



CLINIC REQUEST CHECK SHEET 2026-2027 flu season

PLEASE READ THE CHECK LIST BELOW AND BE SURE YOU ARE ABLE TO MEET THE FOLLOWING BEFORE SUBMITTING REQUEST FOR CLINIC DATE/TIME:

- ___ Email your preferred date/time *AT LEAST 2 WEEKS PRIOR TO REQUESTED CLINIC DATE.*

- ___ **Indoor location required**

- ___ **Minimum of 10 participants/1 hour clinic required.** *NOTE: Clinics with less than 10 online registrations/hour at least 5 days before location date/time will be cancelled.*

- ___ Provide:
 - For Alana's Foundation:
 - Table: one 6 ft or 8 ft. table for AF display/information/sign-in
 - Chairs: 1 or 2 for AF rep(s)
 - For Nurse(s):
 - Table: one 6 ft. or 8 ft. tables for nurses depending on number of nurses assigned (2 nurses/table)
 - Chairs: 2 for each nurse
 - Wastebaskets: 1 for each nurse
 - Extra Chairs for participants to wait: in the case of first time flu vaccine recipients

- ___ OPTIONAL (but strongly recommended): Laptop/tablet with internet connection for onsite registration

PLEASE NOTE:

- Paper consent forms will *not* be available. **All recipients will use electronic registration.**

- The **cost of the vaccine is billed to insurance** with no out of pocket cost to the vaccine recipient. For those **uninsured**, Alana's Foundation will cover the costs. **NOTE: We are unable to fund vaccinations for those who have insurance but the card is not present or who have insurance that is NOT accepted by VNA (including Medicaid).**



FLU CLINIC REQUEST FORM 2026-2027 flu season

PLEASE COMPLETE THE FORM IN ITS ENTIRETY TO REQUEST A FLU CLINIC AT YOUR LOCATION

Date _____

Organization Name _____

Preferred Date _____ Requested Time(s) _____

Alternate* Date _____ Requested Time(s) _____

Clinic location Address _____

City _____ State _____ Zip Code _____

Clinic contact Name _____

Clinic contact Telephone **AND** Email Address _____

Alternate Clinic contact Name _____

Alternate Clinic contact Telephone **AND** Email Address _____

Authorized Signature **AND** Date _____

Laptop available (Y/N) ___ Access to on-site internet (Y/N) ___ Spanish speaking nurse (Y/N) ___ **If preferred date not open*

TERMS

~ COST:

The **cost of the vaccine is billed to insurance** with **no out of pocket cost to the vaccine recipient**. For those **uninsured**, Alana's Foundation will **cover the costs**. NOTE: We are unable to fund vaccinations for those who have insurance but the card is not present or who have insurance that is NOT accepted by VNA (including Medicaid). In this case, we offer a flu vaccination for a small minimum donation of \$15 to help provide a flu shot to someone who does not have insurance. (The donation is tax-deductible). **NOTE: Clinic hosts are required to promote the clinic to their constituents. A flier from AF is provided for this purpose.**

Participants will need to:

- **complete consent prior to clinic** to help expedite the process upon arrival
- **bring insurance card** to confirm correct entry and/or be able to enter insurance information when completing consent on-site

~ PARTICIPATION MINIMUMS:

There is a **10 dose minimum/hour** and **10 person pre-registration requirement** to host a clinic.

Clinics with less than 10 online registrations/per hour scheduled at least 5 days before location date/time will be cancelled.

~ ALANA'S FOUNDATION SUPPORT STAFF MINIMUMS:

Clinics with ≤ 19 persons pre-registered online/per hour scheduled will be supported **without** a representative from Alana's Foundation on site.

Clinics with 20+ persons pre-registered online registrations/per hour scheduled will be supported **with** a representative from Alana's Foundation on site.

~ ADDITIONAL VACCINE ADMINISTRATORS AT SAME EVENT:

We are **unable to support** clinics/events if there are other flu vaccine administrators at the same event.

Your signature indicates your understanding and acceptance of these terms.

— OFFICE USE —

Public _____ Private _____ Student administrators _____ Date Approved _____ AF Rep Initials _____



Thank you for your interest in hosting an Alana's Foundation School/Community Influenza Clinic.

