



COVID-19 VACCINATION INCENTIVE PROGRAM

Date Rec'd: _____

Approved: _____

Unapproved: _____

Fort Peck Tribes Vaccination Incentive Program CHILDRENS

APPLICATION (ages 6 months-17)

For each minor you are applying for, please fill out this page along with legal guardianship documentation, and a copy of their **IMMUNIZATION RECORD**. We will not be accepting vaccination cards for minor's under 5. You can request an immunization record from your clinic.

Name of Guardian (print): _____ Date of Birth: _____

Mailing address: _____

Phone Number: _____

Name:	Date of Birth	Enrollment #	Relationship to you

Please mark one:

_____ : Minor has received both doses of the MODERNA VACCINE

_____ : Minor has received both doses of the PFIZER VACCINE

_____ : Minor has received one dose of the JOHNSON & JOHNSON VACCINE

Legal Guardianship: You must be the C/O guardian on minor's CIB, if not please update with enrollment.

By signing (legal guardian), you are confirming that you are the legal guardian of above mentioned child, and authorized to receive this incentive. If you are not the legal guardian and receive this incentive for the minor listed above, amount will be required to be paid back to the tribes. Also, I consent to the Fort Peck Tribes' Vaccination Program to verify the vaccination status with the appropriate entity or organization. I, the guardian, consent to waive medical information regarding vaccination status of above listed minor in my custodial care.

Signature of legal guardian

Date

****Please attach a copy of minor's immunization record**

*****Checks will be made in C/O guardian**