



Fort Peck Tribes COVID-19 Vaccination Incentive Program

The American Rescue Plan Act, signed into law in March of 2021, has implemented a section of useful ways to distribute monies in the response and the recovery of the ongoing COVID-19 pandemic. One of the enumerated eligible uses include a vaccination incentive program.

The Fort Peck Tribes is encouraging, and has encouraged members of the community who are able, to get vaccinated. The Fort Peck Tribes also believes in the CDC recommendation of getting vaccinated against COVID-19. There are many benefits of getting vaccinated including the right to choose from three recommended and approved vaccines, and booster shots.

The CDC website has provided data on how beneficial the vaccine is and why you should consider getting the vaccine. More beneficial information the CDC recommends that you know:

- Getting vaccinated against COVID-19 can lower your risk of getting and spreading the virus that causes COVID-19. Vaccines can also help prevent serious illness and death.
- All steps have been taken to ensure that vaccines are safe and effective for people ages 5 years and older.
- If you already had COVID-19, you should still get a COVID-19 vaccine for added protection.
- When you are up to date on COVID-19 vaccination, you can resume many activities with proper precautions (e.g., mask wearing in indoor public spaces).

You can learn more by visiting: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>

Eligibility:

The Fort Peck Tribal Executive Board has passed a resolution, which has approved of a vaccine incentive in the amount of \$500 for all fully vaccinated tribal members ages 5 and up. In order to be considered fully vaccinated, you must have received both shots of Moderna, Pfizer, or one shot of the Johnson & Johnson. **A person is fully vaccinated two weeks after receiving all doses of the preferred vaccine.** If you have already received an incentive from any other entity, or organization you are **NOT** eligible to receive this one, meaning if you have received any type of incentive or stipend for being vaccinated from any other entity you are not allowed to receive this one. The sole purpose of this program is to encourage members of the community to get vaccinated to slow the spread, and to get vaccinated sooner than they otherwise would have.

Required documentation:

- A copy of your vaccination card, copy of minors vaccination card
- Please provide your enrollment number, or a copy of your tribal I.D or CIB.
- A completed application (an incomplete application may delay the process of your incentive)
- If applying for a minor, please include documentation that you are the legal guardian allowed to receive financial assistance for that minor. If not included, application will not be reviewed.

Complete applications will be available to download and fill out on the Fort Peck Tribes website (fortpecktribes.org), or available at the administration building located at 501 Medicine Bear Rd. Applications submitted by mail should be remitted to: **Fort Peck Tribes, ATTN: Vaccination Incentive Program, P.O Box 1027 Poplar, MT 59255.** There will also be a drop box at the front of the administration building that is checked daily. Applications will also be distributed to designated places in surrounding areas. If you wish to submit by e-mail please submit to: syoungman@fortpecktribes.net.

For questions please contact,

Samantha Youngman 406-768-2466 syoungman@fortpecktribes.net

Imani Bighorn 701-651-7721 imani.bighorn@fortpecktribes.net

Riley MacDonald 406-768-2323 rmacdonald@fortpecktribes.net

Approval:

Please understand that the ARPA program will be working continuously to get all information verified, **so the approval process may take up to 2-4 weeks once submitted**. If more information is required to approve of your application, we will contact you through the phone number you listed on your application. Refrain from submitting an application twice, unless informed by the ARPA program. Please note that the unauthorized use of an official government seal is a crime, any suspicious vaccination cards will be sent to the FBI for further investigation. Checks will be distributed through mail for the health and safety of our workers (Absolutely no checks are to be picked up), so please use an address that benefits you. Checks for minors will be made out to the legal guardian. For questions, you may call Samantha Youngman 406-768-2466, or Imani Bighorn and Riley MacDonald 406-768-2323. **PLEASE DO NOT CALL AT ANY TIME TO FIND OUT THE STATUS OF YOUR INCENTIVE, AS IT CREATES DELAYS IN THE APPROVAL PROCESS, AND WILL DELAY THE STATUS OF YOUR INCENTIVE.**



Date Rec'd: _____

Appr: _____

Unapproved: _____

Fort Peck Tribes Vaccination Incentive Program Application

As per a resolution, all fully enrolled members ages 5 and up will receive an incentive in the amount of \$500. This application is **NOT** complete until ALL vaccination cards are submitted along with proof of enrollment. Please note that payments will be distributed through mail, please use an address that benefits you. **Incomplete applications will not be reviewed.**

****Please write legibly, fill out all sections, and submit all required documents**

Name: _____

Maiden/Alias Name: _____

Date of Birth: _____ Phone: _____

Enrollment #: _____

Mailing Address: _____

P.O Box or Physical Address (City) (State) (Zip)

Vaccination Information:

Please Check One:

_____: I have received both doses of the Moderna vaccine.

_____: I have received both doses of the Pfizer vaccine.

_____: I have received one dose of the Johnson & Johnson vaccine.

1st Dose Date: _____ Manufacturer: _____

Healthcare Site: _____

2nd Dose Date: _____ Manufacturer: _____

Healthcare Site: _____

**Please attach a copy of your vaccination card

Initial here if you have **NOT** received an incentive for being vaccinated from any other entity, or organization: _____

****application will not be reviewed if not initialed, please call if you have a question about this statement**

Acknowledgement of receipt and review

I _____ (print name) have read the guidelines of the Fort Peck Tribes Incentive Program and certify that the information provided above is true and correct to the best of my knowledge. **I also certify that I have not received any other vaccination incentive from any other entity, or organization. In addition, I acknowledge that intentionally falsifying information or documentation is considered an act of fraud and will result in denial of my application. Any amounts paid based upon fraudulent information will be recouped by the Fort Peck Tribes, as well as any suspicious vaccination cards will be sent to the FBI for further investigation.**

Signature of applicant

Date

Release Waiver

***application is incomplete if this section is not filled out*

I hereby authorize the Fort Peck Tribes Vaccination Program to verify my vaccination status with the appropriate entity or organization and I consent for the release of medical information related to my vaccination status. By signing, you are only waiving information the Fort Peck Tribes needs to verify your vaccination status, nothing more.

Print your name (applicant)

Date

Applicants signature

Date