



HO-CHUNK NATION DEPARTMENT OF HEALTH



VAX 4 \$500.00

The Ho-Chunk Nation COVID-19 Vaccine Incentive Program

The Ho-Chunk Nation Department of Health is proud to announce a new cash incentive program to encourage all Ho-Chunk Nation Tribal Members and current Ho-Chunk Nation Employees to receive the COVID-19 vaccine as well as reward those who have already made the decision to be protected through vaccination.

Vaccination is the most effective and long-lasting tool for protection from this infection. The Ho-Chunk Nation Department of Health continues to encourage anyone vaccine eligible to get vaccinated against COVID-19.

- This incentive is available to all Ho-Chunk Nation Tribal Members who are vaccine eligible and all current Ho-Chunk Nation Employees.
- Tribal Members and Employees who are already fully vaccinated are also eligible to receive the cash incentive.
- ***The \$500.00 cash incentive will be available for application processing starting August 30, 2021 through November 1, 2021.***

Vaccine Brand Name	Who Can Get this Vaccine ^[1]	How Many Shots You Will Need	When Are You Fully Vaccinated?
Pfizer-BioNTech	People 12 years and older	2 shots Given 3 weeks (21 days) apart ^[2]	2 weeks after your second shot
Moderna	People 18 years and older	2 shots Given 4 weeks (28 days) apart ^[2]	2 weeks after your second shot
Johnson & Johnson's Janssen	People 18 years and older	1 shot	2 weeks after your shot

- You must be fully vaccinated against COVID-19 via a vaccine listed in the chart above and submit proof of full vaccination as well as identification verification by no later than 2 weeks after the incentive time period ends or November 15, 2021.
- Payments to eligible participants will be processed in the order that they are received and verified.

Ho-Chunk Health Care Center
N6520 Lumberjack Guy Road
Black River Falls, WI 54615
Ph. 715-284-9851 FAX 715-284-5150

House of Wellness
S2845 White Eagle Rd
Baraboo, WI 53913
Ph. 888-552-7889 FAX 608-355-9643

- Program verification of your vaccine series is dependent on the successful submission of valid documents. No hand-written attestation documents will be allowed as any form or proof of vaccination.
- Program staff may take up to (20) twenty business days to process your incentive payment.
- Tribal Enrollment numbers and Employee Identification numbers are used to ensure your cash payment is processed correctly; using Lawson Financial Software, and your banking information that is on-file with the Department of Treasury. *Tribal Members **MUST** attach enrollment verification. Employees **MUST** attach employment verification. (i.e. enrollment cards, badges)*
- Only one (1) \$500.00 cash incentive payment will be processed per-individual under the terms of this program.
- If perhaps your Treasury Payroll file is not in order to produce the cash incentive ACH deposit to your bank account, a representative from the Department of Health will contact you requesting further documents, such as a W-9 or applicable items, to remedy the matter.
- All cash incentive payments will be verified by the Department of Health Finance Division and routed for ACH processing via the Ho-Chunk Nation Treasury and Payroll Department.
- Vendors of the Ho-Chunk Nation and independent contractors are not eligible for this incentive program.

HOW TO CLAIM YOUR INCENTIVE

Ho-Chunk Tribal Members and Ho-Chunk Nation Employees that have completed their vaccination series can apply starting August 30, 2021!

Email us at VAX4500@ho-chunk.com and attach the following documents to expedite your cash!

It is **MANDATORY** to include with your email, along with your identification verification, submission of the **APPLICATION FORM** and **one** of the following items:

- ✓ A printout of your Wisconsin Immunization Registry record (*or applicable State Agency, for those living outside of Wisconsin*) **OR**
- ✓ A copy of your completed Centers for Disease Control and Prevention, CDC-issued COVID vaccination card **OR**
- ✓ A printout of your vaccination status report from the Provider who vaccinated you

- You must be able to show you have received all required doses of the COVID-19 vaccine or your submission will not be able to be verified and payment will not be made.
- No phone call submissions or self-attestations will be allowed or used as eligible documentation.
- If you accidentally forget to attach the requested information please resubmit a new email with all of the proper documentation included.
- You will receive an automated reply from VAX4500@Ho-Chunk.com as proof we received your email submission, however, this specific reply is only a guarantee your submission was sent to the proper email address for the cash incentive program.
- No questions will be replied to or answered via the VAX4500@Ho-Chunk.com email address.

