

Help Someone: Be a COVID Vaccine Navigator





Introduction & Contents

We are Zero COVID New York and we are part of the Zero COVID Alliance, people across the world who believe that we can move toward a bright and better future by eliminating the virus, and do it in a very short period of time. The vaccine can only add to the speed of the process and allow us to live fully COVID free as we have seen in other countries.

We are offering this navigator toolkit to help our fellow New Yorkers who may have difficulty accessing vaccines, so that those who can assist in this process—be it professionally, or as volunteers, will have an easy to use resource.



We appreciate that you are aiding others to get their COVID-19 vaccine. We have included a little on Zero COVID so you can also find out how you can help to get rid of the virus completely in New York State.

We know that the vaccine process will look different everywhere it's done, but we hope that this collection of information and resources makes it easier for you to provide some assistance.

Contents:

- Possible process to engage volunteer navigators
- Basics—the information that you will need to gather and more, and —you may need a printer!
- Resources to assist navigators in finding vaccine locations
- State online vaccine form walk through
- What they need to take with them the day of the vaccine, the form they will fill out there to prep or assist those with reading difficulties
- Let people know you can help—materials to promote your assistance, additional handouts
- About Zero COVID and how to help!

Remember, the vaccine is free!



Who & How To Use This Packet

Who needs help getting their vaccine?

- ☐ Elderly
- ☐ People without access to Internet/limited phone minutes
- ☐ People who have difficulty navigating systems
- ☐ Almost everyone!

This packet can be used by individuals and groups who want to help others get a COVID vaccine appointment:

- ☐ College volunteer groups
- ☐ Municipal organizations
- ☐ Not-for-Profits
- ☐ Human Resource Departments
- ☐ Individuals
- ☐ And more

So please do share this!

How—

- ☐ A provider could put out the flyer, press releases, handouts included in this packet and have people call them directly to assist
- ☐ A college group could partner with a municipal organization and take their referrals for people in need of help
- ☐ For those able to do this on their own with just this packet as guidance, it could be mailed to them

For safety, of course, these appointments need to be done by phone or online if the person is able. The navigator could get an idea of when a person is open to attending a vaccine event—time of day, date—and then work on the process until they secure an appointment for the person.

Colleges looking to partner with county programs can

- ☐ Find an Office for the Aging: <https://aging.ny.gov/local-offices>
- ☐ Find a Social Services office: <https://ocfs.ny.gov/directories/localdss.php>
- ☐ Find a Health Department: https://health.ny.gov/contact/contact_information/

Limitations for this packet:

- ☐ Right now it is available in English only
- ☐ Transportation may be an issue we have not fully explored (example—finding Medicaid transport for appointments)
- ☐ Biggest issues are that each person you are assisting will need to have an email address that you can access if you print their forms
- ☐ And their forms will need to be printed, most likely by you

Basics 1

The person you help is going to have to be comfortable giving you the following information:

- ☐ Their Name
- ☐ Date of Birth
- ☐ Zip Code
- ☐ Address
- ☐ Race/Ethnicity
- ☐ Phone Number/E-mail address*
- ☐ Insurance Card Information
- ☐ Possibly Name and Date of Birth of Primary Subscriber if Insurance Under Another Person
- ☐ Primary Care Provider (optional)
- ☐ Emergency Contact (optional)

Navigators will need to have this information **before** you begin the registration process, or you will time out of the sign-up on some sites.

Always remember when you are asking for people to give you their information, it is a personal and somewhat invasive process—picture yourself unable to do this on your own, and how it would feel to you as you go through this with each individual you are able to help. They will appreciate you so much!

E-mail Address: they will also have to have an email address that their vaccination ticket information can be sent to, and they should be able to print this appointment ticket.

***This can create a number of access issues**—if they don't have a smartphone and printer, they will need someone to do this for them if you are helping them through the online process. Even if they use the Vaccine Hotline phone number, they need to have an email address! This may create an issue regarding e-mail and if the helper does not have a printer. Ideas include having forms sent to a general e-mail box at an agency like Office for the Aging, or Social Services where the referral may have come from, and then staff will mail it to their clients, same for college volunteers.

Note how you are handling this: _____

Additional access issues to consider: For the elderly, speak clearly, slowly, and at a volume that does not muffle your voice. Use the best possible phone you have access to. Be prepared to spell or repeat things. When speaking quickly, your words will blend together, like us listening to another language.

For people with certain disabilities, their processing time from question to answer will be longer than typical. Give them time to reply and do not confuse by adding layers to the question—only repeat the same question again after asking if they would like you to, and then if needed, ask if it would help if you say it differently or re-phrase to help them.

Basics 2

Directly From the New York State Website—Instructions for New York State-Operated Vaccination Sites:

Step 1: Determine eligibility and schedule an appointment. The Am I Eligible app is the quickest way to see if you're eligible and make an appointment. You can also call the New York State COVID-19 Vaccination Hotline at 1-833-NYS-4-VAX ([1-833-697-4829](tel:1-833-697-4829)). Once you have successfully scheduled an appointment, you will receive a confirmation email that contains a barcode. You will need to bring this to your appointment.

Step 2: Complete the Vaccine Form. *Once you have a confirmed appointment*, you must complete the [New York State COVID-19 Vaccine Form](#). This form should be filled out online and you will receive a submission ID indicating completion. You will need to bring the submission ID to your appointment. If you cannot submit the form online, it will be available at the vaccination sites.

Step 3: Bring proof of eligibility to your appointment. Depending on your eligibility category, proof can include an employee ID card, a letter from an employer or affiliated organization, a pay stub, a driver's license, passport, or any legal proof of your date of birth and residency. At the time of your appointment, you'll be asked a series of clinical questions to ensure readiness for a vaccine. You will be asked for insurance information BUT the vaccine is free and there will never be a charge to you. This information is for administrative use only.

Step 4: Your second dose appointment will be scheduled automatically when you receive your first vaccine dose. Your second appointment will be scheduled for the same time and at the same location, three weeks following your first dose. You will receive a card onsite with the date and time indicated and a confirmation email will follow a few days later. Please keep in mind when scheduling your first appointment that your second appointment will occur at the same time of day.

Note: This is just for NYS Operated sites—you will need to find instructions and requirements for each site, but this should guide you in what to look for.

