COVID-19 Vaccine Appointment Finder & Registration

WESTCHESTER COUNTY DEPARTMENT OF SENIOR PROGRAMS AND SERVICES

GEORGE LATIMER, COUNTY EXECUTIVE  MAE CARPENTER, COMMISSIONER
Key Pointers

24/7 hotline **1-833-697-4829** (can assist with vaccination registration) – wait times can be lengthy

**Online registration link for vaccine** [https://am-i-eligible.covid19vaccine.health.ny.gov/](https://am-i-eligible.covid19vaccine.health.ny.gov/)

**NYS COVID-19 form** [vaccineform.health.ny.gov](https://vaccineform.health.ny.gov) (must be filled out prior to appointment)

Use **Chrome, Firefox & Safari** web browsers. It does **NOT SUPPORT** Internet Explorer or your cell phone provider

No walk in appointments
Online Registration for Vaccine

Online registration link for vaccine
https://am-i-eligible.covid19vaccine.health.ny.gov/

1. screens for eligibility
2. access to set up appointment if eligible
See if you may be Eligible to Receive the COVID-19 Vaccine

This tool will determine eligibility and can be used to schedule appointments at New York State-run vaccination sites only. Vaccines are also available at pharmacies, hospitals and through local health departments statewide – please contact your provider of choice to schedule your vaccine appointment.

If you are 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:

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<th>Location Name</th>
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<th>Appointments Available</th>
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<td>Javits Center</td>
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<td>No Appointments Available Currently</td>
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<td>Location</td>
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<tr>
<td>SUNY Albany</td>
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<td>NO Appointments Available Currently</td>
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<tr>
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<td>University at Buffalo South Campus - Harriman Hall</td>
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<tr>
<td>Dome Arena (DBA Roxbury Dome Partners LLC)</td>
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</tr>
</tbody>
</table>

* Last updated on 1/14/2021, 1:22:23 PM
Enter Your Information Below

About You

First Name *

Last Name *

Date of Birth *

Sex *

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

Contact Information

Address Line 1 *

Address Line 2

City *
A no response will not prevent you from receiving the vaccine

**Link for cancellation sent to email**
Additional Information

Are you a worker in a patient-facing healthcare setting or a congregate living setting?

☐ Yes ☐ No

Are you a First Responder or Support Staff for First Responder Agency? *

☐ Yes ☐ No

Are you employed by a Corrections Agency? *

☐ Yes ☐ No

Are you employed in a P-12 school or school district? *

☐ Yes ☐ No

Are you an employee or support staff in a licensed, registered, approved or legally exempt group child care? *

☐ Yes ☐ No

Are you a licensed, registered, approved or legally exempt group childcare provider? *

☐ Yes ☐ No

Are you a public-facing grocery store worker? *

☐ Yes ☐ No
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
Consent to Disclose.

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I consent
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 find providers in your area and information on how to schedule an appointment for a vaccine. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A PROVIDER WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.**
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:

9 South 1st Avenue, Mount Vernon 10550

Update

**WESTCHESTER COUNTY CENTER (14.7 MILES)**

Location: 198 Central Avenue White Plains NY 10606

**How to Schedule Appointment:** Schedule your vaccine appointment

Get Directions

**Status:** No Appointments Available Currently
WESTCHESTER COUNTY CENTER (14.7 MILES)

Location: 198 Central Avenue White Plains NY 10606

How to Schedule Appointment: Schedule your vaccine appointment

Get Directions

Status: No Appointments Available Currently

Last Updated: 1/15/2021 8:00AM

JAVITS CENTER (22.2 MILES)

Location: 429 11th Avenue New York NY 10018

How to Schedule Appointment: Schedule your vaccine appointment

Get Directions

Status: Appointments Available

Last Updated: 1/15/2021 8:00AM
**AQUEDUCT RACETRACK - RACING HALL (26.5 MILES)**

**Location:** 110-00 Rockaway Blvd South Ozone Park NY 11420

**How to Schedule Appointment:** Schedule your vaccine appointment

Get Directions

**Status:** Appointments Available

**Last Updated:** 1/15/2021 8:00AM

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**JONES BEACH - FIELD 3 (44.5 MILES)**

**Location:** 1 Ocean Pkwy Wantagh NY 11793

**How to Schedule Appointment:** Schedule your vaccine appointment

Get Directions

**Status:** No Appointments Available Currently

**Last Updated:** 1/15/2021 8:00AM
Example of County Center
Example of Westchester County Center – currently full

NYS COVID Vaccine POD - Westchester County Center
Westchester County Center
198 Central Avenue
White Plains, NY 10607
Map & Driving Directions

Distance: 0 miles

Event Type: Point of Dispensing

Date: January 14, 2021
Time: 08:00 AM - 06:30 PM
Registration Deadline: January 14, 2021
Appointments Available: 0
Fee: $0
Phone: 888-364-3065
Public Notes:
Individuals being vaccinated must bring proof of eligibility to the vaccination site. This proof includes both identification and proof of occupation.

Identification:
Sufficient identification includes any identification issued by NYS or the Federal government (i.e., military ID). Except for minors under the age of 18 years old, a parent or guardian is required to identify the minor.

