



Cheyenne River Sioux Tribe Vaccination Incentive Payment Application



The Cheyenne River Sioux Tribe's COVID-19 Vaccination Incentive payment is for any member of a federally recognized tribe that resides on the Cheyenne River Sioux Reservation and who has completed their vaccination, as documented by the CRST Tribal Health Department.

Applications will be available at the testing centers in each community and must be turned in at the testing centers only.

Please do not turn in applications or documents to the Field Health Office as they will be turned away.

Documents that ARE REQUIRED to be attached to each application:

- **Copy of Vaccination Card;**
- **Signed Release of Information;**
- **Copy of Verification of Physical Address for applying for a minor;**
 - **State or Tribal ID (Must have physical address)**
 - **Utility bill with physical address if unable to provide ID**
- **Verification of Tribal Enrollment/Degree of Indian Blood**
 - **Custody Order/Signed Stipulation/Affidavit of sole parent**

All incentive checks will be mailed to the address listed on this application and cannot be picked up.

VACCINE INCENTIVE CHECKS WILL BE MAILED, NO EXCEPTIONS



Cheyenne River Sioux Tribe Vaccination Incentive Payment Application



All questions must be answered completely or application will be incomplete.

To request this incentive, you must provide the personal information requested on this form, including information about whether and when you received the COVID-19 vaccine series. A signed Release of Information, as well as copies of an ID with physical address for adults 18 and over will be required.

Section 1: Parent Information to Receive Incentive for child 5-11 years old (Please Print)

Name: _____

Physical Address: _____ Mailing Address: _____

Phone Number: _____ Tribe Enrolled: _____

Section II: Proof of Custody

<p>DO YOU HAVE LEGAL CUSTODY?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>WHAT KIND OF DOCUMENTATION WILL BE SUBMITTED?</p> <p><input type="checkbox"/> CUSTODY ORDER <input type="checkbox"/> SIGNED JOINT STIPULATION</p> <p><input type="checkbox"/> AFFIDAVIT OF SOLE PARENT AS TO SOLE CUSTODY</p>
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SECTION III: Dependents Between The Ages of 5-11 Who Have Received Their Vaccination That Are Under Your Household. (Use separate paper if more room is needed)

Name: _____ Birth Date: _____

Tribe Enrolled: _____ Vaccine Given: _____ Where: _____

Name: _____ Birth Date: _____

Tribe Enrolled: _____ Vaccine Given: _____ Where: _____

Name: _____ Birth Date: _____

Tribe Enrolled: _____ Vaccine Given: _____ Where: _____

=====FOR OFFICE USE ONLY=====

VACCINATION VERIFIED: Y/N	PHYSICAL ADD VERIFIED: Y/N
APPROVED/DENIED	INITIALS:

CHEYENNE RIVER SIOUX TRIBE

JOINT STIPULATION AS TO MINOR CHILD'S VACCINE INCENTIVE PAYMENT

We _____ and _____ are the parents of the minor

Child(ren) named below:

- Name: _____ DOB: _____ Enrollment# _____
- Name: _____ DOB: _____ Enrollment# _____
- Name: _____ DOB: _____ Enrollment# _____
- Name: _____ DOB: _____ Enrollment# _____
- Name: _____ DOB: _____ Enrollment# _____
- Name: _____ DOB: _____ Enrollment# _____

(Attach additional sheets if necessary)

There is no existing court order regarding custody of our child(ren).

We agree the parent or family member who may apply for and receive the incentive payment for each child is:

- Child: _____ Person to receive Incentive payment: _____
- Child: _____ Person to receive Incentive payment: _____
- Child: _____ Person to receive Incentive payment: _____
- Child: _____ Person to receive Incentive payment: _____
- Child: _____ Person to receive Incentive payment: _____
- Child: _____ Person to receive Incentive payment: _____

In Whose physical custody are the child(ren) as of the date of this application?

- Child: _____ Residing with whom? _____
- Child: _____ Residing with whom? _____
- Child: _____ Residing with whom? _____
- Child: _____ Residing with whom? _____
- Child: _____ Residing with whom? _____
- Child: _____ Residing with whom? _____

By signing below, we verify that the above information is correct, and we agree to the above-described distribution of incentive payments for our child(ren). By claiming or directing the payment of the incentive payment for any of the above-listed minor children. We hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

Mother

Father

Date

Date

CHEYENNE RIVER SIOUX TRIBE

AFFIDAVIT OF SOLE PARENT AS TO CUSTODY OF MINOR CHILD(REN)

I, _____, am the sole parent of the minor child(ren) named below:

- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____

(Attach additional sheets if necessary)

There is no existing court order regarding custody of my child(ren). I am the only person who is legally authorized to apply for my child(ren) Vaccine incentive payment.

Check One:

My Child(ren) are currently residing with me.

(OR)

I agree that another of the child(ren)'s family member may apply for and receive the incentive payment for each child as listed below:

- Child: _____ Person to receive incentive payment: _____
- Child: _____ Person to receive incentive payment: _____
- Child: _____ Person to receive incentive payment: _____
- Child: _____ Person to receive incentive payment: _____
- Child: _____ Person to receive incentive payment: _____
- Child: _____ Person to receive incentive payment: _____

By signing below, I verify that the above information is correct, and I authorize the distribution of incentive payments for my child(ren) as listed above. By claiming or directing the payment of the incentive payment for any of my above-listed minor children, I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

Parent

Date