You can see this why this could be a daunting process for the elderly and those without resources!

Note regarding Pop-Up Clinics—Navigators may want to, at the beginning of your search, go to a search engine and type in “Covid Vaccine Pop Up Clinics Near Me” to see if any of those will be available, and what your person needs to do to access those.

Basics 3

Comorbidities—The Newest Group Eligible & Needed Proof

Find the full list of who is eligible here: <http://bit.ly/WholsEligibleNY>

They will need to bring one of the following as proof of eligibility: 1. Doctor's Letter or 2. Medical Information Evidencing Comorbidity, or 3. Signed Certification.

You may need to assist them in contacting, or figuring out, who would be able to send that information to them. They need to do that quickly so they have it in time for their vaccine appointment.

What will the vaccine appointment look like? Consider talking to them about this if you have time.

While there may be similarities and differences between sites, it is difficult to tell you in the North Country and you in Yonkers and you in Amherst that it will look a certain way, but in general you will need to instruct people to have their identification and insurance card (if insured) ready to present when they enter the site.

Their letter will also detail types of ID, and other information for proof that they are indeed in the current vaccine cohort. Please ask them to double mask, and make sure they have access to masks. If they do not, have or help them call municipal and charitable organizations in their area to locate these important resources.

Once there, they will present their information and then complete a form—which is in this packet to review—as instructed. The entire form may not need to be filled out, so you do not need them to fill it out, but if they know what is on it, they can complete it more quickly and make the process and time spent indoors with others, shorter.

When it is their turn, they will be directed to a nurse who will administer the vaccine. Wear a vaccine friendly shirt! After the vaccine is given, they will need to wait for 15 minutes to be observed for any allergic reaction. They will then be able to leave and go home. Nurses may give instructions as to type of medication to take or not take, or fluids to drink, especially after the second shot, but again, for seniors or someone with difficulty processing, this may not register, so if you have access to vaccine centers, please encourage them to put this all in writing. The vaccine administration site should give information on what to expect after the COVID vaccine.

Navigators may want to direct them to, or send information to them, from this CDC website, depending on what they may need: <http://bit.ly/CDCcovVaxInfo> Menu is at the bottom.



Prepare Yourself

- › Your vaccine appointment
- › Different vaccines



After the Vaccination

- › What to expect
- › Register for v-safe



For Specific Groups

- › Underlying medical conditions
- › All specific groups

Resources: Places to Find a COVID Vaccine

New York State Website For Vaccines:

New York State Website—COVID Vaccine Page: <https://covid19vaccine.health.ny.gov/> general information, who is eligible, when and how.

Am I Eligible: <https://am-i-eligible.covid19vaccine.health.ny.gov/> when you go through the questions at this link you will get a yes/no and then a listing of larger state sites, like at SUNY Binghamton, Dome Arena, Potsdam, Javits, and more

Phone number: 1-833-NYS-4-VAX ([1-833-697-4829](tel:1-833-697-4829)) is the number for people to call to ask general questions (prompt 4) or to make an appointment at a NYS operated vaccination location.

Frequently Asked Questions: <http://bit.ly/NYSCovaxFAQ> please familiarize yourself with the FAQ, in particular know the information that someone with a comorbidity will need to bring with them to their appointment. That is under eligibility and screening.

Other places where people might get a vaccine:

1. **Local health department**—find a health department website: https://health.ny.gov/contact/contact_information/ and find out which priority group they are serving
2. **Store pharmacies:** <http://bit.ly/COVIDVaxpharmacies> is supposed to be for 65 years old and up—complete listing
3. Find a **Federally Qualified Health Center** where they may be administering vaccine: <http://bit.ly/FQHCcenter>
4. **Doctor offices and hospitals** will require some work if there is no Vaccine Hub, and checking in with a personal physician or hospital

Other places and websites that can help—hubs and other resources:

1. Find a free clinic that may be helping to coordinate vaccine information: <http://bit.ly/NAFClinics>
2. In many areas you can call 211 to find out where to call
3. NYC Vaccine Hub for NYC 1 <https://vax4nyc.nyc.gov/patient/s/>
4. NYC Vaccine Hub for NYC 2 <http://bit.ly/NYCovaxFinder>
5. Finger Lakes Vaccine Hub <https://flvaccinehub.com>

Accounts on Twitter That May Help:

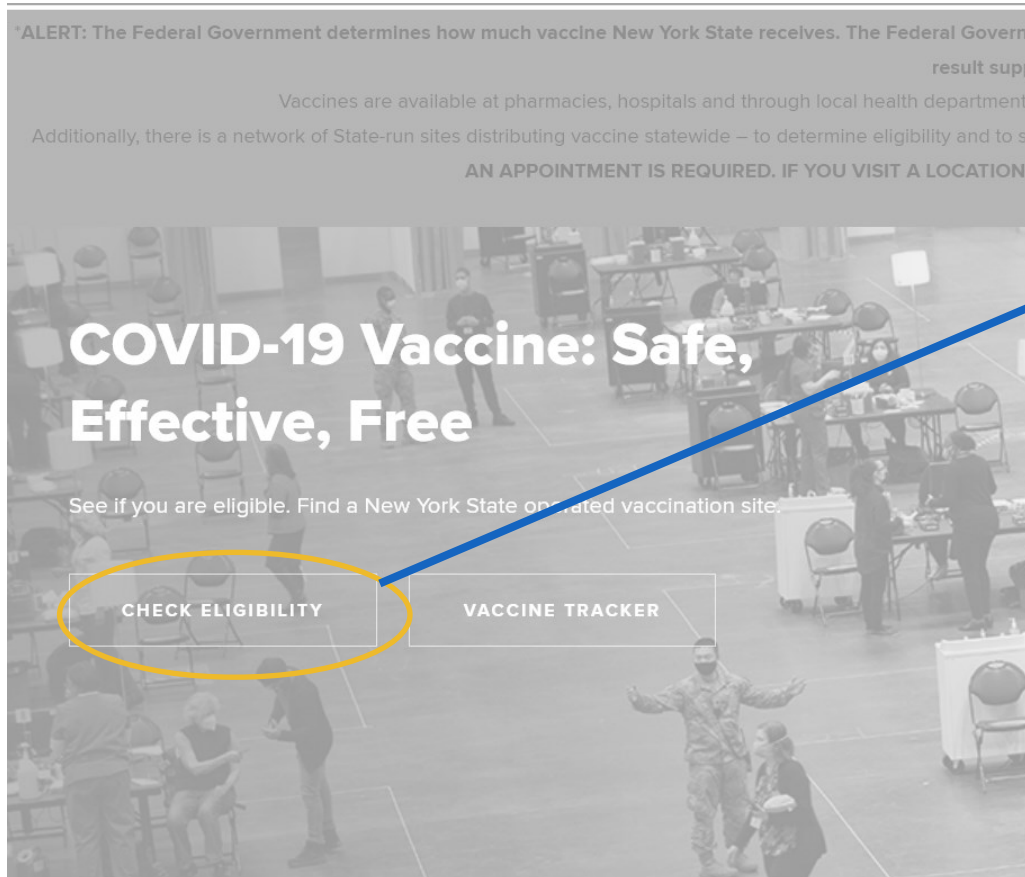
NYC Vaccine List @ny_covid https://twitter.com/ny_covid

