

California Indian Manpower Consortitum, Inc.

Vaccine Incentive Program

Payment Application

Eligible applicants may receive a \$150.00 incentive payment COVID-19 vaccination received. This includes the first dose, the second dose and/or booster(s). Each applicant is limited to one incentive payments during the project period: July, 1, 2022 through March 22, 2023. The maximum amount that an applicant may receive during the project period is \$150.00. Applicants may not receive incentive payments for vaccinations received prior to or after project period. This application must include proof of eligibility*, a valid photo identification, and verification of COVID-19 vaccination(s) to be considered complete. Incomplete applications will not be processed. Application is due endd of event on March 22, 2023. Complete applications will be considered on a first come, first served basis until funds are expended. *Eligibility: Native American, a household member living with a Native American, and/or a Tribal or Native organization employee
 Please complete the following information. Today's Date: _____

Applicant Information

First Name: _____ MI: _____ Last Name: _____
 Date of Birth: _____ Age: _____ County of Residence: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (_____) _____ Email: _____

Is applicant Native American: Yes No Verification of Native American heritage attached

If non-Native, are you an employee of a Tribal and/or Native organization? Yes No Verification of employment attached
 Name of organization: _____

If non-Native, does your household include one or more Native American individuals? Yes No Verification of household member Native American heritage attached

Please list all members of household (Native and non-Native). *Attach additional pages if needed.*

Full Name	Relationship	Birthdate	Age	Native American
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Vaccination Information

Select One: 1st Dose 2nd Dose Booster Verification of COVID-19 Vaccination attached
 Date: _____ Type: _____
 Health Care Site: _____

By my signature below, I certify that the information provided above is, to the best of my knowledge, true and accurate. In addition, the COVID-19 Vaccination Record Card I submit in conjunction with this application is authentic, provided to applicant by a healthcare professional as documentation of receiving a COVID-19 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 federal government agency's seal, i.e., HHS, CDC is a crime, and may be punishable under Title 18 United States Code, Section 1017, and other applicable laws. Any suspicious vaccine cards will be reported to the Federal Bureau of Investigation for further investigation.

Signature: _____ Date: _____ If applicant is a minor, application must be signed by parent/legal guardian:
 Printed Name: _____ Signature: _____ Date: _____
 Printed Name: _____

OFFICE USE ONLY

Date Received: _____	<input type="checkbox"/> Proof of Eligibility <input type="checkbox"/> Valid Photo ID <input type="checkbox"/> Proof of Vaccination	<input type="checkbox"/> Application COMPLETE	Payment Approved: <input type="checkbox"/> \$150	Approved by: _____ Date: _____
----------------------	---	---	--	-----------------------------------