

**THE SHOSHONE-PAIUTE TRIBES  
OF THE DUCK VALLEY INDIAN RESERVATION**

P.O. Box 219 Owyhee, NV 89832  
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www.shopaitribes.org



***Shoshone Paiute Tribes / OCHF COVID-19 Funds  
Recovery Funds One Time Disbursement***

***Application for Tribal Members/DVIR Community Members who received a  
COVID-19 vaccine/booster***

The Shoshone Paiute Tribal Business Council has approved by resolution, a one-time disbursement of \$250.00 to each Tribal member 6-months old and up and Duck Valley Reservation community members who; 1.) become fully vaccinated (first 2-vaccinations) or 2.) who received a booster shot on or after January 1, 2023 to May 11, 2023. The Business Council approved the disbursement to vaccinate as many Tribal and community members as possible.

I hereby request OCHF COVID-19 Coronavirus Recovery funds as per resolution 2023-SPR-093.

Please write legibly.

Name (printed): \_\_\_\_\_

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Correct Mailing Address: \_\_\_\_\_

\*This is the address funds will be mailed to.

Phone Number: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_

Required submission with Application for distribution approval:

\_\_\_\_\_ Application – Completely filled out and signed by incentive requester.

\_\_\_\_\_ Copy of your **official COVID-19 Vaccination Record Card**. Fully Vaccination and/or Booster shot must be completed between January 1, 2023 and May 11, 2023 per health care institution's vaccination policy. Booster shots prior to January 1, 2023 will not be eligible for disbursement.

\_\_\_\_\_ If you are a non-tribal community member of DVIR please provide proof of residency and/or work schedule.

Checks will be disbursed by mail distribution only.

**APPLICATION DEADLINE: MAY 11, 2023 by 5PM**  
**Applications can be turned into the ARPA Dept at the Tribal Headquarters or**

**by emailing your application and required documentation to [arpa.assistance@shopai.org](mailto:arpa.assistance@shopai.org)**

The Shoshone Paiute Tribal Business Council wants to "Thank You", for your concern with the health and welfare of the Tribal Membership and the welfare of your own health.

**OFFICE USE ONLY**

Application #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_

Date of Check: \_\_\_\_\_