TurboVax @turboVax <https://twitter.com/turboVax>

NY COVID Vaccine Bot @nyvaccine <https://twitter.com/nyvaccine>

V-safe: After, if people do have smartphones that they can use, they can sign up to here after their first vaccine: <http://bit.ly/CDCVsafe>
“V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. **V-safe** will also remind you to get your second COVID-19 vaccine dose if you need one.

State Online Sign Up Walk



Check eligibility button—click there to get to “See if you may be Eligible to Receive the COVID-19 Vaccine” page

Website:

<https://covid19vaccine.health.ny.gov/>

Click here to “Get Started”

See if you may be Eligible to Receive the COVID-19 Vaccine

The Federal Government determines how much vaccine New York State receives and has given New York approximately 250,000 vaccines/week for over million people who are eligible – as a result supply is very limited. Vaccines are available at pharmacies, hospitals and through local health departments please contact the provider of your choice to schedule a vaccine appointment.

You can use this tool to determine eligibility and to schedule an appointment at a New York State-run vaccination site. If eligible, you will see all available appointments at New York State-run vaccination sites. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A LOCATION WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.** To find out if you may be eligible, click Get Started below.

List of New York State-operated vaccination locations and availability through April 16th:

Location Name	Location Address	Appointments Available
Javits Center	New York, NY	No Appointments Available Currently
Jones Beach - Field 3	Wantagh, NY	No Appointments Available Currently
State Fair Expo Center: NYS Fairgrounds	Syracuse, NY	No Appointments Available Currently
SUNY Albany	Albany, NY	No Appointments Available Currently
Westchester County Center	White Plains, NY	No Appointments Available Currently
SUNY Stony Brook University Innovation and Discovery Center	Stony Brook, NY	No Appointments Available Currently
SUNY Potsdam Field House	Potsdam, NY	Appointments Available
Aqueduct Racetrack - Racing Hall	South Ozone Park, NY	No Appointments Available Currently
Plattsburgh International Airport -Connecticut Building	Plattsburgh, NY	No Appointments Available Currently
SUNY Binghamton	Johnson City, NY	No Appointments Available Currently
SUNY Polytechnic Institute - Wildcat Field House	Utica, NY	No Appointments Available Currently
University at Buffalo South Campus - Harriman Hall	Buffalo, NY	No Appointments Available Currently
Rochester Dome Arena	Henrietta, NY	No Appointments Available Currently

* Last updated on 2/18/2021, 6:01:03 PM

Get Started

Enter Your Information Below

About You

Date of Birth *

Sex *

☒ Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer

Do you live in the State of New York? *

☒ Yes ☐ No

Do you work in the State of New York? *

☐ Yes ☒ No

Zip *

Acknowledgement

Consent to Disclose: This screening tool, and the information provided herein ("Eligibility Screening Tool"), will be used for the sole purpose of determining eligibility for receiving a COVID-19 vaccination.

The information collected on the Eligibility Screening Tool through this website and/or application and the disclosure of such information for the purpose stated above are subject to the requirements of the New York State Internet Security and Privacy Act.

Information collected on the Eligibility Screening Tool is subject to disclosure only with the consent of the applicant. Your completion and submission through this Eligibility Screening Tool results in the disclosure of personal information and constitutes your consent to the collection and disclosure of such information by NYS for the administration of the COVID-19 vaccination.

NYS may disclose personal information without applicant consent if the collection or disclosure is: (1) necessary to perform the statutory duties of NYS, or necessary for NYS to operate a program authorized by law, or authorized by state or federal statute or regulation; (2) made pursuant to a court order or by law; (3) for the purpose of validating the identity of the applicant; or (4) of information to be used solely for statistical purposes that is in a form that cannot be used to identify any particular person.

Any information collected through the Screening Tool is also subject to the New York State Freedom of Information Law and the Personal Privacy Protection Law.

NYS will enforce its rights against any unauthorized access or attempted unauthorized access to NYS information technology assets or against any other inappropriate use of this website.

☒ I consent

[Back](#) [Submit](#)

Asks Date of Birth

Sex

Do you live in NYS

Do you work in NYS

Zip

Acknowledgement

Submit

Thank you for providing your information

Based on what you have told us, you are eligible to receive a vaccine. Click on the Locate Providers link below to see New York State-operated vaccination sites in your area and click the link to schedule an appointment, if available. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A PROVIDER WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.**

[Go Back](#) [Locate Providers](#)

Click locate providers

Locate Providers

Here are New York State operated vaccination sites. The locations below are listed by proximity to your location. Appointments at each location will be listed in chronological order. Click on a location's link to schedule an appointment. Each day ("event") will be displayed in chronological order starting from today through April 16th. Scroll through to find an open event, then you will be able to pick a time slot for that day.

