



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.

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: \_\_\_\_\_