GILA RIVER INDIAN COMMUNITY VACCINE INCENTIVE PROGRAM APPLICATION

This application is for the Gila River Indian Community Vaccine Incentive Program for Community Members. All eligible enrolled tribal members who meet the qualifications for the program will receive an incentive of $500. The deadline for becoming fully vaccinated against COVID-19 and applying for the incentive is **April 29, 2022.** This application is not complete without providing a copy of the member's vaccine card or record, which will be used to verify the member's vaccine status.

TO CLAIM A BENEFIT, PLEASE COMPLETE THE FOLLOWING INFORMATION – PLEASE PRINT LEGIBLY

Name:_____ GRID#_____
First Last MI

Date of Birth:_____Social Security Number:_____

Phone:_____Email:_____

Mailing Address:_____

_____
City State Zip Code

Where did you receive your COVID-19 vaccination(s): _____

A LEGIBLE COPY OF YOUR COVID-19 VACCINE CARD OR RECORD MUST BE ATTACHED TO THIS APPLICATION.

By my signature below, I certify and attest that:

1. The information provided above is true and accurate.
2. I am eligible to receive the benefit under the Vaccine Incentive Program for Community Members
3. The COVID-19 vaccination card or record I am submitting in conjunction with this application is authentic and was provided by a healthcare professional as documentation of receiving a COVID-19 vaccine.

I hereby acknowledge that intentionally providing false information on this application form in order to obtain a benefit may violate the Gila River Indian Community Criminal Code and 18 U.S.C. § 1163 (Embezzlement and Theft from a Tribal Organization). Any suspicious vaccine cards will be reported to the FBI for further investigation. **I hereby authorize the Gila River Indian Community to verify my enrollment status and vaccination status with the appropriate entity and I consent to the release of medical information related to my vaccination status in order to verify that I have been fully vaccinated.**

Signature:_____Date:_____

The person signing this document must also submit a legible copy of a valid form of identification (e.g., tribal identification, copy of driver's license).

THIS APPLICATION AND ALL ATTACHMENTS MUST BE:

- MAILED TO **P.O. BOX 338, SACATON, ARIZONA 85147** *OR*
- DELIVERED TO THE **GOVERNANCE CENTER** OR **DISTRICT SERVICE CENTERS** *OR*
- E-MAILED TO **GRICVACCINEINCENTIVE@GRIC.NSN.US**

NO LATER THAN APRIL 29, 2022. THE ADDRESS ON THIS APPLICATION MUST MATCH THE ADDRESS ON FILE FOR THE MEMBER WITH THE ENROLLMENT DEPARTMENT. PAYMENTS WILL BE MADE IN THE SAME MANNER AS PREVIOUS GENERAL WELFARE PAYMENTS.