Vaccine availability is subject to change. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A PROVIDER WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.**

Distance From: *

 10021

 Update

JAVITS CENTER (4.0 MILES)

Location: 429 11th Avenue New York NY 10018

How to Schedule Appointment: [Schedule your vaccine appointment](#)

1
Select

2
Pick Time

3
Prescreen

4
Confirm

Please Select an Event

1

NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall

SUNY Potsdam Maxcy Hall
5 Tupper Lake Drive
Potsdam, NY 13676
[Map & Driving Directions](#)

Distance: 0 miles



Event Type: Point of Dispensing

Date: April 12, 2021

Time: 08:00:00.0 - 18:30:00.0

Registration Deadline: April 12, 2021

Appointments Available: 240

Fee: \$0

Phone: 833-697-4829

Public Notes:

Individuals being vaccinated must bring proof of eligibility to the vaccination site and complete the NYS Vaccine Form before arriving. Proof of Eligibility include: **65 or greater, or attesting to having a comorbidity), if you have insurance, please bring your information with you to your appointment.**

Identification:

Sufficient identification includes a driver's license, passport, or any legal proof of your date of birth and residency. Note that non-NYS residents may be vaccinated under the age of 18, a parent or guardian is required to identify the minor.

Proof of Occupation:

Depending on your eligibility, proof can include an employee ID card, a letter from an employer or affiliated organization, or a pay stub. Any person who does not be vaccinated. Executive Order 202.86 imposes monetary penalties for any provider vaccinating an individual who has not certified eligibility or for who the provider is a member of a priority group. Vaccination eligibility must be based on current employment status.

You will then get a list of providers by zip code. You need to check each one to see if they have vaccines.

They will be listed even if there are no appointments available, so read carefully.

Click on one that works for you, or go to other sites to check, or wait and try again if nothing works.

If you find one you'd like to go to—select that event.

We've selected Potsdam for this one.

Choose a date from the list!

Regarding Distance!

Transportation may be an issue, depending on distance.

Remember that they have to go to the same place for both vaccines

Another thing to think of are the hospitals in that area in their network should you have a (very rare) reaction?

Emergency contact able to get there?

Select a time—check the date to make sure you clicked the right one, and then look at the time on the left column, available appointments in the center column, and click on the circle to select the one that works best.

Please select the preferred time period

NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall

SUNY Potsdam Maxcy Hall

April 12, 2021

Time	Available Appointments	Select Time
08:45 AM - 09:00 AM	2	<input checked="" type="radio"/>
09:15 AM - 09:30 AM	5	<input type="radio"/>
09:30 AM - 09:45 AM	7	<input type="radio"/>
09:45 AM - 10:00 AM	7	<input type="radio"/>
10:15 AM - 10:30 AM	6	<input type="radio"/>
10:30 AM - 10:45 AM	3	<input type="radio"/>
10:45 AM - 11:00 AM	8	<input type="radio"/>

Then the purple area at the top will show the location, the date, and now the time. They also confirm country of residence as USA.

Enter Recipient Information for the Event

NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall

SUNY Potsdam Maxcy Hall

April 10, 2021

08:15 AM - 08:30 AM

Country of Residence

United States



Recipient Information

First Name	<input type="text"/>
Middle Name	<input type="text"/> Optional
Last Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/> Optional
Postal Code/ ZIP Code	<input type="text"/>
City/Town/Locality	<input type="text"/>
State/Province/ Region	<input type="text" value="Select State/Province/Region"/> ▾
Phone Number	<input type="text" value="XXX-XXX-XXXX"/>
	<input type="checkbox"/> Is this a Mobile Phone?
	<input type="checkbox"/> Opt-In for SMS (Text) Notifications (Msg & Data rates may apply)
Confirm Phone Number	<input type="text" value="XXX-XXX-XXXX"/>
Email Address	<input type="text"/>
Confirm Email Address	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text" value="-- Select Gender - Optional"/> ▾

For recipients under the age of 19, the mother's first and maiden (last) name must be provided.

Mother's First Name	<input type="text"/> Optional
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Vaccine Recipient

Information

First name

Middle Name optional

Last name

Address 1

Address 2 optional

Postal/zip code

City/Town/Locality

State/Province/Region

Phone number

Is this a mobile phone?

Opt in for text notifications

Confirm phone number

Email address

Confirm email address

Date of Birth

Gender

Under age of 19, needs
mother's first and maiden
(last) name

Enter Patient Demographics Information

NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall

SUNY Potsdam Maxcy Hall

April 10, 2021

08:15 AM - 08:30 AM

Race / Ethnicity

Race

-- Select Race --



Ethnicity

-- Select Ethnicity --



SUNY Potsdam Maxcy Hall

April 10, 2021

08:15 AM - 08:30 AM

On-Site Requirements

What method of transportation will you use to get to the site?

-- Select One --



Will you require handicap access to the building?

-- Select One --



Will you need language assistance?

-- Select One --



April 10, 2021

08:15 AM - 08:30 AM

Emergency Contact Information

First Name

optional

Middle Name

optional

Last Name

optional

Phone Number

optional

Relationship to Recipient

-- Select Relationship --



Race

Ethnicity

What method of transportation will you use to get to the site?

Will you need handicap access to the building?

Will you need language assistance?

Optional—Emergency Contact Information—Not a bad idea to have, particularly the farther from home they are going

2 3 4
 Pick Time Prescreen Confirm

Insurance Information

NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall

SUNY Potsdam Maxcy Hall

April 10, 2021

08:15 AM - 08:30 AM

By law, the COVID-19 vaccine is available at no cost to you. Your insurance information is being collected for the purposes of administration.

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine.

[Click here](#) to read and/or download our Notice of Privacy Practices. You will receive the Notice through email as well. You may also request a copy of the Notice when you arrive at the vaccination site.

--Please Select--

☐ I acknowledge that I have received the Notice of Privacy Practices through the link above, and that I will also receive a copy via email.

☐ I request to receive the Notice of Privacy Practices at the vaccination site. I understand that this will take a little more time at check-in.

Previous
Next

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine.

What type of insurance?

Yes

Medicare

Primary Insurance

Insurance Name	<input style="width: 90%;" type="text"/>
Insurance ID	<input style="width: 90%;" type="text"/>
Insurance Group ID (if available)	<input style="width: 90%;" type="text"/>
Insurance Company Address	<input style="width: 90%;" type="text"/> Optional
Insurance Company City	<input style="width: 90%;" type="text"/> Optional
Insurance Company State	<div style="border: 1px solid #ccc; padding: 2px 10px;">-- Select State --</div>
Insurance Company Zip	<input style="width: 90%;" type="text"/> Optional
Insurance Company Phone	<input style="width: 90%;" type="text"/> Optional

Do you have insurance—if no, **they can still get the vaccine.**

Choices are no, yes

Yes will get you to the second box, but you must follow the prompt to read the notice of privacy practices or read it in your email (choice one)

Or read it at the site, which will take longer at check-in (choice two). If it all possible, for safety purposes, read it online.

