



# Rocky Boy Health Center COVID-19 Vaccination Incentive 2022-23 Program Application

### Vaccine Incentive Overview

Rocky Boy Health Center patients that reside in our service area (Hill, Liberty, Choteau Counties) receiving the primary COVID-19 vaccine series are eligible to receive gift cards up to \$500 from the Rocky Boy Health Center. There is a separate incentive of \$250 to receive the latest bivalent booster. To receive a gift card, complete the demographic information below, attach a copy of your COVID-19 vaccine record card, and proof of residency with documents listed below.

### Primary Series (ages 5 years old and up)

Vaccine Type	Following Dose 1	Following Dose 2	
Johnson & Johnson/Janssen	\$500.00	N/A	* All new COVID-series completed after October 1, 2022
Moderna	\$250.00	\$250.00	
Pfizer/BioNTech	\$250.00	\$250.00	

Infant Vaccination	Following Dose 1	Following Dose 2	Following Dose 3
*Ages 6mos-4years only	\$100.00	\$100.00	\$300.00

### Booster (ages 5 years old and up)

Bivalent	\$250.00	*Ages 5 years and older	*Must be up to date on current recommended booster
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Staff Members of the Rocky Boy Health Center will be validating all vaccine records prior to distribution of the eligible benefit.

### Participant Information: All fields are required unless otherwise noted.

**Proof of residency:** Please provide one of the following to show that you live within the PRC delivery area.

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|------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|
| Valid State driver’s license or State Issued ID Card | Employment check stub received within past 30 days.                            | Other tribal government issued documents |
| Tribal ID card with photo                            | Valid college ID with a photo                                                  | Rental or lease agreement                |
| U.S. Passport                                        | Marriage License                                                               | Rental Receipt                           |
| Voters’ Registration Card                            | Utility Bill: electric, gas, water, cable, cell phone within the last 30 days. |                                          |

### Full Legal Name:

First Name	Middle Name	Last Name
Tribal Enrollment Number: _____		Tribe (if not CCT): _____
Date of Birth: _____		Phone Number: _____
Mailing Address: _____		
Address Line 1 _____		
Address Line 2 _____		
City _____	State _____	Zip Code _____

**Vaccine Record:** RBHC staff will provide Vaccine Verification form once vaccines are completed and verified. Vaccine Verification forms can then be taken to RBHC Finance for gift card distribution.

\*Please bring documentation of vaccination to your RBHC Primary Care Team or appointment, if completed at an outside facility.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**