



## QUECHAN TRIBAL MEMBERS VACCINATION INCENTIVE PROGRAM

The Quechan Tribal Council believes in the effectiveness and safety of vaccinating against Covid-19. We believe it is our responsibility to do our part to help stop the spread of the Coronavirus and to protect our families and our elders. We are implementing this Vaccination Incentive Program to provide a stipend to eligible Quechan Tribal Members who have received two full doses of either Moderna or Pfizer, or a single dose of the Johnson & Johnson vaccines to safeguard the health of our employees, our guests, and our membership to build herd immunity within our community, and against this deadly virus.

### ELIGIBILITY:

All eligible Quechan Tribal Members over the age of 18 years old, who are “fully Vaccinated”, received **TWO** doses of the Moderna or Pfizer, or the **SINGLE** dose of Johnson & Johnson, will be eligible to receive a **one-time payment of \$1,000 and \$500 for minors between the ages 5 – 17**. The incentive is retroactive, so all Tribal members who have already received their vaccinations are eligible to receive this incentive.

### PROCESS:

Tribal members must apply for the payment and show proof of your vaccination(s) by providing a copy of your Vaccination Record Card and your completed application. Each applicant will need to sign a release for the **Quechan Vaccination Incentive Program** to verify the vaccination data to ensure that you have received the vaccination(s). After receiving the information, the **Quechan Vaccination Incentive Program** will verify that their records match the vaccination cards. Payment can be authorized by the **Quechan Vaccination Incentive Program**.

Tribal members and youth payments will be mailed to the address on the application. Quechan Tribal Member payments will be General Welfare payments and will not be taxed.

**Please allow up to 14 working days for processing.**

**Application Dates: March 14, 2022 to May 31, 2022. This is a one-time only incentive**

### WHERE TO APPLY:

Download an application from [www.quechantribe.com](http://www.quechantribe.com), under the heading, **COVID INCENTIVE FORM** or request an application from [covidrelief@quechantribe.com](mailto:covidrelief@quechantribe.com) or call (760) 572-0123. Submit your application to the Quechan Tribal Administration Office Drop Box; E-Mail to [covidrelief@quechantribe.com](mailto:covidrelief@quechantribe.com); fax to (760) 572-0124 or mail to: Quechan Tribe, P.O. Box 1899, Yuma, AZ 85366; ATTN: Vaccination Incentive Program.

# QUECHAN TRIBAL MEMBER VACCINE INCENTIVE PROGRAM APPLICATION

The Quechan Tribal Council believes in the effectiveness and safety of vaccinating against Covid-19. We believe it is our responsibility to do our part, to help stop the spread of Coronavirus and protect your family and our elders. This application is for the Quechan Tribal Member Vaccine Incentive Program. All eligible tribal members who meet the qualifications for the program will receive a cash incentive of **\$1,000 for adults** and **\$500 for minors** between the ages of 5 - 17. The **DEADLINE** for becoming fully vaccinated against COVID-19 and applying for the cash incentive is **MAY 31, 2022**. This application is not complete without providing a copy of the member's Vaccine Card with a completed application, which will be used to verify the member's vaccine status. **This is a one-time-only incentive.** Applications are available for download online at: [quechantribe.com](http://quechantribe.com) or at the front table at the **Quechan Tribal Administration office** at 350 Picacho Road. Complete applications should be submitted by **Mail to: Quechan Tribe – ATT: Vaccination Incentive Program** P.O. Box 1899 Yuma, Arizona 85366 or dropped off at the front table Drop box at the **Quechan Tribal Administration Office**; **FAX** (760) 572-0124; or **Email:** [covidrelief@quechantribe.com](mailto:covidrelief@quechantribe.com). Questions? Call the Vaccine Incentive Office: (760) 572-0123.

## TO CLAIM A PAYMENT, PLEASE COMPLETE THE FOLLOWING INFORMATION

Name: \_\_\_\_\_  
Last First MI (Must match name on Enrollment Card)  
Tribal Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City State Zip Code

***Are you a parent or guardian of a minor QUECHAN Tribal Member & applying on their behalf?***

**Yes \_\_\_ No \_\_\_ Custodial Parent or Guardian's Name: \_\_\_\_\_**

***If yes, include documentation that you are the legal custodial parent or guardian of the minor. For custody disputes and court orders, please submit supporting court documentation. A separate application must be completed for each child who is claiming a payment.***

## VACCINE INFORMATION

1st Dose Date \_\_\_\_\_ Manufacturer \_\_\_\_\_ Lot Number \_\_\_\_\_  
Healthcare Site \_\_\_\_\_  
2nd Dose Date \_\_\_\_\_ Manufacturer \_\_\_\_\_ Lot Number \_\_\_\_\_  
Healthcare Site \_\_\_\_\_

**I am fully vaccinated and have attached a copy of my vaccination card.**



By my signature below, I certify that the information provided is, to the best of my knowledge, true and accurate. I hereby authorize the QUECHAN TRIBE to verify my vaccination status with the appropriate entity and I consent for the release of medical information related to my vaccination status. I have read the Policy in effect at the time this Application is submitted and I am eligible to receive the stipend under the Policy. I also certify that I am legally authorized to request a payment on behalf of any child(ren) listed or other persons in my custodial care. In addition, the Vaccine Card I submit in conjunction with this application is authentic, provided to the applicant by a healthcare professional as documentation of receiving a COVID vaccine. I hereby acknowledge that intentionally falsifying information or documentation is considered an act of fraud. All vaccine cards are endorsed with official government agency seals. The unauthorized use of an official government agency's seal (such as a Health and Human Services or the Centers for Disease Control and Prevention (CDC) is a crime, and may be punishable under Title 18 United States Code, Section 1017, and other applicable laws. Any suspicious vaccine cards will be reported to the FBI for further investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is a minor, the application must be signed by the custodial parent or legal guardian.

If applicant is a minor; Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

**OFFICIAL USE ONLY**

Verification of Tribal ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of Vaccines \_\_\_\_\_

Verification of Custodial Parent (when applicable) \_\_\_\_\_

Verified: ELIGIBLE \_\_\_\_\_ INELIGIBLE \_\_\_\_\_ Reason \_\_\_\_\_

COVID Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ COVID Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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