Dropdown after yes

What type of insurance: private, Medicaid, or Medicare

Insurance Name

Insurance ID

Insurance Group ID if available

Optional Insurance Co Address

State is needed

Primary Subscriber

First Name

Last Name

Date of Birth

By law, the COVID-19 vaccine is available at no cost to you. Your insurance information is being collected for the purposes of administration.

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine.

Yes

What type of insurance?

Medicaid

Primary Insurance

Insurance Name

Medicaid CIN

Medicaid ID (if different than Medicaid CIN)

Insurance Company Address

Insurance Company City

Insurance Company State

Insurance Company Zip

Insurance Company Phone

Primary Subscriber

First Name

Last Name

Date of Birth

Relationship to Patient

[Click Here](#) for Secondary Insurance

☐ By clicking here you authorize the release of your information for insurance billing purposes. There is no cost to you.

[Click here](#) to read and/or download our Notice of Privacy Practices. You will receive the Notice through email as well. You may also request a copy of the Notice when you arrive at the vaccination site.

☐ I acknowledge that I have received the Notice of Privacy Practices through the link above, and that I will also receive a copy via email.

☐ I request to receive the Notice of Privacy Practices at the vaccination site. I understand that this will take a little more time at check-in.

Continued—Primary Subscriber—Who the insurance is under, first and last name and Date of Birth—so may be a spouse or parent—will need their info

For Medicaid you will need

Insurance Name

CIN which starts with letters then numbers, then 1 letter

Medicaid ID if different

Optional insurance company address

State needed

First, Last name of the primary subscriber (may be different)

Their date of birth

Relationship to patient

Click okay for insurance billing purposes—there is no cost to the person

Follow the prompt to read the notice of privacy practices or read it in your email (choice one)

Or read it at the site, which will take longer at check-in (choice two). If it all possible, for safety purposes, read it online.

With Private Insurance Primary Subscriber—Who the insurance is under, first and last name and Date of Birth—so may be a spouse or parent—will need their info

You will need: Insurance Name, Insurance ID, Insurance Group ID (if available)

Optional insurance company address

State needed

First, Last name of the primary subscriber, their date of birth and relationship to patient

Click okay for insurance billing purposes—there is no cost to the person

Follow the prompt to read the notice of privacy practices or read it in your email (choice one)

Or read it at the site, which will take longer at check-in (choice two). If it all possible, for safety purposes, read it online.

By law, the COVID-19 vaccine is available at no cost to you. Your insurance information is being collected for the purposes of administration.

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine.

Yes

What type of insurance?

Commercial Insurance

Primary Insurance

Insurance Name

Insurance ID

Insurance Group ID (if available)

Insurance Company Address

Optional

Insurance Company City

Optional

Insurance Company State

-- Select State --

Insurance Company Zip

Optional

Insurance Company Phone

Optional

Primary Subscriber

First Name

Last Name

Date of Birth

Relationship to Patient

-- Select Relationship --

[Click Here](#) for Secondary Insurance

☐ By clicking here you authorize the release of your information for insurance billing purposes. There is no cost to you.

[Click here](#) to read and/or download our Notice of Privacy Practices. You will receive the Notice through email as well. You may also request a copy of the Notice when you arrive at the vaccination site.

☐ I acknowledge that I have received the Notice of Privacy Practices through the link above, and that I will also receive a copy via email.

☐ I request to receive the Notice of Privacy Practices at the vaccination site. I understand that this will take a little more time at check-in.

Insurance Information
 NYS COVID Vaccine POD - SUNY Potsdam Maxcy Hall
 SUNY Potsdam Maxcy Hall
 April 10, 2021
 08:15 AM - 08:30 AM

By law, the COVID-19 vaccine is available at no cost to you. Your insurance information is being collected for the purposes of administration.

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine. No

☒ Check this box to confirm that you are uninsured, or that the person for whom you are authorized to make this request (the "patient") is uninsured. This means that you, or such patient, do not or will not have coverage through an individual or employer-sponsored plan, a federal healthcare program (e.g., Medicare, Medicaid), or the Federal Employees Health Benefits Program at the time services will be rendered, and that no other payer will reimburse you, or such patient, for COVID-19 vaccination.

[Click here](#) to read and/or download our Notice of Privacy Practices. You will receive the Notice through email as well. You may also request a copy of the Notice when you arrive at the vaccination site.

☒ I acknowledge that I have received the Notice of Privacy Practices through the link above, and that I will also receive a copy via email.

☐ I request to receive the Notice of Privacy Practices at the vaccination site. I understand that this will take a little more time at check-in.

Primary Care Provider

First Name optional

Last Name optional

City/Town/Locality optional

State/Province/Region optional

Postal Code/ZIP optional

Phone Number optional

[Previous](#) [Next](#)

Insurance Information—for the uninsured—click no, check the box

The vaccine is free and you can still get it without insurance!

Follow the prompt to read the notice of privacy practices or read it in your email (choice one)

Or read it at the site, which will take longer at check-in (choice two). If it all possible, for safety purposes, read it online.

Primary Care Provider information is optional

Be sure to see the information in **red** to the left

And that should do it—an email is sent almost immediately confirming the appointment.

This is in a PDF that needs to be printed. It is 2 pages.

Complete this form after you have completed and confirmed your vaccination appointment! Submit and print the information to bring to the vaccine location with the ticket that will arrive via email. See next 2 pages to look at this form

<https://forms.ny.gov/s3/vaccine>



This form cannot be used to schedule an appointment. Complete this form only once you have a scheduled appointment.

