



## Walker River Paiute Tribe

**UPDATED JANUARY 3, 2022**

### **VAX 4 CASH VACCINATION & BOOSTER INCENTIVE PROGRAM**

### **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 the **VAX 4 CASH Vaccination and Booster Incentive Program**, to encourage all tribal members 5 and older, non-tribal members permanently residing on the reservation, and non-tribal, non-resident employees of WRPT to get fully vaccinated and boosted against the COVID-19 virus. Two types of incentive payments are available to eligible individuals:

1. A **one time \$500 Vaccination cash payment** available to 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.
2. A **one time \$1,000 Booster payment** available to tribal members both on and off the reservation and non-tribal members residing on the reservation who complete the request and provide proof of both vaccines and a booster vaccine. This incentive payment is in addition to the incentive for full vaccination.

Please visit the CDC link below for information on COVID-19 vaccines and boosters.

[Different COVID-19 Vaccines | CDC](#)

#### **VAX 4 CASH Program Eligibility Criteria:**

1. Tribal members ages 5 years and older who are fully vaccinated against COVID-19 as defined by the Center for Disease Control.
2. Tribal members both on and off the Reservation.
3. Non-tribal members ages 5 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.

#### **VAX 4 CASH BOOSTER Program Eligibility Criteria:**

7. Tribal members ages 16 years and older who are fully vaccinated AND boosted against COVID-19 as defined by the Center for Disease Control.
8. Tribal members both on and off the Reservation.
9. Non-tribal members ages 18 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.
10. Non-tribal, non-resident employees of the Walker River Paiute.
11. Submit a completed request with correct enrollment number (if applicable), physical and mailing address, email address and telephone number.
12. Submit proof of being fully vaccinated AND boosted against COVID-19 as defined by the CDC. Proof is considered to be a vaccination card, 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 5-17 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.**

### BOOSTER SPECIFIC INFORMATION

- 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 AND boosted as defined by the CDC will have the one-time \$1,000 payment issued within in 30 days of verification. All checks will be mailed, **no exceptions.**
- If you have previously submitted a request for the VAX 4 CASH incentive, had your vaccination status verified and received payment you do not need to submit another application. You may submit a COPY of your vaccination card, 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 your booster vaccine. **PLEASE DO NOT SEND YOUR ORIGINAL VACCINE CARD, IT WILL NOT BE RETURNED.**
- Proof of Booster may be emailed to [wrptcares@wrpt.org](mailto:wrptcares@wrpt.org) , mailed or delivered to the drop box.
- The Tribe will mail applications to all members age 5 and older the week of January 3, 2022. Applications will be mailed to the address on record with the Enrollment Office.
  - Applications can be completed online at [tinyurl.com/vax4cash](http://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](http://www.wrpt.org) and clicking on the COVID-19 Resources tab.

**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.

**Walker River Paiute Tribe**  
**COVID-19 VACCINATION AND BOOSTER INCENTIVE PROGRAM**  
**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 certify that I have been boosted 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: \_\_\_\_\_