



Walker River Paiute Tribe

COVID-19 VACCINATION INCENTIVE PROGRAM ARP - VAX 4 CASH

APPLICATIONS ACCEPTED BEGINNING OCTOBER 1, 2021

The Walker River Paiute Tribal Council takes the health and safety of its members and community seriously. As part of the Tribe's commitment to protecting tribal members and the community the Tribal Council has approved a COVID-19 Vaccination Incentive Program, **VAX 4 CASH**, to encourage all tribal members 12 and older, non-tribal members permanently residing on the reservation, and non-tribal, non-resident employees of WRPT to get fully vaccinated against the COVID-19 virus. Tribal members both on and off the reservation and non-tribal members residing on the reservation who complete the request and provide proof of vaccination are eligible to receive a one time \$500 cash payment. We hope you take advantage of this program and elect to do you your part to protect our tribe and community.

Program Eligibility Criteria:

1. Tribal members ages 12 years and older who are fully vaccinated against the COVID-19 as defined by the Center for Disease Control.
2. Tribal members both on and off the Reservation.
3. Non-tribal members ages 12 years and older who permanently reside on the Reservation, and who are fully vaccinated against the COVID-19 as defined by the Center for Disease Control.
4. Non-tribal, non-resident employees of the Walker River Paiute.
5. Submit a completed request with correct enrollment number (if applicable), physical and mailing address, email address and telephone number.
6. Submit proof of being fully vaccinated as defined by the CDC. Proof is considered to be a print out of the individuals WebIz file, other official State Immunization Record or a signed statement from a health care professional indicating the location, dates, manufacturer and lot number of vaccines.

IMPORTANT INFORMATION

- Applications must include all required information. It is the tribal member's responsibility to insure his or her enrollment number and address are correct on the application and that all sections of the application have been completed.
- Applications **must** be completed, initialed and signed by the eligible enrolled member or community member. Parents of applicants 12-17 years of age may apply on behalf of their child; however payment will be issued in the child's name.
- Applications are accepted on a rolling basis beginning October 1, 2021 and will be accepted through December 31, 2022.
- Tribal members both on and off the reservation and non-tribal members residing on the reservation or non-tribal member employees of the Walker River Paiute Tribe who can demonstrate they have been fully vaccinated as defined by the CDC will have the one-time \$500 payment issued within in 30 days of verification. All checks will be mailed, **no exceptions**.
- The Tribe will mail applications to all members age 12 and older the week of September 27, 2021. Applications will be mailed to the address on record with the Enrollment Office.
- Applications can be completed online at tinyurl.com/vax4cash, will be mailed to all eligible tribal members, or may be obtained by downloading an application from the official Walker River Paiute Tribe website at www.wrpt.org and clicking on the red COVID-19 Information and Resources button. Tribal members may request assistance with completing their application by calling 775.773.2306 ext. 2304.

Members are encouraged to submit applications online

Applications can be mailed to:
Walker River Paiute Tribe
Attn: Vax 4 Cash
PO Box 220
Schurz, NV 89427

Applications may also be delivered to the drop box on the east side of the Tribal Administration Building.

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COVID-19 VACCINATION INCENTIVE PROGRAM

ARP - VAX 4 CASH REQUEST

FirstName: _____ MI _____ LastName _____ Suffix _____ Enrollment #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: (____) _____

- ____ INITIAL I certify that I have been fully vaccinated against the COVID-19 virus as defined by the Center for Disease Control.
- ____ INITIAL I understand incomplete or inaccurate applications will be returned for correction and that it is my responsibility to insure corrected applications are submitted.
- ____ INITIAL I understand this is a one-time COVID-19 vaccination incentive payment.
- ____ INITIAL I am voluntarily providing documentation of my COVID-19 immunization status.

Initial the line that applies:

- ____ INITIAL I am submitting this application on my own behalf as an enrolled WRPT Member who has been fully vaccinated.
- ____ INITIAL I am submitting this application on behalf of a child 12-17 who is an enrolled member who has been fully vaccinated.
- ____ INITIAL I am a non-tribal member who permanently resides on the Walker River Paiute Reservation who has been fully vaccinated.
- ____ INITIAL I am non-tribal, non-resident employee of the Walker River Paiute Tribe.

RELEASE OF INFORMATION / DISCLAIMER

I hereby authorize the WRPT Administration staff and its agents access to any of my records to verify information I provided in my Vax 4 Cash Request ("Program"). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices, health care provider or other agencies so that the WRPT can determine if I am eligible for assistance available through the Program. I understand that the Program is a benefit assistance program and not an entitlement. **I understand such assistance may be considered income for other entitlement programs. I understand it is my responsibility to determine any impact Program grant funds I receive may have on public assistance I currently or in the future may receive.** If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance, and I understand I may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this release and disclaimer, and I am allowing the WRPT Administration access to my personal information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date.

Signature: _____ Date: _____

Printed Name: _____