I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives. With that understanding, and with the understanding that I will have to supply proof of my eligibility, I hereby certify under penalty of law that I belong to one of the below priority groups eligible for vaccination:

1. I am age 65 or older and I reside in New York State.

- OR -

2. I am a resident of New York and currently perform work in one of the below categories, either paid or unpaid, or I am a non-resident but perform such work in New York; and I am either required to have in-person contact with members of the public or with coworkers, or I am unable to work remotely:

- First Responder or Support Staff for First Responder Agency
 - Fire
 - State Fire Service, including firefighters and investigators (professional and volunteer)
 - Local Fire Service, including firefighters and investigators (professional and volunteer)
 - Police and Investigations
 - State Police, including Troopers
 - State Park Police, DEC Police, Forest Rangers
 - SUNY Police
 - Sheriffs' Offices
 - County Police Departments and Police Districts
 - City, Town, and Village Police Departments
 - Transit of other Public Authority Police Departments
 - State Field Investigations, including DMV, SCOC, Justice Center, DFS, IG, Tax, OCFS, SLA
 - Public Safety Communications
 - Emergency Communication and PSAP Personnel, including dispatchers and technicians
 - Other Sworn and Civilian Personnel
 - Court Officer
 - Other Police or Peace Officer
 - Support or Civilian Staff for Any of the Above Services, Agencies, or Facilities
- Corrections
 - State DOCCS Personnel, including correction and parole officers
 - Local Correctional Facilities, including correction officers
 - Local Probation Departments, including probation officers
 - State Juvenile Detention and Rehabilitation Facilities
 - Local Juvenile Detention and Rehabilitation Facilities
- P-12 Schools
 - P-12 school (public or non-public) or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff including bus drivers)
 - Contractor working in a P-12 school or school district (including contracted bus drivers)
 - Licensed, registered, approved or legally exempt group childcare
 - In-person college faculty and instructors
 - Employees or Support Staff of licensed, registered, approved or legally exempt group Childcare Setting
 - Licensed, registered, approved or legally exempt group Childcare Provider
 - Public Transit
 - Airline and airport employee
 - Passenger railroad employee
 - Subway and mass transit employee (i.e., MTA, LIRR, Metro North, NYC Transit, Upstate transit)
 - Ferry employee
 - Port Authority employee
 - Public bus employee
 - Public facing grocery store workers, including convenience store and bodega workers
 - Individual living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of your household
 - Individual working (paid or unpaid) in a homeless shelter where sleeping, bathing or eating accommodations must be shared by individuals and families who are not part of the same household, in a position where there is potential for interaction with shelter residents
 - High-risk hospital and FQHC staff, including OMH psychiatric centers.
 - Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH, OCFS, OTDA and OASAS, and residents in congregate living situations, overseen or funded by the OPWDD, OMH, OCFS, OTDA and OASAS.
 - Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
 - County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
 - Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
 - Staff of urgent care provider.
 - Staff who administer COVID-19 vaccine.
 - All Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff).
 - All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.

<https://forms.ny.gov/s3/vaccine>
 Attesting they are eligible for
 the vaccine.

- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.
- Staff and residents of nursing homes, skilled nursing facilities, and adult care facilities.
- Restaurant Worker
- Restaurant Delivery Worker
- For-Hire Vehicle Drivers

- OR -

3. I am a resident of New York and I have one of the following comorbidities or underlying conditions, as documented or diagnosed by my health care provider:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11 related pulmonary diseases
- Intellectual and Developmental Disabilities including Down Syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension (high blood pressure)
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes
- Severe Obesity (BMI 40 kg/m²), Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Pregnancy
- Sickle cell disease or Thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's Disease or dementia
- Liver disease

- OR -

4. The person for whom I am submitting this certification is a resident or patient of one of the following:

- Nursing home regulated by the NYS Department of Health (DOH)
- Residential program or hospital certified or operated by the NYS Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS) or Office of Addiction Services and Supports (OASAS).

I have read the list of vaccination priority groups above. I hereby certify under penalty of law that I am a member of the priority group.

Your Information

First Name *

Last Name *

Date of Birth * MM/DD/YYYY

Zip Code *

County * -- Please Select --

Phone Number * (xxx) xxx-xxxx

The New York State Department of Health is requesting the information below in order to deliver the most effective services. Your information will be kept confidential and protected under the New York State Personal Privacy Protection Act and any other applicable state or federal law.

Which of the following best describes your ethnic group? *

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Other / Unknown / Prefer not to answer

Which of the following best describes your race? Please select all that apply. *

Name

Date of Birth

Zip Code

County

Phone Number

Ethnicity

Comorbidity

Essential worker

Congregate setting

Date of first scheduled appointment

Confirmation email?

Submit

Pat yourself on the back—you have done a great thing for someone! Thank you!

I am hereby affixing my electronic signature as if I had physically signed this certification.

- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ White
- ☐ Other / Unknown / Prefer not to answer

Do you have a comorbidity or underlying condition as defined by the New York Department of Health above in Section 3? *

- ☐ Yes
- ☐ No

Are you a public-facing essential worker? *

- ☐ Yes
- ☐ No

Are you currently living in a congregate setting? *

- ☐ Yes
- ☐ No

Date of first scheduled appointment *

Would you like a confirmation via email? *

- ☐ Yes
- ☐ No

Submit

0%



Department
of Health

New York State COVID-19 Vaccine Form

This form is not proof of an appointment.

Thank you for completing the New York State COVID-19 Vaccine Form.

Bob Dobalina

Submitted: 02/21/2021, 12:32 am

Submission ID:

1613885394_6031efd2c3f182.18232688

Please show this page to your COVID-19 vaccine healthcare provider before the vaccination.

This will be the screen you will see when you hit submit for the form.

This also **needs to be printed** and taken to the vaccine administration location.

How Will You Handle This?

A Note About Individual Cancellations:

To cancel your appointment please click on the link provided in your email

They may need assistance with appointment cancellations—please make arrangements for this.

You will do as follows: _____

This is the form that they will get upon entering the vaccination location. They may not need to fill out the entire form, but it may be helpful for them to have a copy of this form to review prior so they know what questions will be asked. You can access this form by searching for “NY COVID -19 Immunization Screening and Consent Form” and it will open or download as a PDF. In this packet it is 3 total pages.



