

Hunterdon County Childhood Vaccine Program

Participating Offices

Delaware Valley Family Health Center

Milford (908) 995-2251

Hunterdon Pediatric Associates

Clinton (908) 735-3960

Flemington (908) 782-6700

Reading Ridge (908) 788-6070

Whitehouse Station (908) 823-1100

Phillips -Barber Family Health Center

Lambertville (609) 397-3535

Highlands Family Health Center

Hampton (908) 735-2594

Hunterdon Family Medicine

Flemington (908) 788-6161

Branchburg Family Health Center

Branchburg (908) 369-8871

Riverfield Family Health Center

Clinton (908) 735-4645

Hampton (908) 537-2152

Washington (908) 689-3200

Cornerstone Family Practice

Flemington (908) 788-8220

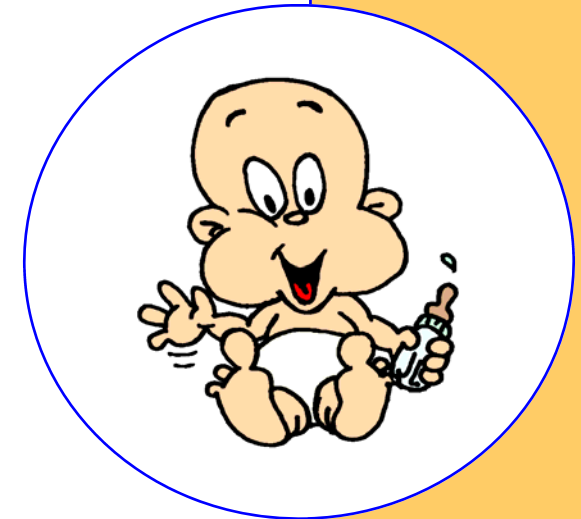
Hopewell Family Practice

Hopewell (609) 466-1101

Pennington (609) 730-1771

Hunterdon County Department of Health
Public Health Nursing and Education
Physical address:
1030 Route 31 N
Lebanon, NJ 08833
Mailing address:
PO Box 2900
Flemington, NJ 08822

Hunterdon County Childhood Vaccine Program



Are you a resident of
Hunterdon County?

Do you have a baby or child
under the age of 18?

Are you having problems
paying for childhood
immunizations?



Immunizations are a safe and effective way to protect your children against serious diseases

To support and encourage childhood immunizations, the Hunterdon County Department of Health coordinates the Hunterdon County Childhood Vaccine Program. This program provides vaccinations to families who meet certain guidelines .

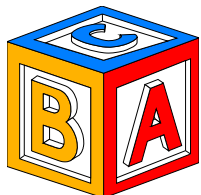
This program does not include sick child services.

*Please note that this program is for children who **ARE NOT CURRENTLY ENROLLED** in NJ Family Care, Medicaid, or the “Vaccines for Children” program.*

Questions?
call

Public Health Nursing & Education

(908) 806-4570



Your child **may** be eligible for this county-funded program if:

- Your family is without health insurance **OR**
- You have health insurance that **does not cover** childhood immunizations **AND**
- You live in Hunterdon County and meet the income eligibility guidelines below

Family Size	Maximum Annual Income
2	\$43,710
3	\$54,930
4	\$66,150
5	\$77,370

TO PARTICIPATE:

1. Fill out this form
2. Attach proof of income eligibility (paycheck stub, tax return, etc.)
3. Return application to our office for processing. An ID card will be mailed back if your child is accepted into the program
4. Choose a participating physician’s office off enclosed list and call to set up an appointment
5. Present your ID card when you arrive at the physician’s office

Hunterdon County Childhood Vaccine Program

(Parent / Guardian Name)

(Street Address)

(Street Address 2)

(Town) (State) (Zip)

Phone: Home _____

Work _____

The following questions MUST be answered:
(Incomplete applications will not be considered)

Do you have health insurance YES NO
Does your health insurance cover immunizations?
YES NO

Do you meet the income guidelines?
(Gross family income: Add all sources of income , such as wages, unemployment, child support, alimony, etc.)
YES NO

Family member information

Child’s Name _____ Date of Birth _____

I understand that the information I submit is subject to verification and certify that the above information regarding family size and income is accurate.

(Signature) (Date)