Letter of Agreement Between Rural Health Center And Local Public Health Agency

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| | lth Center (RHC) |
| located at | |
| authorizes the | |
| | Health Agency (LPHA) |
| located at | |
| to provide Vaccines for Children (VFC) | vaccine on behalf of our facility. |
| behalf of the above RHC. Underinsure the benefit plan does not include immestablished limit. The authorized provious Department of Public Health (ID delineated by IDPH and must order an RHC has no legal responsibility for the | LPHA to administer VFC vaccines to children who are underinsured on ed children are defined as those children who have health insurance but nunization, covers only select vaccines, or caps the vaccine cost at an vider understands that they must enroll in the VFC Program with the PH) and must adhere to the guidelines and requirements of VFC as and properly maintain and administer the appropriate VFC vaccines. The expervision of immunization services delivered by the authorized ent shall be in effect until either party decides to terminate this |
| RHC Administrator Signature | Typed or Printed RHC Administrator Name |
| | |
| Date | |
| For and on behalf of the LPHA | |
| | |
| LPHA Administrator Signature | Typed or Printed LPHA Administrator Name |
| Date | |