



**COLORADO RIVER INDIAN TRIBES' TRIBAL MEMBER VACCINE INCENTIVE PROGRAM APPLICATION**

This application is for the Colorado River Indian Tribes' Tribal Member Vaccine Incentive Program. All eligible tribal members who meet the qualifications for the program will receive a cash incentive of \$500 for adults and \$250 for minors between the ages of 12 - 17. The deadline for becoming fully vaccinated against COVID-19 and applying for the cash incentive is **December 31, 2021**. This application is not complete without providing a copy of the member's Vaccine Card, which will be used to verify the member's vaccine status. This form may be amended in the event the vaccine is approved for minors in the age group of 5 – 11 years.

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**TO CLAIM A PAYMENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

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Name: \_\_\_\_\_ Tribal ID# \_\_\_\_\_  
                    First  Last  MI

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
  City  State  Zip Code

Are you a parent or guardian of a minor CRIT Tribal Member and applying on their behalf:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, include documentation that you are the legal custodial parent or guardian of the minor. For custody disputes and court orders, please submit supporting court documentation. A separate application must be completed for each child who is claiming a payment.

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**VACCINE INFORMATION:**

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Type of Vaccine: \_\_\_\_\_

Vaccination Dates: \_\_\_\_\_  
  First Dose  Second Dose (Pfizer or Moderna)

- I am fully vaccinated and attached is a copy of my vaccination card, State Immunization Record or other medical facility record
- I have attached a copy of my tribal ID (front and back)

By my signature below, I certify that the information provided above is, to the best of my knowledge, true and accurate. I hereby authorize the Colorado River Indian Tribes to verify my vaccination status with the appropriate entity and I

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consent for the release of medical information related to my vaccination status in order to verify that I have been fully vaccinated. I have read the Policy in effect at the time this Application is submitted and I am eligible to receive the stipend under the Policy. I also certify that I am legally authorized to request a payment on behalf of any child(ren) listed above or other persons in my custodial care. In addition, the Vaccine Card I submit in conjunction with this application is authentic, provided to applicant by a healthcare professional as documentation of receiving a COVID 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 government agency's seal (such as a Health and Human Services or the Centers for Disease Control and Prevention (CDC) is a crime, and maybe punishable under Title 18 United States Code, Section 1017, and other applicable laws. Any suspicious vaccine cards will be reported to the FBI for further investigation.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is a minor, application must be signed by custodial parent or legal guardian.

Parent/Legal Guardian Name: \_\_\_\_\_ (if applicant is a minor).

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**OFFICE USE ONLY:**

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CRIT Enrollment Office Verification: Tribal ID #: \_\_\_\_\_ Application Status: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_