

Tule River Indian Health Center, Inc
Check List for the Patient Service Representative
Tribal Member COVID Vaccine incentive

TRIBAL MEMBER NAME: _____

DATE: _____

#	YES	NO	N/A	Descriptions
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presented the physical CDC approved vaccine card
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was vaccine administered at TRIHCI
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAMS/CAIR California vaccine authenticity verification
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	https://myvaccinerecord.cdph.ca.gov/ State vaccine verification
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presented the physical tribal enrollment card or Tribal verification letter for minors
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any tribal record discrepancies must be communicated with the tribal enrollment agency
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make a copy of above documents for a check request supports
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minor child, accompanied by a legal guardian. guardianship documentation verification.
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Address
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authenticity of the outside Vaccine Card - PHO confirmation
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal members who would not be able to visit the TRIHCI physically to drop off their documents need to send a notarized copy of their state-issued ID, Tribal ID, vaccination card, check claim form, survey, and release of the information through certified mail.
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated tribal members need to send a notarized copy of their vaccination card, state verification info, fully filled out vaccine incentive claim form and survey required by the TRTC, and TRIHCI will help obtain their tribal ID, beneficiary info (to whom the check can be issued), and incarcerated validation through the TRTC record keeping department.

Declaration:

I understand It is a federal offense to forge a vaccination card or otherwise provide false vaccination information, punishable as a felony which includes fines and prison time. I completely understand I can be prosecuted by the TRTC Tribal Court for any forged information

Signature of the Tribal Member/ Legal Guardian: _____

Name of Parent (if minor): _____ **Phone Number:** _____

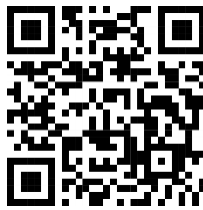
Entered By: _____

CFO _____

Reviewed By: _____

Approved By: _____

CEO _____



Tule River Vaccine Incentive Survey Form

This form is one of the requirements for those seeking the incentive for the members of the Tule River Indian Tribe of California (Tribe). The Tribe is looking to reduce the negative effects of COVID-19 within It's community by incentivizing vaccinations.

Disclaimer: The Tribe and the Tule River Indian Health Center, Inc. (TRIHCI) do not support misuse or abuse of the vaccine in order to receive an incentive. Getting multiple doses will not grant you more funding. The claim will only be valid should you provide true and accurate information. Providing false or misleading information shall be subject to tribal law and/or regulation.

You may complete this form digitally by scanning the QR Code above or going to <https://www.surveymonkey.com/r/9S5G75J>

This information will remain within TRIHCI and only be provided to the appropriate parties to confirm eligibility for the vaccine incentive.

1. Vaccinated individual's enrollment number (will be validated with Tribe)

Enrollment #: _____

2. Submitted on behalf of a child?

No _____ If Yes, please specify _____

3. With multiple types of COVID Vaccines available, which brand did you choose?

Moderna _____ Pfizer _____ Johnson & Johnson _____ Other _____

4. Why did you choose that brand?

Recommended by Provider _____ First brand I was able to access _____

The safest option _____ Provided the quickest "full" vaccination _____

Other _____

5. What time did you choose to get vaccinated (first shot)?

As soon as possible after the Emergency Use Authorization (EUA) _____

January 2021 – April 2021 _____ May 2021 – August 2021 _____

August 2021 – Now _____ Other _____

6. Why you chose the answer in question 6?

Return to work _____ Planning to travel _____ Family returned to school _____

Contribute to overall public health _____ Other _____

7. Where did you choose to receive the vaccine?

Tule River Indian Health Center, Inc. (TRIHCI) _____ Other _____

8. Why did you decide being vaccinated was for you? Please pick those that suit you best.

I had more to lose not being vaccinated _____ I wanted to attend large public events _____

I could not afford time off work _____ Enjoy being around friend and/or family _____

I wanted to travel _____ Other _____

9. Why would you recommend getting vaccinated to others?

There is an incentive _____ I feel it helps our community _____

I feel it may help others from losing a love one _____

Fear for my children / the youth (future of the tribe) _____

Other _____



Tule River Vaccine Incentive Claim Form

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Identifiable information about the member receiving the claim.

Membership ID #: _____

First Name: _____ Last Name: _____

Address: _____

Are you claiming on behalf of another by legal guardianship? If so, fill out the following. If you need more space, please attach a sheet of paper with the name and membership IDs.

Membership ID #: _____

First Name: _____ Last Name: _____

Vaccine information

Brand: _____ Date of Full Vaccination: _____

Administrator (Facility): _____

Address: _____

Phone Number: _____ County: _____ State: _____

I, _____, attest the above is true and accurate.
(Signature)

Dated _____.