



The Saginaw Chippewa Indian Tribe Of Michigan

7500 Soaring Eagle Blvd.

Mt. Pleasant, Michigan 48858

(989) 775-4000
FAX (989) 775-4160

November 1, 2021

Dear Tribal Members,

Tribal Council, on October 6, 2021, passed a motion approving the "COVID-19 Vaccination Incentive". This program is designed to encourage COVID-19 vaccination by not only incentivizing it but providing medical reasoning for vaccination by our own Nimkee medical experts. While many believe vaccination is the right thing to do, most believe it remains a personal choice. Your choice is respected. This program is designed to encourage those who may be hesitant for any number of reasons to receive the vaccination.

The benefits of vaccination continues to reduce a person's risk of contracting the virus that causes COVID-19. Fully vaccinated people who become infected from COVID-19, including the Delta variant, statically appear to be infected for a shorter period of time. Vaccines continue to be highly effective at preventing hospitalization and death. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants from emerging. The CDC recommends that everyone 12 years of age and older get vaccinated as soon as possible.

Remaining unvaccinated not only leaves you at risk for contracting COVID-19, you also risk giving it to your loved ones who, like you, may get very sick or hospitalized. The Delta variant causes more infections and spreads faster than earlier forms of the COVID-19 virus. The Delta variant may cause more severe illness in unvaccinated people than the previous strain.

Because of the risks, Tribal Council would like to see a greater number of Tribal Members arming themselves and each other with the COVID-19 vaccination. This program provides a one-time incentive in the amount of \$500.00 dollars to each tribal member 12 years old and over who provide proof of COVID-19 vaccination (younger members will be eligible once the CDC approves vaccine usage). Enclosed is an application to accompany your proof of vaccination for your convenience. Once completed, submit it and your proof of vaccination by one of the following three methods:



Drop off

SCIT Drop Box
Black Elk Building Entrance
Place in an envelope addressed
to SCIT Vaccination Incentive



Mail

SCIT Vaccination Incentive
7500 Soaring Eagle Blvd
Mount Pleasant, MI 48858



Email

covidincentive@sagchip.org
(Photo of Application & Proof)

Vaccination verifications will be completed monthly and checks will be issued/mailed the following month through the 2022 year. For example, submit your application/proof in November, receive a check in December, submit in December, receive a check in January, and so forth.

For you, for me, for all. Let's do this together. Vaccinated together for our future.



SCIT Member COVID-19 Vaccination Incentive Application & Verification Consent Form

(Please Print Clearly To Avoid Delayed Processing)

A \$500 incentive payment is available to Saginaw Chippewa Indian Tribal members who receive the COVID-19 vaccinations or who have already received the CDC recommended COVID-19 vaccinations and who agree to share their COVID-19 vaccination status and information provided below. Participation is voluntary. By completing this form you voluntarily agree to provide your COVID-19 vaccination status details requested herein and agree to the keep and use of this information by the Saginaw Chippewa Indian Tribe for the limited purpose of tracking and promoting COVID-19 vaccinations in the Tribal community. These efforts are intended to encourage and promote vaccination and to limit the spread of COVID-19.

Name: _____

Former/Maiden Name(s): _____

Phone: (____) _____ Date of Birth: ____/____/____ Member #: M00 _____

Are you a Nimkee Patient: Yes No Unsure Are you a SCIT Entity Employee: Yes No

Vaccine Received (select one): Johnson & Johnson Pfizer Moderna

Please list the date(s) of vaccine administration for initial dose and second dose (if applicable).

Date of Dose 1: _____ Date of Dose 2 (if applicable): _____

To receive the \$500 incentive, please select and attach one of the following acceptable vaccination proofs:

- 1. A copy of your COVID-19 Vaccination Record Card, if vaccinated outside of Michigan, see #4 (CDC white card or WHO yellow card) must include name, type of vaccine, and date(s) of administration.
- 2. Original documentation of COVID-19 vaccination from a health care provider; must include name, type of vaccine, and date(s) of administration.
- 3. Michigan Immunization Record downloaded/printed from the Michigan Immunization Portal.
- 4. If vaccinated outside of Michigan, a CDC Vaccination Card is not sufficient proof. You will need to obtain your official vaccination records from the local health department, state, or primary care provider where you received you vaccination.

Authorization to Use and Disclose Medical Information

I hereby attest that I am fully vaccinated against COVID-19, I have provided proof, and I authorize Nimkee Memorial Wellness Center to use and disclose information regarding my COVID-19 vaccination and to verify status using the Michigan Care Improvement Registry (MCIR).

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

-----**For Office Use Only**-----

By checking this box and signing below, I acknowledge that I have visually verified proof of vaccination and verified status through MCIR (if vaccination occurred in Michigan). If vaccination occurred outside of Michigan, I attest the submitted proof to be reasonable and sufficient evidence of vaccination to the best of my knowledge.

Verified by: _____ Date: _____