

CHEYENNE AND ARAPAHO TRIBES TRIBAL MEMBER VACCINATION INCENTIVE

YOU MUST BE THE AGE OF 18 OR OLDER AT THE TIME YOU ARE FILLING OUT THIS FORM.

Parent/guardian must fill out this form for a minor.

- I understand there is only one incentive per qualifying tribal member who is 12 years of age or older.
- I will not provide false information in order to receive this incentive.
- I'm a parent or guardian entering this information for my child and will not claim the incentive for a child not in my custody or for a child that has not been vaccinated.

VACCINE RECIPIENT INFORMATION

First Name of Vaccinated Person Middle Name Last Name

Date of Birth _____ Tribal ID # _____ SSN # _____

Address to Mail Visa Card _____

City _____ State _____ Zip _____

Email (optional) _____

Phone (required if we need to call you) _____

TELL US ABOUT YOUR VACCINATION

THIS INFORMATION WILL BE ON THE VACCINATION CARD

Which vaccination did you receive? Pfizer Moderna Johnson & Johnson

Date of FIRST vaccination _____ Lot # of FIRST vaccination _____

Date of SECOND vaccination _____ Lot # of SECOND vaccination _____

Name of facility where you received your vaccination _____

City of vaccination site _____ State of vaccination site _____

Signature

Date