COVID-19 Immunization Screening and Consent Form*

Recipient Name (please print)		Preferred Name	
DOB	Current Gender ID Indicate ID Below: <input type="text"/>	Key: W – Woman/Girl TW – Transgender Woman/Girl M – Man/Boy TM – Transgender Man/Boy NB – Non-Binary Person GNC – Gender Non-Conforming Q – Not Sure/Questioning NR – Chose not to Respond GNL – Gender not Listed (write-in) * Gender Pronouns: write-in by client's name	
Sex Assigned at Birth Indicate Sex Below: <input type="text"/>	Key: M – Male F – Female I – Intersex NR – Chose not to Respond SNL – Sexual Orientation not Listed (write-in)	Marital Status Indicate Status Below: <input type="text"/>	Key: S – Single D – Divorced M – Married W – Widowed V – Civil Union U – Unknown SEPARATED – Legally Separated PARTNER – Life Partner
Address		City	State Zip
Email Address			
Parent/Guardian/ Surrogate (if applicable, please print)		Phone	Preferred Language
Ethnicity Indicate Ethnicity Below: <input type="text"/>	Ethnicity Key: DECL – Declined HIS – Hispanic Origin NHL – Non-Hispanic Origin UNK – Unknown	Race Indicate Race Below: <input type="text"/>	Race Key: AIA – Native American or Alaskan ASN – Asian BAA – African American or Black DECL – Declined NHP – Native Hawaiian or Pacific Islander WHT – White OTH – Other or Multiracial
Primary Insurance Name		Primary Insurance ID#	Subscriber Name/DOB
			Subscriber Relation to Patient
Primary Insurance Address		Primary Insurance Group #	Primary Insurance Phone #
Secondary Insurance Name		Secondary Insurance ID#	Subscriber Name/DOB
			Subscriber Relation

Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

“NY COVID-19 Immunization Screening and Consent Form”

Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses of this vaccine in order for it to be effective. I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Recipient/Surrogate/Guardian (Signature) recipient	Date / Time	Print Name	Relationship to Patient (if other than recipient)
---	-------------	------------	--

Telephonic Interpreter's ID # OR	Date / Time
--	-------------

Signature: Interpreter	Date/ Time	Print: Interpreter's Name and Relationship to Patient
------------------------	------------	---

Let People Know You Can Help!

Sample Press Release:

We at _____ know that finding a COVID vaccine is a new process for all of us. It is especially difficult for the elderly, people in our community who have limited Internet access, and the many of us having trouble understanding what we need to do. But we all know that it is a worthwhile goal to achieve when it's your turn.

We are eager to assist! If you would like help, we are here for you. With a guide created by Zero COVID NY, we can assist you just a bit, or from start to finish. We want to help our community be safer, so please give us a call at _____ or email:

Article on recruiting college students to help: <http://bit.ly/collegehelpvax>

Also included in the next pages:

- ☐ Instructions from NYS website
- ☐ Handouts to personalize with your organization's information
- ☐ Flyer with same
- ☐ Things to bring to my vaccine appointment poster
- ☐ What to expect at the vaccine appointment
- ☐ After vaccine safety

Navigators may want to direct them to, or send information to them, from this CDC website, depending on what they may need: <http://bit.ly/CDCcovVaxInfo> Menu is at the bottom.

Instructions for New York State–Operated Vaccination Sites To Send To People With Their Tickets

❑ **Step 1: Determine eligibility and schedule an appointment.** The [Am I Eligible app](#) is the quickest way to see if you're eligible and make an appointment. You can also call the New York State COVID-19 Vaccination Hotline at 1-833-NYS-4-VAX ([1-833-697-4829](#)). Once you have successfully scheduled an appointment, you will receive a confirmation email that contains a barcode. You will need to bring this to your appointment.

❑ **Step 2: Complete the Vaccine Form.** Once you have a confirmed appointment, you must complete the [New York State COVID-19 Vaccine Form](#). This form should be filled out online and you will receive a submission ID indicating completion. You will need to bring the submission ID to your appointment. If you cannot submit the form online, it will be available at the vaccination sites.

❑ **Step 3: Bring proof of eligibility to your appointment.** Depending on your eligibility category, proof can include an employee ID card, a letter from an employer or affiliated organization, a pay stub, a driver's license, passport, or any legal proof of your date of birth and residency. See full list below. At the time of your appointment, you'll be asked a series of clinical questions to ensure readiness for a vaccine. You will be asked for insurance information BUT the vaccine is free and there will never be a charge to you. This information is for administrative use only.

❑ **Step 4: Your second dose appointment will be scheduled automatically when you receive your first vaccine dose.** Your second appointment will be scheduled for the same time and at the same location, three weeks following your first dose. You will receive a card onsite with the date and time indicated and a confirmation email will follow a few days later. Please keep in mind when scheduling your 1st appointment that your 2nd appointment will occur at the same time of day.

Acceptable forms of proof of eligibility

If an individual is eligible due to their employment status, they must prove they are employed in the State of New York. Such proof may include:

- an employee ID card or badge,
- a letter from an employer or affiliated organization, or
- a pay stub, depending on the specific priority status.

If an individual is eligible due to their age, they must produce proof of age and proof of residence in New York. To prove New York residence, an individual must show:

- One of the following: State or government-issued ID; Statement from landlord; Current rent receipt or lease; Mortgage records; or
- Two of the following: Statement from another person; Current mail; School records.

For age, such proof may include:

- Driver's license or non-driver ID;
- Birth certificate issued by a state or local government;
- Current U.S passport or valid foreign passport;
- Permanent resident card;
- Certificate of Naturalization or Citizenship;
- Life insurance policy with birthdate; or
- Marriage certificate with birthdate.

To show they have comorbidities or underlying conditions, New Yorkers must provide documentation as required by the facility where they are getting vaccinated which must be either:

- Doctor's Letter, or
- Medical Information Evidencing Comorbidity, or
- Signed Certification

Looking for a COVID Vaccine?

If you need
help
signing up
for a
vaccine,
we are
here for
you:



Please call:



zerocovid.us/newyork & zerocovidny.org



Looking for a COVID Vaccine?

If you need help signing
up for a vaccine, we are
here for you:

Please call:



zerocovid.us/newyork & zerocovidny.org

Looking for a COVID Vaccine?



If you need help signing
up for a vaccine, we are
here for you:

Please call:



zerocovid.us/newyork & zerocovidny.org



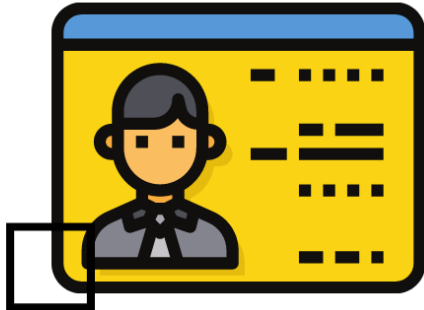
Having Trouble Signing Up For Your COVID Vaccine?

