

## 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 MINOR OR DEPENDENT ADULT TRIBAL MEMBERS

#### PLEASE PRINT

1. Name of person applying for minor or dependent adult \_\_\_\_\_
2. What is the applicant's mailing address? \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name of minor or dependent adult \_\_\_\_\_
4. What is the applicant's relationship to the minor or dependent adult (check all that apply):  
 Legal, Custodial Parent       Legal Guardian       Legal Conservator  
 Other (specify): \_\_\_\_\_
5. Please initial next to each statement to verify that you have read it and that it is true and correct. ***All statements must be initialed for an application to be accepted. The applicant must submit documentation to verify the facts in question 5.***  
 The minor or other dependent adult currently lives in the household of the applicant  
 The minor or other dependent adult has lived in the household of applicant for at least 60 days  
 The applicant is the legal custodian, legal guardian, or legal conservator of the minor or other dependent adult  
 The applicant is the primary caregiver for the minor or other dependent adult  
 No other person can claim that he or she is the legal custodian, legal guardian, legal conservator, or primary caregiver of the minor or other dependent adult  
 The funds received will be used solely for the benefit of the minor or other dependent adult.

6. Is the minor or dependent an enrolled member of the Sisseton-Wahpeton Oyate?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. What is the enrollment number of the minor or dependent adult? \_\_\_\_\_  
***You must attach the following proof of enrollment: a valid tribal identification card or another valid tribal record showing the enrollment number of the minor or dependent adult.***
8. Does the minor or dependent adult reside within the Sisseton IHS service area of the Lake Traverse Reservation? Yes \_\_\_\_\_ No \_\_\_\_\_
9. What is the physical address of the minor or dependent adult? \_\_\_\_\_

\_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

***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 the minor or dependent adult's residence within the Sisseton IHS service area AND (2) a current lease, utility bill, school record, or other valid, credible document showing the minor or dependent adult's name and residence within the Sisseton IHS service area.***

10. What is the minor or dependent adult's age? \_\_\_\_\_ Date of birth? \_\_\_\_\_
11. Has the minor or dependent adult been fully vaccinated against COVID-19?  
Yes \_\_\_\_\_ No \_\_\_\_\_

***You must attach the following proof of vaccination: a COVID-19 Vaccination Immunization Record (immunization 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 the minor or dependent adult received and the number of doses you received. For two-dose vaccines, the minor or dependent adult must receive both doses to qualify for this program.***

12. Do you agree that the minor or dependent adult will 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: \_\_\_\_\_