

ADMINISTRATION
BOX 480
LA RONGE, SK.
S0J 1L0
PHONE: (306) 425-2183
FAX: (306) 425-5559



Lac La Ronge Indian Band

APPLICATION FOR COVID VACCINE INCENTIVE

NAME OF APPLICANT: _____ STATUS NUMBER: 353 _____

EMAIL ADDRESS OR PHONE NUMBER: _____

MAILING ADDRESS: _____

NAME OF SPOUSE: _____ TREATY NO. 353 _____

NAME(S) OF DEPENDENT(S) 12 YEARS OF AGE & OLDER; DATE OF BIRTH; STATUS NUMBER:

1. _____ DOB: _____ (YY/MO/DY); 353 _____
2. _____ DOB: _____ (YY/MO/DY); 353 _____
3. _____ DOB: _____ (YY/MO/DY); 353 _____

CONFIRMATION OF VACCINATION (2 DOSES) is a COPY of the 'COVID-19 Proof of Vaccination' certificate from Saskatchewan Health Authority and must be attached for each person listed on the form.

DEADLINE TO RECEIVE VACCINE INCENTIVE IS DECEMBER 31-2021.

PLEASE FAX TO: 1-306-425-5559

OR EMAIL TO: FINANCE@LLRIB.CA

The payments will be sent out by mail.

OFFICE USE ONLY:

VERIFIED BY: _____

Code: 10-71312-247

AMOUNT: \$ _____

DATE RECEIVED: _____

DATE MAILED: _____