If you need help signing up for a
vaccine, we are here for you:

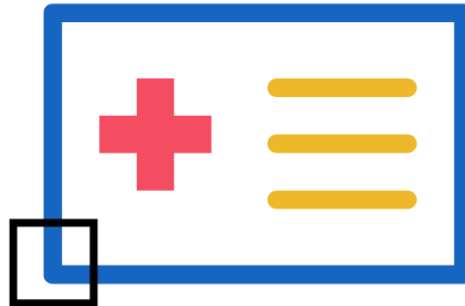
Please call:



Things to Bring to Your Vaccine Appointment



Driver's license, passport, or any legal proof of your date of birth and residency



If you have insurance, your card.



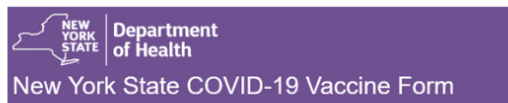
NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health



CDMS Registration Ticket

Your registration ticket



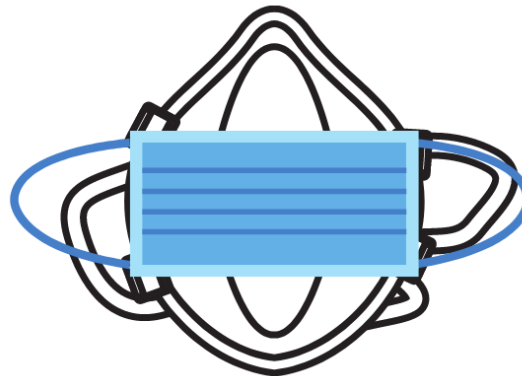
This form is not proof of an appointment.
Thank you for completing the New York State COVID-19 Vaccine Form.

Bob Dobalina
Submitted: 02/21/2021, 12:32 am

Submission ID:
1613685394_85314e0d0f162_18232688



COVID Vaccine Form



2 Masks



Proof Of Occupation Or Underlying Condition/Comorbidity



Your Registration Ticket Will Have Detailed Info -
Please Double Check That!



What To Expect At Your Appointment

For More Information:
<http://bit.ly/CDCcovVaxInfo>
Menu is at the bottom.

Enter the vaccine
administration
site



Get your ID,
masks, and
everything
ready at home
and head out!



Start



Look for the
person with the
forms, follow
their instructions



Remember to give
everyone
their space!



End

They will have you go
to a place where you
will wait for 15
minutes. If all is ok,
you can go home!



When it's your
turn, you will get
your vaccine.
Listen for any
instructions they
give you.



COVID is Airborne!

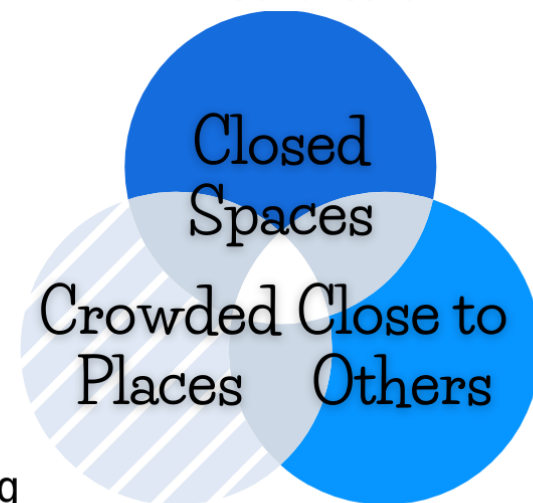
Even After 2 Vaccines, Please Continue To:

Do!

- Mask up to protect you & others
 - Cover your nose, too – that's where the air goes in
 - Masks need to fit well
 - Get the best mask that you can!
- Make air a priority
 - Crack open windows
 - Clean your indoor air
 - Measure it!
- Meet less in person and more by phone and online
- Until we are all as safe as possible

Avoid!

- Closed spaces with poor ventilation
 - Crowded places with many people nearby
 - Close proximity to others
- An overlap of all 3 is the most unsafe



More at zerocovidny.org



What Is Zero COVID and Is It Possible? (Maybe too much)

ZeroCovid is an exit strategy. And we could easily do it in most of NYS within 5 weeks! The difference would be huge—we would be back to normal—much like New Zealand, China, Atlantic Canada, and many other nations who decided that living with a virus isn't really living.

It is pro-health and pro-business. It also works quickly. Instead of doing what we've done for a year, we would rip the band-aid off, and then be back in a world with no restrictions. It is equitable. It does not require someone who knows how to fill out a form, or who will refresh a computer screen all day. It does not need a printer! It also does not leave behind people whose conditions were not represented in vaccine trials.

ZeroCovid—otherwise known as the [Green Zone Exit Strategy](#)—is unlike other strategies we've seen deployed over the past year which are passive, reactive, and ineffective. Additionally, these other strategies have cost us hundreds of thousands of lives and have dealt a massive blow to our economy.

ZeroCovid aims to move toward a bright and better future by eliminating the virus. We need to do this as quickly as possible to save lives and livelihoods. This plan minimizes the risks from new virus variants that are spreading rapidly. It can be started any time—it is not too late.

ZeroCovid should be adapted based on the conditions, strengths, and capabilities of each community. Using all available resources to eliminate the virus has been shown to work in Australia, China, New Zealand, Taiwan, Thailand, Vietnam, and Atlantic Canada.

ZeroCovid is a real-world strategy that requires hard work, persistence, and collaboration. This strategy is worth implementing because the alternative is much worse. Making every effort to reach *ZeroCovid* reduces the massive health and economic costs.

We would not be doing this alone. There are experts ready to help in the initial phase and maintenance. Please join us in making our world free of COVID.

Join us! info@zerocovidny.org

For more information:

zerocovid.us/newyork & zerocovidny.org

endcoronavirus.org

zerocovidalliance.org

drbobmorris.com/2021/02/we-dismissed-zero-covid-now-we-have-a-double-disaster/

Let your elected officials know that Zero COVID like a great and practical idea.

Eliminate COVID



Join us! info@zerocovidny.org



zerocovid.us/newyork & zerocovidny.org

