

The, Kickapoo Tribal Health Center in conjunction with the Kickapoo Tribe of Oklahoma have established a VOLUNTARY COVID-19 VACCINE INCENTIVE program effective 02/14/2022 until 03/30/2022, funds are provided by ARPA Vaccination Funds received from I.H.S. The Kickapoo Tribal Health Center understands the impact the pandemic is having on the community and in order to best minimize the risk of severe COVID-19 to the Kickapoo Tribal members and employees, we are strongly encouraging the COVID-19 vaccine.

The VOLUNTARY COVID-19 Vaccine Incentive will be eligible for fully vaccinated enrolled Kickapoo Tribal members who are five (5) years of age or older and for Kickapoo Tribe of Oklahoma, Kickapoo Tribal Health Center and the Kickapoo Casinos employees who are fully vaccinated.

Each qualifying individual must be fully vaccinated, which requires having completed the second (2nd) dose of Pfizer or Moderna OR one (1) dose of Johnson & Johnson vaccine before completing this application.

If an individual is a Kickapoo Tribal Member and an employee of the Kickapoo Tribal Health Center, Kickapoo Tribe of Oklahoma, or the Kickapoo Casinos, the individual will only receive one (1) incentive amount of \$300.00. Payment process could take up to thirty (30) days.

The VOLUNTARY COVID-19 VACCINE INCENTIVE application will be available on the KTHC website, www.okkthc.com and in-person at the Health Administration building and the CRRC building.

Applications will be accepted in-person at the CRRC Building (gym) located at 106684 South Highway 102 in McCloud beginning Monday, February 14 through February 18 from 9:00 A.M. until 4:00 P.M., extended hours will be on February 15, 17, 22 & 24th, 2022 from 9 AM until 8:00 PM. Applications will be also be accepted:

Applications may be faxed to: 405-964-2512.

Applications may be e-mailed to: VIP@okkthc.com

Applications may be mailed to: Kickapoo Tribal Health Center

RE: Vaccine Incentive
P.O. Box 1360
McCloud, OK 74851

Or in person at the Kickapoo Tribal Health Center Administration Building from February 25, 2022 until March 30, 2022.

All applications must include a valid vaccinated card or shot record to be complete.

All employees of a Kickapoo Entity (Tribe, Health Center, Casino, and Housing) must attach Employee ID Badge with the application to be complete.

All Tribal Members must attach their Tribal Enrollment card with the application to be complete.

Please contact Kaylee Stevens at (405) 964-2081 ext. 352 with any questions, concerns, or Sunny Wahpekeche at (405) 964-2081 ext. 253.

VOLUNTARY COVID-19 Vaccine Incentive Application

The, Kickapoo Tribal Health Center in conjunction with the Kickapoo Tribe of Oklahoma have established a VOLUNTARY COVID-19 VACCINE INCENTIVE program effective 02/14/2022 until 03/30/2022, funds are provided by the ARPA Vaccination funds distributed to the Tribal Health Center by I.H.S. The KTHC, KTO and entities understand the impact the pandemic is having on the community and in order to best minimize the risk of severe COVID-19 to the Kickapoo Tribal members and employees, we are strongly encouraging the COVID-19 vaccine.

The VOLUNTARY COVID-19 Vaccine Incentive will be eligible for fully vaccinated enrolled Kickapoo Tribal members who are five (5) years of age or older and for Kickapoo Tribe of Oklahoma, Kickapoo Tribal Health Center and the Kickapoo Casinos employees who are fully vaccinated. Each qualifying individual must be fully vaccinated, which requires having completed the second (2nd) dose of Pfizer or Moderna OR one (1) dose of Johnson & Johnson vaccine before completing this application.

If an individual is a Kickapoo Tribal Member and an employee of the Kickapoo Tribe or Tribal entities, the individual will only receive one (1) incentive amount of \$300.00. Payment process could take up to thirty (30) days.

Applications will be accepted in-person, via fax (405) 964-2512, and/or via e-mail at VIP@okkthc.com

For additional questions, please contact Kaylee Stevens by phone at (405) 964-2081 ext. 352.

ELIGIBILITY: Applicant must meet at least one of the following criteria:

- Must be an enrolled member of the Kickapoo Tribe of Oklahoma (5 years of age & older) (Must attach copy of current Tribal Enrollment card with application)
- Must be a current employee of the Kickapoo Tribe of Oklahoma (Must attach copy of employee ID badge with application)
- Must be a current employee of the Kickapoo Tribal Health Center (Must attach copy of employee ID badge with application)
- Must be a current employee of the Kickapoo Casino (Must attach copy of employee ID badge with application)

Must meet all of the following criteria

- Must have completed the second (2nd) dose of Moderna or Pfizer vaccine or the one (1) dose of Johnson & Johnson vaccine. (Must attach copy of Vaccine card or shot record with application)
- If applying for minor (Five (5) years of age to Seventeen (17) years of age) custodial parent or legal guardian must provide State issued ID on behalf of minor.
Custody documentation that will be accepted:
 - Divorce Decree
 - Guardianship
 - Legal or Notarized Custody Agreement
 - Letter from minor school (Proof of Residency)
 - OKDHS Letter (TANF, Food Stamps, etc.)
- Must complete a W9 Form
- Must not have received any prior COVID-19 Vaccination Incentive
All documents are requested at the time of submission to be considered complete.

The applicant understands that by submitting voluntarily a copy of their Vaccine card or shot record is for validation for the incentive award only and will be kept confidential.

Self/Parent/Legal Guardian

First Name	Last Name	Month	Day	Year
Date of Birth				
Mailing Address: _____				
			City	State
Home/Cell Contact Number: _____				

Minor Information – if applicable

First Name	Last Name	Month	Day	Year
Date of Birth				

Please check all that apply:

- Enrolled Kickapoo Tribal Member - Tribal Enrollment #: _____
- Employee of the Kickapoo Tribe of Oklahoma
- Employee of the Kickapoo Tribal Health Center
- Employee of the Kickapoo Casino

By signing below, I attest that all information and documents submitted on this form are valid and verifiable. I also waive any right of privacy I may have to the information or records I am providing to the Kickapoo Tribal Health Center. I understand these records will be provided to federal and/or state government agencies for accounting and auditing purposes. I attest I have not received any incentive for vaccination for any other agencies.

Signature of applicant and of acknowledgement	Date
<i>Funding for this incentive is provided by the Kickapoo Tribal Health Center</i>	

Office Use Only:

- Copy of Vaccination Card
- Copy of Tribal Enrollment Card (Verified Certified Tribal Enrollment List)
- Copy of Employee ID Badge (Verified Entity Employee List)
- W9 Form

Application Accepted By

Date

KTHC Accounting Acknowledgement

Check Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.