Alana's Foundation (AF) was established in memory of Alana Yaksich who died of influenza in February 2003.

Our mission is to "To prevent deaths caused by influenza, a vaccine preventable disease and provide support for families whose child has died from any illness."

One of the ways we fulfill our mission is by/coordinating Influenza clinics (school, business, community) to assist in increasing vaccination rates. We partner with Michigan Community VNA to administrator the influenza vaccinations

The **cost of the vaccine is billed to insurance** with **no out of pocket cost to the vaccine recipient**. For those **uninsured**, Alana's Foundation will **cover the costs**. **NOTE: We are unable to fund vaccinations for those who have insurance but the card is not present or who have insurance that is NOT accepted by VNA (including Medicaid).**

To host a clinic, locations are **REQUIRED** to:

- o **COMPLETE REQUEST FORM** and email to Alana's Foundation (info@alanasfoundation.org) **AT LEAST 2 WEEKS PRIOR TO REQUESTED CLINIC DATE**. We will contact you to confirm as date/time requests are filled on a first come, first served basis.
- o NOTE: there is a **10 dose minimum/hour** and **10 person pre-registration requirement**. **Clinics with less than 10 online registrations/per hour scheduled at least 5 days before location date/time will be cancelled.**
- o **Provide:**
 - **Indoor room REQUIRED** due to weather conditions and protection for nurses and recipients.
 - Tables for nurses and AF:
 - 2-4, 6 ft. or 8 ft. tables for nurses depending on number of nurses assigned (2 nurses/table)
 - 1, 6 ft or 8 ft. table for AF display/information/sign-in
 - Chairs (1 for each nurse)
 - Wastebaskets (1 for each nurse)
 - Extra Chairs for participants to wait (in the case of first time flu vaccine recipients)
 - Laptop or tablet *with internet connection* to assist with onsite registration
 - Promote/market clinic to constituents with flier provided by AF

AF will provide:

- o a flier to assist in advertising the clinic
- o for clinics with **20+ persons pre-registered online registrations/per hour** scheduled, at least **one on-site representative from the foundation** to help facilitate the day of the clinic as well as information about the foundation (brochures, etc.)

Nationally, an **average of 130 children die from influenza every year**, a vaccine preventable disease. That's **more than 2605 deaths in children under 18 since 2003**. Another 20,000 children are hospitalized accounting for over 38 million missed school days due to influenza[^].

Your support and hosting of a clinic enables us to continue our efforts to ensure no family has to experience the death of loved one from a vaccine preventable disease.

***For more information about Alana's Foundation please visit our website:
www.alanasfoundation.org***

Alana's Foundation is a non-profit 501(c)(3) organization. Federal Tax ID #: 26-4353167

[^] Center for Disease Control and Prevention - National Health Interview Survey, 1996



SAFETY PROTOCOL PROCEDURES 2026-2027 flu season

Alana's Foundation (AF) and Michigan Community VNA (MCVNA) are committed to providing a safe, convenient and affordable vaccination experience.

In addition to existing precautions that have always been adhered to at each AF clinic (single use exam gloves for each vaccine administered, hand sanitize between recipients), the following procedures will be implemented to ensure the safety of vaccine administrators and vaccine recipients.

All Michigan Community VNA nurses and AF staff will:

- Follow current state guidelines for masking, protective face masks or shields in effect at time of clinic

Vaccine recipients may be asked to

- follow current state guidelines for **social distancing** that are in effect at time of clinic (**if applicable**)
- follow state guidelines for **masking** in effect at time of clinic (**if applicable**)
- refrain from getting a vaccination if they have a fever or are not feeling well

Vaccine recipients will be asked to:

- **complete electronic consent form PRIOR to clinic** to help decrease wait time and ensure appropriate vaccine inventory. **Any computer, laptop, smart phone, iPad or tablet may be used to access/complete the consent.**
- **bring insurance card** to confirm correct entry and/or be able to enter insurance information when completing consent on-site

NOTE: Paper consent forms will *not* be available. **All recipients will use electronic registration.**