

SISSETON-WAHPETON OYATE COVID-19 VACCINATION INCENTIVE PROGRAM

This program provides a one-time maximum payment of \$500 to Sisseton-Wahpeton Oyate tribal members ages twelve (12) and older who live within the Sisseton Indian Health Service (IHS) service area of the Lake Traverse Reservation and who have been fully vaccinated for COVID-19. This program is funded by the American Rescue Plan (ARP) Act's Coronavirus Fiscal Recovery Fund (FRF). The Tribe will take steps to keep this application confidential, but may be required to provide a copy to the U.S. Treasury Department to demonstrate compliance with the ARP Act and regulations.

APPLICATION FORM FOR ADULT TRIBAL MEMBERS

PLEASE PRINT

1. Name _____

2. Are you an enrolled member of the Sisseton-Wahpeton Oyate? Yes _____ No _____

3. What is your enrollment number? _____

You must attach the following proof of enrollment: a valid tribal identification card or another valid tribal record showing your enrollment number.

4. Do you reside within the Sisseton IHS service area of the Lake Traverse Reservation?

Yes _____ No _____

5. What is your physical address? _____

Town: _____ State: _____ Zip: _____

You must attach the following proof of residence within the Sisseton IHS service area of the Lake Traverse Reservation: (1) a valid tribal or state ID card or driver's license showing your residence within the Sisseton IHS service area AND (2) a current lease, utility bill, school record, or other valid, credible document showing your name and your residence within the Sisseton IHS service area.

6. What is your mailing address? _____

Town: _____ State: _____ Zip: _____

7. What is your age? _____ What is your date of birth? _____

8. Have you been fully vaccinated against COVID-19? Yes _____ No _____

You must attach the following proof of vaccination: a COVID-19 Vaccination Immunization Record (cards will not be accepted) issued by the IHS, State Department of Health, or medical provider showing the name, date(s), and place(s) of the COVID-19

vaccine you received and the number of doses you received. For two-dose vaccines, you must receive both doses to qualify for this program.

9. Do you agree to get all CDC or IHS recommended booster vaccinations for COVID-19 within eighteen (18) months of being fully vaccinated? Yes _____ No _____

This application is submitted under pains and penalties of perjury and other punishments under the law. Any amounts paid based on fraudulent information will be recouped by the Tribe.

Applicant Signature: _____ Date: _____

Phone Number: _____