Vaccine Incentive Program Payment Application

Eligible applicants may receive a \$250.00 incentive payment for each COVID-19 vaccination received. This includes the first dose, the second dose and/or booster(s). Each applicant is limited to two incentive payments during the project period: July, 1, 2022 through December 31, 2022. The maximum amount that an applicant may receive during the project period is \$500.00. Applicants may not receive incentive payments for vaccinations received prior to or after project period. This application must include proof of eligibility*, a valid photo identification, and verification of COVID-19 vaccination(s) to be considered complete. Incomplete applications will not be processed. Application is due by December 31, 2022. Complete applications will be considered on a first come, first served basis until funds are expended. *Eligibility: Native American, a household member living with a Native American, and/or a Tribal or Native organization employee

Please complete the following information.

Today's Date:

Applicant Informati	on							
First Name:		MI:		Last Name	2:			
Date of Birth:	Age:			of Residence:				
Mailing Address:								
City:		State:				Zip Coo	de:	
Phone: ()	Email:						
Is applicant Native American: Yes No Verification of Native American heritage attached								
If non-Native, are you an employee of a Tribal and/or Native organization? Yes No Name of organization:								
If non-Native, does your household include one or more Native American individuals?								
Please list all members of household (Native and non-Native). Attach additional pages if needed.								
Fu	II Name	Rela	ationship		Birthdate	Age	Native American	
							Yes No	
							🗌 Yes 🗌 No	
							🗌 Yes 🗌 No	
							🗌 Yes 🗌 No	
							🗌 Yes 🗌 No	
							🗌 Yes 🗌 No	
Vaccination Information Select One: 1 st Dose Date: Type:								
Health Care Site:			Health Care Site:					
Verification of COVID-19 Vaccination attached			Verification of COVID-19 Vaccination attached					
By my signature below, I certify that the information provided above is, to the best of my knowledge, true and accurate. In addition, the COVID-19 Vaccination Record Card I submit in conjunction with this application is authentic, provided to applicant by a healthcare professional as documentation of receiving a COVID-19 vaccine. I hereby acknowledge that intentionally falsifying information or documentation is considered an act of fraud. All vaccine cards are endorsed with official government agency seals. The unauthorized use of an official federal government agency's seal, i.e., HHS, CDC is a crime, and may be punishable under Title 18 United States Code, Section 1017, and other applicable laws. Any suspicious vaccine cards will be reported to the Federal Bureau of Investigation for further investigation.								
Signature: Date: I				If applicant is a minor, application must be signed by parent/legal guardian:				
Printed Name:			Signature: Date:					
			Printed Na					
OFFICE USE ONLY								
Date Proof of Eligibility Valid Photo ID Proof of Valid Photo ID			Vaccination	Application Payment Approved: Approved by: COMPLETE \$250 \$500 Date				