



PUYALLUP TRIBE of INDIANS



Vaccination Incentives Program Application – **for Members**

As part of our efforts to provide a safe and healthy community, the Puyallup Tribe of Indians is paying \$500 to Puyallup tribal members age twelve (12) and above who have received a full COVID-19 vaccination.

To claim a payment, please complete this form.

NOTES:

- Full vaccination means a member has received a single-dose vaccine such as Johnson & Johnson or BOTH doses of a 2-dose vaccine such as Pfizer or Moderna.
- Payment will be sent to eligible members to your address on file with the Accounting Department. Please make sure your address is up to date.
- Maximum \$500 per individual – Members who are employed by the Tribe or its entities are eligible to receive only one payment and not eligible to collect under the employee incentive program.

Name _____

Are you a parent or guardian of a minor Puyallup Tribal Member and applying on their behalf?

Yes _____ No _____

If yes, include documentation that you are the permanent parent or guardian of the minor. For custody disputes and court orders, please submit supporting court documentation.

Date of Birth _____ Last four number of Social Security Number _____

PTOI enrollment number _____

Current Mailing Address _____

If this is a new address, be sure to update your address with Per Capita and Enrollment.

Phone number _____ Email address _____

Are you an employee of the Puyallup Tribe or any of its entities? Yes _____ No _____

If yes, which entity? _____

- I am fully vaccinated and attached a copy of my vaccination card.
- I have attached a copy of my tribal ID (front and back)
- I have attached a copy of my CDC vaccination card

By my signing below, I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification. I understand that intentionally providing incorrect or false information may result in my immediate removal and consideration for this and possibly other tribal programs. I am providing a copy of my tribal ID and a copy of my vaccination card to be considered for this program. I understand that it may be kept in a protected file and any information or data collected will be used in accordance with applicable laws. I further understand if I have any questions or concerns about the COVID-19 vaccination and how I might react, I should contact my doctor.

Member Signature

Date

or signature of custodial parent
or guardian