

GILA RIVER INDIAN COMMUNITY VACCINE INCENTIVE PROGRAM (APPLICATION FOR MINORS)

This application is for the Gila River Indian Community Vaccine Incentive Program for Community Members. All eligible enrolled tribal members ages 6 months through 17 who meet the qualifications for the program will receive an incentive of \$500 through their parent or guardian. The deadline for becoming fully vaccinated against COVID-19 and applying for the incentive is **March 31, 2023**. This application is not complete without providing a copy of the eligible member's vaccine card, which will be used to verify the member's vaccine status.

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

PARENT/GUARDIAN Name: _____ GRID# _____
First Last MI

Date of Birth: _____ Social Security Number: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to minor child(ren) listed below: _____

Please provide the name(s) of all minors on whose behalf this application is being submitted: *If a child has been subject to a custody determination, attach a copy of the court order which gives you the legal right to custody.*

1. Child's Full Name: _____ GRID# _____

Date of Birth: _____ Place(s) where vaccine received _____

2. Child's Full Name: _____ GRID# _____

Date of Birth: _____ Place(s) where vaccine received _____

3. Child's Full Name: _____ GRID# _____

Date of Birth: _____ Place(s) where vaccine received _____

4. Child's Full Name: _____ GRID# _____

Date of Birth: _____ Place(s) where vaccine received _____

A legible copy of the COVID-19 Vaccine Card or immunization record for all children must be attached to this application.

By my signature below, I certify and attest that:

- a) The information provided above is true and accurate.
- b) I am the custodial parent, legal guardian or court-ordered placement of the minor child or children listed above.
- c) The COVID-19 vaccination card(s) or record(s) submitted 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 minor child's enrollment status and vaccination status with the appropriate entity and I consent to the release of medical information related to their vaccination status in order to verify that they have been fully vaccinated.**

Print Name: _____ Signature: _____ Date: _____

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

**THIS APPLICATION AND 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 MARCH 31, 2023.**