Proof of Occupation
This could include an employee ID card, a letter from an employer or affiliated organization, or a pay stub, depending on the specific priority status. Alternatively, employers or organizations can provide a list of staff who meet the criteria for vaccination. Do not vaccinate any person who does not have proof of their occupation or priority status. Executive Order 202.86 imposes monetary penalties for any provider vaccinating an individual who has not certified eligibility or for whom the provider otherwise has knowledge the individual is not a member of a priority group. Vaccination eligibility must be based on current employment status.
Pointers for frail or require escort at County Center

The waiting lines do/will wrap around the block
The senior must plan to arrive with an escort
The hospital(s) provide wheelchairs
There is no parking in front of County Center building
Escort should come to handicap accessible ramp – ring buzzer - and collect wheel chair to take patient into County Center.
Escort expected to navigate patient in wheel chair – following instructions given - for the duration of appointment.
There is no 1:1 County Center staff that is available – or expected – to facilitate transport into building and vaccine stations
Escort would then return wheel-chair after appointment
Rite Aid and Wegmans may have appointment availability...

Rite Aid - https://sr.reportsonline.com/sr/riteaid/NYS2021

Wegmans: How to Schedule Appointment: https://www.wegmans.com/pharmacy/

Sites are independent of one another (i.e. wegman vs rite aid) and booking page appearance will differ from one another!!
If using online scheduling option...

After you’ve selected an available date/time complete the registration in its entirety

You will need to provide an emergency contact

Enter your medical provider information (optional)

Answer medical screening questions that will require your consent to continue with the registration

Please review all entries for accuracy before submitting the registration

Your confirmation ticket will be available to print AND you should receive a text/email/call depending on your entry for preferred way of contact in the registration
NYS Covid 19 Form

Can be filled out online prior to appointment time at https://forms.ny.gov/s3/vaccine

Will also be available at vaccination site –

If patient **has a smart phone**: Provider directs patients to the website link.

If patient **does not have a smart phone** / has any other issue with filling out the form: Provider directs patients to the kiosk / tablet / laptop available at the vaccination site and helps patient fill out the form if needed.

This form is to self-report select demographic data such as occupation, race, and ethnicity.
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, I hereby certify under penalty of law that:

1. I am age 65 or older.

OR

2. I am currently employed or otherwise eligible in one of the following capacities that is eligible for vaccine, and am either required to have in-person contact with members of the public or with co-workers, 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 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)

- 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
• 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.
• 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.

OR

3. 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 member of a priority group eligible for vaccination. I agree that by typing my name below, I am hereby affixing my electronic signature as if I had physically signed this certification.

Your Information

First Name *
[Input Field]

Last Name *
[Input Field]

Date of Birth *
[Input Field] MM/DD/YYYY

Zip Code *
[Input Field]

County *
[Input Field] -- Please Select --
The New York State Department of Health is requesting the information below in order to deliver the most effective Statewide vaccination program. By filling out this form, you are enhancing the State’s response to the COVID-19 pandemic. The information you provide will be protected pursuant to 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
- Prefer not to answer

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

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White
- Prefer not to answer
Are you a worker in a patient-facing healthcare setting or a congregate living setting? *
- Yes
- No

Are you a First Responder or Support Staff for First Responder Agency? *
- Yes
- No

Are you employed by a Corrections Agency? *
- Yes
- No

Are you employed in a P-12 school or school district? *
- Yes
- No
Are you an employee or support staff in a licensed or registered childcare setting? *
  - Yes
  - No

Are you a licensed or registered childcare provider? *
  - Yes
  - No

Are you a public-facing grocery store worker? *
  - Yes
  - No

Are you an in-person college faculty or instructor? *
  - Yes
  - No

Are you a Public Transit employee? *
Are you a Public Transit employee? *
- Yes
- No

Are you currently living in a congregate setting? *
- Yes
- No

Are you a State Employee, Local government employee, or Employee of a Public Authority? *
- Yes
- No

Date of first COVID-19 Vaccination Dose *
01/13/2021

Would you like a confirmation via email? *
- Yes
Are you a State Employee, Local government employee, or Employee of a Public Authority? *

- Yes
- No

Date of first COVID-19 Vaccination Dose *

01/13/2021

Would you like a confirmation via email? *

- Yes
- No
New York State COVID-19 Vaccine Form

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

Test Test
Submitted: 01/13/2021, 12:17 pm

Submission ID:
1610557081_5f2690953d8.80842740

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

Please speak with your medical provider about the following (all questions within the registration form)

If you are pregnant

Contracted the COVID-19 virus within the last 90 days (your appointment must be scheduled 90 days after contracting the virus)

Vaccinated within the last 2 weeks

Had any allergic reactions to any previous vaccines

Auto-Immune illness or taking any medications that might affect your immune system

If you select ‘yes’ to any of the above, there is still the option to continue with the appointment
2\textsuperscript{nd} Dose of Vaccine

Scheduling of 2\textsuperscript{nd} dose will be done at vaccination site! DO NOT schedule 2\textsuperscript{nd} dose online

You will receive a vaccination card with date, manufacturer, location and when to return for 2\textsuperscript{nd} dose

2 Vaccines – Pfizer and Moderna. Both are 2 dose vaccine. 21 day for Pfizer’s 2\textsuperscript{nd} dose and 28 day for Moderna Not interchangeable must get same manufacture for both doses

Cannot do filtered search on site (am-i-eligible) to locate which site has particular manufacturer.

Protection not immediate. 1-2 weeks following 2\textsuperscript{nd} dose to be fully immunized
What to bring to appointment

Bring ID

Bring your appointment confirmation print out and your confirmation print out of NYS Covid 19 form (if you filled out online)
Things to Know Continued

There will be a 15 minute monitoring period on site after administering of the vaccine/30 if history of previous reactions

No walk ins! Appointments must be scheduled ahead of time and are staggered to insure social distancing guidelines being met.

Please continue to wear your masks, wash your hands and follow recommended guidelines to stop the spread.