Immunization Program
Division of Health
1000 SW Jackson, Ste 075
Topeka, KS 66612

Phone: 785-296-5591
Fax: 785-296-6510
immprogram@kdheks.gov
www.kdheks.gov/immunize

Kansas

Robert Moser, MD, Secretary | Department of Health & Environment | Sam Brownback, Governor

Kansas Immunization Program
FQHC or RHC Intent to Deputize LHD Worksheet

FQHC/RHC Name _____
County_____ and VFC PIN Number_____

☐ Yes, my FQHC/RHC agrees to deputize one (1) or more (numbers_____) of LHDs.

The LHD may contact (name) _____
Phone _____ or email: _____
to begin the process of deputization after October 1, 2012.

OR

☐ No, my FQHC/RHC will not deputize any LHD granting authority to immunize underinsured children with VFC vaccine. (Check this box ____).

_____ Date_____
FQHC/RHC Director Signature

Please complete and send this form, by September 15, 2012, to:
Jackie Strecker, Vaccine & Fiscal Manager
Kansas Immunization Program
1000 SW Jackson, Ste 075
Topeka, KS 66612
jstrecker@kdheks.gov
Fax- 785-296-6510

For questions, please contact Martha Froetschner, RN, Assistant Program Director, at: 785-925-1990 or: mfroetschner@kdheks.gov