

## IMMUNIZATION GOOD CAUSE REQUEST FORM

CLIENT NAME	CASE NUMBER	DATE
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All children on your CalWORKs grant who are under the age of six must have up-to-date immunizations. These are shots or vaccines. You must give us proof of the immunizations. If you have a good reason for not immunizing your child(ren), you do not have to have this proof. This is called "good cause."

List the child(ren) you are requesting good cause for:


**Instructions:** If you have a good reason for not immunizing your child(ren), fill out this form and indicate which child that you are claiming a "good cause" exemption for by placing the circled number below next to the name of each child listed above. Make a copy of the form for you to keep and mail or take the form back to your worker.

**Circle the number that applies to each child listed above:**

1. You do not believe in immunizing your child(ren).
2. The doctor said that your child(ren) should not be immunized. You will need to give us a statement from the doctor's office.
3. You could not get the immunizations because of transportation problems.
4. You could not get an appointment to get the immunizations.
5. The immunization your child(ren) needed was not available.
6. The doctor does not speak your language or there was another language access problem.
7. You or the child(ren) were sick and could not go to the doctor.
8. The records do not correctly show all the immunizations your child(ren) got and you are trying to correct the records. You will need to show us the corrected records.
9. You have other good cause reason, which is \_\_\_\_\_ .

I declare under penalty of perjury that the above statement(s) is true.

CLIENT SIGNATURE	DATE	PHONE
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WORKER'S NAME	DATE	PHONE
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