- ***Vaccination status will first be verified. After verification, the incentive will be processed and sent via check or direct deposit utilizing the same method as your current payroll or tribal payment distribution.***
- Applicable state and federal income taxes shall be deducted from this payment as cash incentives, per the Internal Revenue Service, are always treated as taxable compensation. The Department of Health does not provide tax advice.
- The Department of Health WILL NOT automatically enroll you in this incentive program; or access your medical record, located on the Department of Health Nextgen Electronic Medical Record server, to pull incentive program documentation or needed verification records.
- Those who are unable to send us an email with their information can get assistance by calling the COVID-19 VAX 4 \$500.00 Voice Instruction Hotline from 8:00 a.m. to 4:00 p.m. Monday through Friday at 715-284-9851 Ext# 35072
- Paper submissions are highly discouraged, however, can be submitted in-person to the Cashier at the Ho-Chunk Health Care Center or the House of Wellness. Our acceptance of the paper submission does not guarantee the information you submitted has been verified. Only verified submissions will be routed for payment processing.
- Only one email should be sent per participant. If you are helping an individual submit proof documents using the VAX4500@Ho-Chunk email address please separate each individual into separate email submission.
- All incentive payments shall be made payable to the individual named on the vaccine documentation and who actually received the Covid-19 Vaccination series; even if that individual is a minor. No bulk payments to families residing at the same address will be allowed under this same provision.

VACCINATION OPPORTUNITIES

COVID-19 vaccinations are still available to Ho-Chunk Nation Tribal Members and employees! Call us for an appointment! Please contact Ho-Chunk Health Care Center at 715-284-9851 or The House of Wellness at 1-608-355-1240, or your personal health care provider for vaccination dates/times and options.

Ho-Chunk Nation employees may be eligible for one (1) hour of Administrative Leave, if scheduled to receive a COVID-19 vaccination, during their regular scheduled working hours, provided prior Executive Orders allow.

Thank you for doing your part to get vaccinated and care for our Nation!

Make your vaccination appointment now so you will be eligible for the incentive!

The Ho-Chunk Nation Department of Health is seeking partnership(s) with any Branch or Department of the Ho-Chunk Nation, that has available and allowable COVID-19 funding that prudently needs to be exhausted. The Ho-Chunk Nation Department of Health is using federally funded Coronavirus Relief Funds to fund this campaign. This funding was approved under previous and current federal administrations for broad COVID-19 response purposes to include efforts to boost vaccine uptake.

Contact the VAX 4 \$500 hotline at 715-284-9851 Ext# 35072 for more information.

VAX 4 \$500.00
APPLICATION FORM

Applicant's Name

Ho-Chunk Enrollment #

Mailing Address

Email Address

City, State, Zip code

Day time phone #

Social Security #

Date of Birth

COMPLETE BELOW IF EMPLOYED BY THE HO-CHUNK NATION

Department (include location)

Employee ID #

Employee Status: (Please check) Full-Time Part-Time LTE

The undersigned do hereby give the Ho-Chunk Nation permission to confirm all information I have submitted along with this application. By accepting this incentive, I consent to the Ho-Chunk Nation using the following personal information in vaccination reports, media releases and other informational projects; age, gender, tribal affiliation, vaccination status, and county/state of residence. I further understand that this consent does not allow the Nation to use any other Protected Health Information (PHI) not authorized above for such purposes. I understand that any false information may result in my being ineligible to receive this incentive from the Ho-Chunk Nation.

Signature

Month, day, year

FOR OFFICE USE ONLY - Verification

- Vaccination Data Verified
- Enrollment/Employment #
- Verifier's Initials _____ Date _____



How to Access Your Wisconsin Immunization Record

1 Visit the Wisconsin Immunization Registry (WIR) website at: <https://www.dhfswir.org>

2 Click on **Public Immunization Record Access**

3 Enter the required fields:
First Name
Last Name
Birthdate
Social Security # *or* Medicaid ID

Click on Search

4 If the record does not come up, check that all information is spelled correctly.



If you cannot access your Immunization Record online.....

A copy of your completed Centers for Disease Control and Prevention, CDC-issued COVID vaccination card can be used as proof of vaccination. This card would have been given to you at the time of your first vaccination dose.

COVID-19 Vaccination Record Card			
Please keep this record card, which includes medical information about the vaccines you have received.			
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.			
Last Name		First Name	MI
Date of birth		Patient number (medical record or IS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

If you have received your vaccination from an out-of-state provider, a “Certification of Immunization” will be accepted as proof of vaccination.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us/disease_ctr/immuneshoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTp	A					
DT	B					
Td/Tdap	C					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	G, H, I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
Hepatitis B	J	Rubella (dose 1)	Rubella (dose 2)			
Varicella	K					
Varicella Disease	L					
PneumoConju	Year					

Select appropriate box(es)

Certificate of Immunization for K-12

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12, if appropriate records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as specified above.) DOE Code 1

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization as Part A) Invalid without expiration date. DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name	Physician or Authorized Signature:
_____	_____
_____	Issued By: _____
_____	Date: _____

