

**UTE INDIAN TRIBE – AMERICAN RESCUE PLAN ACT  
COVID-19 VACCINE INCENTIVE PROGRAM**

*Incentive Payment Application*

**PERSONAL AND GENERAL BACKGROUND INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FB NO.: \_\_\_\_\_ PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Are you a Ute Tribal Member requesting an incentive payment for yourself? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you a Ute Tribal Member and have at least greater than 50% physical custody of a Tribal Member who is an Eligible Minor?<sup>1</sup> (See Eligible Minor definition below) YES \_\_\_\_\_ NO \_\_\_\_\_
  - If yes, please list the following for each Eligible Minor being claimed:

Name	FB NO.	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____

Non-Tribal Member head of households are not eligible to receive an incentive payment for Eligible Minors. Eligible Minor payments will be processed the same way tribal dividends are processed (direct deposit or check) unless you indicate otherwise here: \_\_\_\_\_

3. Do you have direct deposit set up with the Tribal Accounting Department for the payment of dividend distributions and if so, do you authorize the incentive payment to be issued via direct deposit?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. If you answered no, do you authorize the incentive payment to be mailed via check mailed to the address provided above? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Are you (and your Eligible Minor, if applicable) fully vaccinated against COVID-19 as of the date of this application? YES \_\_\_\_\_ NO \_\_\_\_\_
6. If yes, which COVID-19 vaccine have you (or your Eligible Minor) received?
  - Pfizer (two shots total); or
  - Moderna (two shots total); or
  - Johnson & Johnson (one shot).

**NOTE: To be eligible to receive an incentive payment under this Program, submit a copy of the COVID-19 vaccination card that was provided to you (or an Eligible Minor) at the time of vaccination. This application will be denied if you do not submit valid proof indicating that you (or an Eligible Minor) are fully vaccinated as of the date of this Application.**

By signing below, I submit that all the information that I have given is true and I authorize the Ute Indian Tribe or its appointed representative to verify any information within this application. I acknowledge the Tribe will verify all data and incentive payments may be delayed if the Tribe is unable to verify data.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Copy of Vaccination Card Attached (check this box).

**Please submit this Application and requisite proof of vaccination in person to the Tribe's Emergency Management Department, via mail to PO Box 190, Ft. Duchesne UT 84026, or email at [covidrelief@utetribe.com](mailto:covidrelief@utetribe.com). Please contact Felecia Pike-Cuch at (435) 725-4901 or (435) 725-4891 with any questions pertaining to this Program.**

<sup>1</sup> As of August 30, 2021, an Eligible Minor is a Tribal member who is between the ages of 12 and 17. Program eligibility shall correspond with current Centers for Disease Control ("CDC") recommendations, which may change from time to time. Current CDC recommendations can be accessed here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html#print>.