

California Indian Manpower Consortium, Inc

Vaccine Incentive Program

Payment Application

Eligible applicants may receive a \$150.00 incentive payment. This includes the first dose, the second dose and/or booster(s). Each applicant is limited to **one** incentive payments during the event: January 27, 2023. The maximum amount that an applicant may receive during the event is \$150.00. Applicants may not receive incentive payments for vaccinations received prior to or after the event. 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 by January 27, 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verification of Native American heritage attached				
If non-Native, are you an employee of a Tribal and/or Native organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verification of employment attached				
Name of organization: _____				
If non-Native, does your household include one or more Native American individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccination Information				
Select One: <input type="checkbox"/> 1 st Dose <input type="checkbox"/> 2 nd Dose <input type="checkbox"/> Booster		Select One: <input type="checkbox"/> 1 st Dose <input type="checkbox"/> 2 nd Dose <input type="checkbox"/> Booster		
Date: _____ Type: _____		Date: _____ Type: _____		
Health Care Site: _____		Health Care Site: _____		
<input type="checkbox"/> Verification of COVID-19 Vaccination attached		<input type="checkbox"/> Verification of COVID-19 Vaccination attached		
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: _____		
Printed Name: _____		If applicant is a minor, application must be signed by parent/legal guardian: 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"/> \$150.00	Approved by: _____ Date: _____
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