school year and kindergarten entry and attendance effective with the 1998-99 school year. In each subsequent year thereafter, the next highest grades are included.

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**LAST NAME****FIRST****MI****DOB (MO/DA/YR)**

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Certificate of Immunization for K-12 *Excluding* 7th Grade Requirements**PART A-1** (immunizations **are**; complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

*I have reviewed the records available, and to the best of my knowledge, the above named child been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) for school attendance as documented on the reverse side of this form.*

Physician or Clinic Name: \_\_\_\_\_ Physician or  
(Print or stamp) \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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**Certificate of Immunization Supplement for 7th Grade Requirements****PART A-2** (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

*I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year. - tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).*

Physician or Clinic Name: \_\_\_\_\_ Physician or  
(Print or stamp) \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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**Temporary Medical Exemption****PART B** (For preschool children, children in day care and school children who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

*I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.*

Physician or Clinic Name: \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
(Print or stamp) \_\_\_\_\_ (15 days after next immunization appointment)Address: \_\_\_\_\_ Physician or  
Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Permanent Medical Exemption****PART C** For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3Physician or Clinic Name: \_\_\_\_\_ Physician or  
(Print or stamp) \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLETION OF FORM DH 680,  
FLORIDA CERTIFICATION OF IMMUNIZATION**

**Form DH 680, Part A** (Certification of Immunization), or **Part B** (Temporary Medical Exemption) must be completed with the following:

- Child's name, date of birth, dates of immunization; and
- Name of physician licensed under Chapters 458, 459 or 460, Florida Statutes (includes medical doctors, osteopaths, chiropractors or name of the clinic) ; and
- Signature or signature stamp of the physician, public health nurse, physician's designee or the Department of Health County Health Department.
- Part B must also have the "Expiration Date" section completed.

**Form DH 680, Part C** (Permanent Medical Exemption From Immunization) requires the following:

- Child's name and date of birth; and
- Identification of the vaccine and medical reason for the exemption; and
- Signature and date by a physician licensed under Chapters 458 or 459, Florida Statutes (includes medical doctors and osteopaths, but excludes doctors of chiropractic medicine).



# RELIGIOUS EXEMPTION FROM IMMUNIZATION

DATE OF BIRTH

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\_\_\_\_\_  
CHILD'S NAME (PRINTED)

\_\_\_\_\_  
PARENT OR GUARDIAN

CHILD'S SS# \_\_\_\_\_

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THE \_\_\_\_\_ CHURCH OR RELIGIOUS SECT.

IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENROLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE IMMUNIZATIONS REQUIRED BY SECTIONS 232.032, F.S. AND 402.305, F.S.

I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZED AGAINST THE VACCINE REVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HRS COUNTY PUBLIC HEALTH UNIT STAMP

\_\_\_\_\_  
SIGNATURE OF DIRECTOR/ADMINISTRATOR \*

\_\_\_\_\_  
DATE

- RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER.