

COVID-19 Vaccine Appointment Finder & Registration

WESTCHESTER COUNTY DEPARTMENT OF SENIOR PROGRAMS AND
SERVICES

GEORGE LATIMER, COUNTY EXECUTIVE

MAE CARPENTER, COMMISSIONER

Key Pointers

NYS hotline hours of operation is listed as 24/7, their schedule is **7am-10pm, 7 days a week**
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/>

NYS COVID-19 form 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

Key Pointers...continued

Alert System for available vaccine

- <https://www.surveymonkey.com/r/JFX97LP>

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



This is not your appointment page!
This is eligibility screening!

English ▾

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:

| Location Name | Location Address | Appointments Available |
|---|------------------|-------------------------------------|
| Javits Center | New York, NY | Appointments Available |
| Jones Beach - Field 3 | Wantagh, NY | No Appointments Available Currently |
| State Fair Expo Center: NYS Fairgrounds | Syracuse, NY | Appointments Available |
| SUNY Albany | Albany, NY | No Appointments Available Currently |

Westchester County Center

White Plains, 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 | Stony Brook, NY | Coming Soon |
| SUNY Potsdam Field House | Potsdam, NY | Coming Soon |
| Aqueduct Racetrack - Racing Hall | South Ozone Park, NY | Coming Soon |
| Plattsburgh International Airport -Connecticut Building | Plattsburgh, NY | Coming Soon |
| SUNY Binghamton | Johnson City, NY | Coming Soon |
| SUNY Polytechnic Institute | Utica, NY | Coming Soon |
| University at Buffalo South Campus - Harriman Hall | Buffalo, NY | Coming Soon |
| Dome Arena (DBA Roxbury Dome Partners LLC) | Rochester, NY | Coming Soon |

* Last updated on 1/14/2021, 1:22:23 PM

[Get Started](#)

Enter Your Information Below

About You



Date of Birth *

09/11/1933

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 *

10550

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

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](#)



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.**

[Go Back](#)

[Locate Providers](#)

****Appointment Page**




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

JONES BEACH - FIELD 3 (44.5 MILES)

Location :1 Ocean Pkwy Wantagh NY 11793

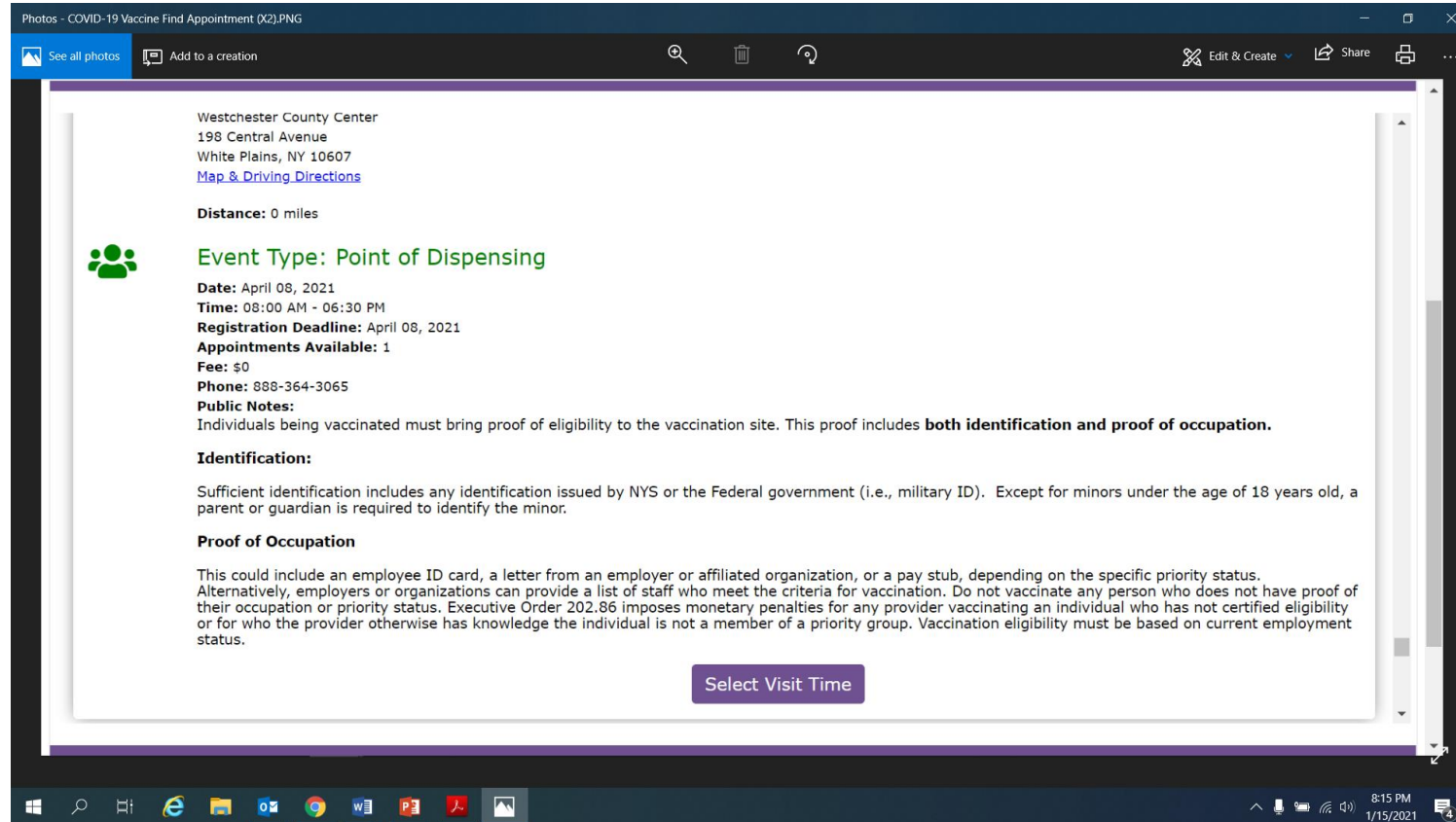
How to Schedule Appointment : [Schedule your vaccine appointment](#)

 [Get Directions](#)

Status: No Appointments Available Currently

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

Example of County Center




Photos - COVID-19 Vaccine Find Appointment (X2).PNG

See all photos Add to a creation

Westchester County Center
198 Central Avenue
White Plains, NY 10607
[Map & Driving Directions](#)

Distance: 0 miles

 **Event Type: Point of Dispensing**

Date: April 08, 2021
Time: 08:00 AM - 06:30 PM
Registration Deadline: April 08, 2021
Appointments Available: 1
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 who the provider otherwise has knowledge the individual is not a member of a priority group. Vaccination eligibility must be based on current employment status.

Select Visit Time

8:15 PM
1/15/2021

Example of Westchester County Center – currently full

1

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 who 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 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.



New York State COVID-19 Vaccine Form

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)
 - 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
- 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 *

Last Name *

Date of Birth *



MM/DD/YYYY

Zip Code *

County *

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 *



Would you like a confirmation via email? *

Yes

No

Submit





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_5fff26990f53d8.80842740

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

Alert System

If you are age 65 to 75 or are eligible under another category in Phase 1a or Phase 1b, you can sign up for the **Health Department's Alert system, which will alert you when more vaccine doses become available.**

- <https://www.surveymonkey.com/r/JFX97LP>
- To be clear, this will not sign you up for an appointment, this will only sign you up to be alerted when there are appointments available. The Department cannot set up the appointment system until they have confirmation of receiving the vaccine.
- If you do not fall under Phase 1a or Phase 1b, you will not be able to sign up.
- Going forward, this link will be updated to accommodate further phases as those become better defined.

Alert System

Westchester County Health Department - COVID Vaccine Alert System

If you think you are qualified to receive the COVID-19 vaccine under the current prioritization of eligibility as established by New York State (Phase 1a and Phase 1b- <https://covid19vaccine.health.ny.gov/phased-distribution-vaccine#phase-1a>), please provide your information below. With this information the Westchester County Health Department will alert you when vaccine doses / appointments become available. You must 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, you will be required to certify under penalty of law that you are qualified under the current prioritization stated above. *(Updated 1/12/2021)*

OK

Alert System

* 1. First Name

* 2. Last Name

* 3. Date of Birth

MM / DD / YYYY

Date

Alert System

* 4. Email address

* 5. Phone

* 6. Address

Address *

Address 2

City/Town *

State/Province *

ZIP/Postal Code *

Alert System

* 7. Are you eligible according to Phase 1a? <https://covid19vaccine.health.ny.gov/phased-distribution-vaccine#phase-1a>

No ↕

NEXT

Powered by



See how easy it is to [create a survey](#).

Alert System

Westchester County Health Department - COVID Vaccine Alert System

8. Are you eligible according to Phase 1b? (<https://covid19vaccine.health.ny.gov/phased-distribution-vaccine#phase-1a>) (updated 1/12/2021)

Yes

No

PREV

NEXT

Powered by



See how easy it is to [create a survey](#).

Alert System

Westchester County Health Department - COVID Vaccine Alert System

9. Phase 1b: Which settings do you primarily work in?

(Note: you will be required to attest to being a member of a priority group eligible for vaccination and show ID/proof when arriving for your appointment.) *(Updated 1/12/2021)*

- Teachers and education workers (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) Contractors working in a P-12 school or school district (including contracted bus drivers)
- First responders
- Public safety workers
- Public transit workers
- People 75 and older
- People 65-74
- Licensed, registered, approved or legally exempt group Childcare Providers
- Individuals living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of the same household

Alert System

Westchester County Health Department - COVID Vaccine Alert System

* 10. Work Affiliation

(Please include as your employer may be providing your eligibility attestation. For individuals qualifying by age 65+ , put town residence) (updated 1/12/2021)

Mount Vernon

* 11. Are you able to be on standby (arrive to an appointment White Plains within an hour) should an appointment become available?

Yes

No

PREV

DONE

Alert System

Westchester County Health Department - COVID Vaccine Alert System

Thank you - the Westchester County Health Department will alert you when vaccine doses / appointments become available.

For more information about the vaccine: <https://covid19vaccine.health.ny.gov/>

For more information about COVID-19: <https://health.westchestergov.com/2019-novel-coronavirus>

DONE

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

2nd Dose of Vaccine

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

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

2 Vaccines – Pfizer and Moderna. Both are 2 dose vaccine. 21 day for Pfizer's 2nd 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 2nd 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 to a vaccine**

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.